FRI0182

EROSIONS AT THE SACROILIAC JOINTS AND FATTY LESIONS AT THE SPINE ARE THE MOST DISCRIMINANT LESIONS FOR RECENT ONSET AXSPA RECOGNITION

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Objectives: To evaluate the performances of MRI (SIJ and Spine) structural lesions suggestive of axSpA for its recognition.

Methods: Observational cross-sectional national multicentre study. **Patients:** a) Recent onset axSpA patients: first, a sample of 100 patients representative in terms of imaging abnormalities of the global DESIR recent onset axSpA cohort based on the results of the previously published central reading of baseline films of DESIR were selected. b) Recent onset CBP patients: consecutive in- and out-patients consulting for recent mechanical CBP, initiating before the age of 45 y and with a maximum age of 50 y, in four tertiary care Hospitals were included in the study. **Imaging:** MRI scans (T2-STIR and T1 sequences) of the SIJ and cervico-thoracic and thoraco-lumbar spine were performed in both groups with identical protocol. **Central reading:** an experienced reader (AM) centrally read all MRI scans, blinded for clinical diagnosis. **Statistical analysis:** prevalence of lesions suggestive of axSpA was compared in both groups. Sensitivity, specificity and positive likelihood ratio (LR+) of each lesion were calculated.

Results: A total of 98 patients with recent onset CBP were included, and compared to 100 recent onset axSpA patients. Age and gender were comparable (mean (SD) 36.2 (9.9) vs. 32.2 (8.7)y, and 41.8% and 45% males, in the CBP vs. axSpA groups, respectively).

Prevalence of chronic lesions of the SIJ was significantly greater in the axSpA group. Presence of at least 3 subchondral bone erosions at the SIJ performed the best for axSpA discrimination. Prevalence of chronic lesions of the spine was comparable in the two groups. The presence of at least 5 fatty lesions was the most discriminant, with high specificity.

Conclusions: Presence of at least 3 erosions at the MRI-SIJ and at least 5 fatty lesions at the MRI-spine seemed to performed well for axSpA recognition.

Disclosure of Interest: None declared

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FRI0183

CLINICAL PERIPHERAL ENTHESITIS IN THE DESIR PROSPECTIVE LONGITUDINAL AXIAL SPONDYLOARTHRITIS COHORT

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Objectives: 1) To describe the prevalence and characteristics of peripheral enthesitis in recent onset axial spondyloarthritis; 2) to estimate the incidence of peripheral enthesitis over time; 3) to determine the factors associated with the presence of peripheral enthesitis.

Methods: **Patients:** 708 patients with recent onset axial spondyloarthritis enrolled in the DESIR cohort (prospective multi-centre, longitudinal). **Data collected:** patients and spondyloarthritis characteristics at baseline with a specific focus on enthesitis and occurrence of peripheral enthesitis, during the five of years follow-up

Results: At inclusion, 395 patients (55.8%) reported peripheral enthesitis. The locations were mainly the plantar fascia (53.7%) and the Achilles tendon (38.5%). During the 5 year follow-up period, 109 additional patients developed peripheral enthesitis resulting in an estimated (Kaplan Meier technic) percentage of 71% (95% CI: 68–75). Variables associated with peripheral enthesitis in the univariate analysis were: older age, male gender, absence of HLA B27, MRI sacroiliitis and fulfilled Modified NY criteria, presence of anterior chest wall pain, peripheral arthritis, dactylitis, psoriasis, high BASDAI, BASFI, mean score ASAS and the use of NSAID. Only the history of anterior chest wall pain and of peripheral arthritis were retained in the multivariate analysis (Odds Ratio (OR)=1.6 [95% Confidence interval 1.6 [1.1–2.3], and OR=2.1 [1.4–3.0], respectively).

Conclusions: This study highlights the high prevalence of peripheral enthesitis in recent onset axial spondyloarthritis, and suggests that in combination with peripheral arthritis, enthesitis might have an impact on the burden of the disease.

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FRI0184

HIGH PREVALENCE OF HIDRADENITIS SUPPURATIVA, ESPECIALLY IN FEMALE AXIAL SPONDYLOARTHRITIS PATIENTS WITH HIGH DISEASE ACTIVITY AND POOR QUALITY OF LIFE

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Background: Hidradenitis suppurativa (HS) is a chronic debilitating inflammatory skin disease. Although HS and axial spondyloarthritis (SpA) share common denominators in the pathogenesis and treatment, little is known about HS associated patient characteristics in axial SpA.

Objectives: To identify patient characteristics associated with HS in a large cohort of axial SpA patients.

Methods: In this cross-sectional study, a self-screening questionnaire based on validated diagnostic HS questions was sent to all axial SpA patients from the Groningen Leeuwarden Axial Spondyloarthritis (GLAS) cohort. Verification of HS diagnosis was done by reviewing medical records for dermatologists diagnosis of HS and by telephone using another validated diagnostic HS question. These HS questions showed previously high sensitivity and specificity (92%–97%¹ and 97%², resp.). Comparative analysis for axial SpA patients with versus without HS was performed. Multivariable logistic regression analysis of patient characteristics was performed to investigate independent predictors for HS in axial SpA.

Results: In total, 75.6% (449/592) questionnaires were eligible for analyses. Included patients had a mean age of 50±13 years, 63% were male, mean symptom duration was 23±13 years, and 78% were HLA-B27 positive. HS diagnosis could be confirmed in 41 of the 449 respondents, resulting in an estimated prevalence of 9.1%. Assuming that all non-responders never had HS, the minimal HS prevalence rate would be 6.9% (41/592).

In comparison to patients without a positive history of HS, these patients were more frequently female (54% vs. 35%, p=0.02), showed higher axial SpA disease activity (mean BASDAI 4.5 vs. 3.6, p=0.01 and ASDAS_{CRP} 2.6 vs. 2.2 p=0.003), and worse quality of life (QoL) (median ASQoL 9.0 vs. 4.0, p<0.001). Also, a history of heel enthesitis and dactylitis was more prevalent (34% vs. 19%, p=0.03 and 15% vs. 6%, p=0.05, respectively). Multivariable analysis showed that a higher score on ASDAS was independently associated with HS (OR: 1.639, 95% CI 1.176–2.284).

Conclusions: In our cohort of axial SpA patients, HS is more prevalent than in the general population (6.9%–9.1% and ~1% resp.).³ HS is associated with high ASDAS, especially in female patients experiencing poor QoL. Additionally, heel enthesitis and dactylitis seems also to be more prevalent in axial SpA patients with HS.

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FRI0185

FACTORS DETERMINING WORK INSTABILITY IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS

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Background: Work instability is defined as mismatch between the employee's ability to work and the employer's expectations¹. 50% of Ankylosing spondylitis patient lose their job due to disease activity and 50% of those in job face work instability and job retention problem². Work disability is preceded by a period of work instability, which can be measured by the Ankylosing spondylitis work instability scale (ASWIS)¹.