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 CBI 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) 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 be the best for axSpA recognition.

Disclosure of Interest: None declared


CLINICAL PERIPHERAL ENTHESIS 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 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 technique) 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 [1.0–2.3]), 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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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%, 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 12±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 1.178–2.284).

Conclusions: In our cohort of axial SpA patients, HS is more prevalent than in the general population (6.9%–9.1% and ~1% resp.). 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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FACTORS DETERMINING WORK INSTABILITY IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS


Background: Work instability is defined as mismatch between the employee’s ability to work and the employer’s expectations.1 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)3.

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CONCOMITANT CSDMARDS INFLUENCE CLINICAL LIPOPROTEIN (A) AND POSSIBLE RELATED FACTORS

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significant clinical improvement for axial manifestations. However, no study has assessed the association between concomitant csDMARDs and BMI with clinical response. While the use of concomitant csDMARD contributed positively to achieve clinical response in overweight-obese patients (OR: 7.86; IC 95%: 2.39–25.78), no association was found for normal-weight patients (OR: 1.10; 0.33–3.58). Additionally, sensitivity analysis using remission status and ASDAS were performed and showed results along the same line.

Conclusions: In patients with axSpA, TNFi drug persistence is positively influenced by the use of concomitant csDMARDs and especially by being overweight. However, TNFi clinical response is associated with the use of concomitant csDMARDs only in overweight-obese, but not in normal-weight patients. Based on this, the use of concomitant csDMARDs in patients with axSpA could be beneficial in overweight patients.

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Lipoprotein (A) and Possible Related Factors in Patients with Spondyloarthritis, Results of the CARMA Study


Background: Cardiovascular disease (CVD) is the main cause of mortality and morbidity in patients with spondyloarthritis (SpA), partially explained by traditional CV risk factors (CVRF). Other non-conventional CVRF, probably related to chronic systemic inflammation, may be involved. In this sense, lipoprotein (a) (Lp(a)), a non-conventional risk factor with prothromogenic and thrombogenic properties, could be involved, since it seems to act as an acute-phase reactant, there are few data on this aspect in these patients.

Objectives: To evaluate the prevalence of hyperlipoproteinemia (a) in patients with SpA and analyse the possible related factors.

Methods: Analysis of the baseline visit of patients withankylosing spondylitis (AS) and psoriatic arthritis (PsA) of the CARMA project (CARDiovascular in Reumatology), a prospective cohort study of 10 years of follow-up, to evaluate the cardiovascular risk in chronic rheumatic inflammatory diseases, including rheumatoid arthritis (RA) and PsA. Followed in 67 Spanish rheumatology centres. A multivariate logistic-regression model was performed, in which the dependent variable hyperlipoproteinemia (a), defined as the plasma concentration of lipoprotein (a) (Lp(a)) >50 mg/dl. Sociodemographic factors and those related to the disease itself have been included as independent variables.

Results: 1459 patients were analysed, 738 with AS and 721 with PsA. Plasma concentrations of Lp(a) were available in 57.7% of the patients with AS and in 57.1% of the patients with PsA. A 19.2% (95% CI: 16.80–22.05) of the patients with SpA, 20.7% (95% CI: 16.91–24.82) of AS and 17.7% (95% CI: 14.15–21.75) of PsA, respectively, had hyperlipoproteinemia (a), without statistically significant differences with respect to the control group: 16.7% (95% CI: 13.23–20.86; p=0.326). After adjusted for age and sex, only patients with AS were more likely to have hyperlipoproteinemia (a) than the control group (OR: 1.806, 95% CI: 1177.71–2171.71, p=0.007). In the model adjusted for possible confounding factors, high values of Lp(a) were associated with a higher probability of presenting hyperlipoproteinemia (a).

Conclusions: Patients with AS have a higher percentage of hyperlipoproteinemia (a) compared to the control group. No specific factors of the disease have

Disclosure of Interest: None declared

Asthma properties, could be involved, since it seems to act as an acute-phase reactant, there are few data on this aspect in these patients.

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Methods: Analysis of the baseline visit of patients with anklyosing spondylitis (SpA) and psoriatic arthritis (PsA) of the CARMA project (CARDiovascular in Reumatology), a prospective cohort study of 10 years of follow-up, to evaluate the cardiovascular risk in chronic rheumatic inflammatory diseases, including rheumatoid arthritis (RA) and PsA. Followed in 67 Spanish rheumatology centres. A multivariate logistic-regression model was performed, in which the dependent variable hyperlipoproteinemia (a), defined as the plasma concentration of lipoprotein (a) (Lp(a)) >50 mg/dl. Sociodemographic factors and those related to the disease itself have been included as independent variables.

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Conclusions: Patients with AS have a higher percentage of hyperlipoproteinemia (a) compared to the control group. No specific factors of the disease have