

Objectives: The aim of this study was to evaluate the functional status of patients with active AS with concomitant FM by the functioning categories of ASAS HI.

Methods: The study included 72 patients with AS according to the modified. New York criteria (1984) Fifty-nine were male (81.94%), average age 39.5±11.72 (M ±SD) years. FM was diagnosed by modified criteria of the American College of Rheumatology (2010) The disease activity we assessed by Ankylosing Spondylitis Disease Activity Score (ASDAS-ESR). We used Ukrainian version of ASAS HI/EF.² Functional categories were established as recommended.³ We categorised patients into 3 functioning categories: normal functioning (ASAS HI ≤4), moderate impairment of functioning (>4 and ≤8) and severe impairment of functioning (ASAS HI >8).

Results: Twenty patients met the criteria for FM (27.78%). Disease activity according to the ASDAS-ESR in patients with AS and AS with concomitant FM was almost the same: 3.58±0.84 and 3.98±0.91. However, ASAS HI in patients with AS and FM was significantly higher than in patients with AS (7.3±1.22 vs. 5.8±1.84).

According to ASAS HI we divided all patients into functioning categories. 10 of 52 patients with AS (19.23%) had normal functioning, 39 (75%) were classified as patients with moderate impairment of functioning and 3 (5.77%) had severe impairment of functioning. In the group AS +FM patients with normal function were not found, while others were distributed in a ratio of 2:1–13 (65%) patients with moderate and 7 (35%) with severe impairment of functioning. It was revealed relationship between ASAS HI and disease activity ($r=0.549$).

Conclusions: Concomitant FM impairs the functional status in patients with AS. High and very high disease activity in patients with AS is associated with functional disability according to ASAS HI functioning categories. ASAS HI is reliable and sensitive clinical tool for determining impairment of functioning in patients with AS.

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FRI0200 INSIGHT INTO THE QUALITY OF LIFE OF PATIENTS WITH ANKYLOSING SPONDYLITIS: REAL-WORLD DATA FROM A US-BASED LIFE IMPACT SURVEY

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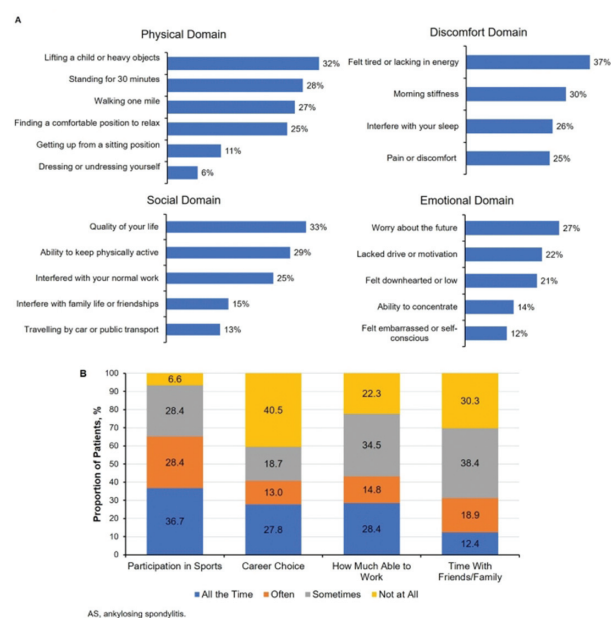
Background: While severe pain and stiffness are common hallmarks of ankylosing spondylitis (AS), disease progression is slow and not always visible; however, the quality of life (QoL) of patients with AS is still significantly impacted.

Objectives: To assess patient-reported impact of AS on QoL in the physical, discomfort, social, and emotional domains among US patients with AS in a real-world setting.

Methods: Descriptive data on demographics and QoL were collected from a random sample of patients associated with the Spondylitis Association of America (SAA). QoL measures were based on the Evaluation of Ankylosing Spondylitis Quality of Life (EASI-QoL) questionnaire (scale, 0–80, with higher score indicating more severe impact).¹ Between July 7 and December 31, 2017, 820 interviews were conducted with SAA contacts, including 720 completed via web survey (from 7750 emails) and 100 via follow-up over the phone (from 10 784 phone calls made to 5000 unique numbers). Of 820 participants who completed the survey, 716 self-reported receiving a diagnosis of AS from their doctor and were included in this study. Participants were queried on the impact of AS on their QoL within the day of survey participation with regard to the physical domain, and within the past week prior to participation with regard to the discomfort, social, and emotional domains. A 3:1 (male to female) weighting was performed to reflect the known

clinical prevalence that men are three times more likely to have AS compared to women.

Results: The mean age of the 716 respondents was 55.5 years; 46.9% were male. The most common locations of pain reported were the lumbar spine (86.8%), neck (84.1%), and hip joint (80.2%). The mean total EASI-QoL score was 28.9; overall, 34.7%, 31.7%, and 34.7% of respondents, respectively, reported low (EASI-QoL score 0–17), medium,^{18–35} and high (≥36) impact of AS on QoL. Physical aspects of the disease contributed the most impact, with 41.9% of respondents reporting high impact of AS on the physical domain (EASI-QoL score ≥10). The proportion of respondents reporting high impact of AS (ie, the top 2 levels of impairment for each question) in the 4 QoL domains is shown in figure 1A. In several QoL aspects, AS impacts were reported more frequently by female vs male respondents, respectively, including lifting a child or heavy objects (43.2% vs 27.8%), worrying about the future (37.3% vs 23.5%), feeling tired or lacking in energy (46.4% vs 33.4%), sleep interference (32.7% vs 23.2%), trouble keeping physically active (35.9% vs 26.7%), standing for 30 min (34.9% vs 26.1%), and travelling by car or public transport (19.2% vs 10.5%). AS also impacted their lifestyle, as shown in figure 1B.



Abstract FRI0200 – Figure 1. (A) Proportion of respondents with AS reporting top two levels of impairment by their disease across 4 domains of disease, and (B) Patient-reported impact of AS on lifestyle. AS, ankylosing spondylitis.

Conclusions: Negative impacts in all QoL domains were reported, with a mean overall EASI-QoL score of 28.7. Gender differences were also pronounced in several aspects, including lifting a child or heavy objects, and worrying about the future. Incorporating subjective measures of disease via patient-reported outcomes should be considered with evaluation of disease progression.

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