Conclusions: The findings showed a neuropathic pain component in AS. Neuropathic pain in AS was associated with age, high disease activity, radiographic progression, enthesitis, peripheral arthritis, depression, and low quality of life.

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FRI0212 THE RELATIONSHIP BETWEEN ANTI-TNF THERAPY USE AND METABOLIC SYNDROME IN PATIENTS WITH ANKYLOSING SPONDYLITIS

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Background: Ankylosing spondylitis (AS) is an inflammatory disease associated with accelerated atherosclerosis and the presence of metabolic syndrome (MetS) features. TNF- α is considered as one of the factors responsible for favouring insulin resistance and dyslipidemia, which are important features of the metabolic syndrome.

Objectives: In this study, we aimed to investigate the relationship between anti-TNF therapy and metabolic syndrome rate in patients with ankylosing spondylitis (AS).

Methods: AS patients who visited the outpatient rheumatology clinic between 2016 February and May were included in to the study. Systolic and diastolic blood pressures, body mass index (BMI), waist-hip circumference were measured. Erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), fasting blood sugar, cholesterol panel were evaluated. MetS was defined by abdominal obesity, elevated blood pressure, elevated glucose, high triglycerides and reduced high-density lipoprotein cholesterol according to National Cholesterol Education Program's Adult Treatment Panel III report (NCEP ATP III) criteria. Duration of disease and use of anti-TNF was recorded. Bath Ankylosing Spondylitis Functional Index (BASFI) – Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) measurements were performed to assess the disease activity and functional capacities. Patients were divided into two groups as anti-TNF treated and anti-TNF naive. For comparisons between groups statistical analyses included descriptive statistics, *t*-tests and one-way ANOVA.

Results: A total of 223 patients were analysed. Of the total 223 patients, 78 (35%) were receiving anti-TNF therapy. Age distribution was similar in between groups. In the group receiving anti-TNF therapy, the number of male patients was higher (75.6% vs. 58.6%) and the duration of disease was longer (145.2 $\pm$ 90.8 vs 103.3 $\pm$ 97.1). Serum lipid levels, glucose, ESR, CRP, BASFI, BASDAI measurements, BMI and blood pressures were not significantly different in between the groups. MetS was present in 26 (33.3%) of 78 patients receiving anti-TNF and 29 (20%) of 145 patients in anti-TNF naive group. The effect of TNF- α inhibitor use on MetS was independent from the gender.

Conclusions: Patients with AS who received anti-TNF therapy were found to have a higher incidence of MetS than those who did not. Suppression of the catabolic effect of inflammation with treatment may have been effective in this result.

Disclosure of Interest: None declared

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FRI0213 THE PERFORMANCE OF 12 FLARE DEFINITIONS INCLUDING THE ASSESSMENT OF SPONDYLOARTHRITIS INTERNATIONAL SOCIETY (ASAS)-ENDORSED DEFINITION OF CLINICALLY IMPORTANT WORSENING IN ASDAS IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS TREATED WITH ADALIMUMAB FOR 5 YEARS

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Background: In 2016 the Assessment of Spondyloarthritis International Society (ASAS) published proposals for 12 definitions of 'flare' (ref. 1) for patients with axial spondyloarthritis (axSpA). The definitions are based on pain, BASDAI and ASDAS (see table 1). In January 2018, ASAS published the ASAS-endorsed definition of clinically important worsening based on ASDAS (Δ ASDAS $\geq$ 0.9) (ref. 2).

Objectives: The aim of this study was to describe the frequency of 'flares' as detected by the 12 flare definitions including the ASAS-endorsed definition.

Methods: Data from an investigator-initiated double-blinded randomised placebo-controlled trial of adalimumab versus placebo of 12 weeks with a 5 year open-label extension (NCT00477893, ref. 3) were used for this study. The number of patients experiencing a flare at each visit according to the 12 ASAS 'flare' definitions was recorded for 20 study visits performed from two weeks after initiation of treatment and to year 5.

Results: 52 patients started treatment and 41 (79%) patients completed the 5 year follow-up visit. The total number (percentage) of study visits where pain, BASDAI and ASDAS flares could be calculated was 879 (84.5%), 875 (84.1%) and 842 (81.0%), respectively. The mean (SD) number of patients with a flare per visit ranged from 0.7 (1.2) to 3.8 (2.2) and the median (inter-quartile-range (IQR)) from 0 (0–1) to 5 (3–7) (table 1). The mean number of patients per visit with a flare was significantly higher when the definition "change in ASDAS $\geq$ 0.6" ($p < 0.0001$ to $p = 0.001$, *t*-test) and "change ASDAS $\geq$ 0.6 AND observed ASDAS $\geq$ 1.3" ($p < 0.0001$ to $p = 0.04$) were applied, and the mean number of patients was significantly lower when the BASDAI flare definitions were applied ($p < 0.0001$ to $p = 0.02$).

Abstract FRI0213 – Table 2. Patients per study visit fulfilling a 'flare' definition

Flare definition	Mean (SD)	Median (IQR)	Min-max	Number	Percent
Δ pain $\geq$ 2 AND final value $\geq$ 4	2.7 (1.7)	2 (1–4)	0–6	53	6.0
Δ pain $\geq$ 3	1.6 (1.0)	1 (1–2.75)	0–3	31	3.5
If observed value is $\geq$ 4: Δ pain $\geq$ 2 points. Otherwise: Δ pain $\geq$ 3 points	2.9 (1.7)	2.5 (1.25–4)	0–6	57	6.5
Δ BASDAI $\geq$ 2 points	1.9 (2.0)	1 (0–3)	0–7	37	4.2
Δ BASDAI $\geq$ 2 points AND final value $\geq$ 4	1.2 (1.9)	0 (0–1.75)	0–6	23	2.6
Δ BASDAI $\geq$ 3 points	0.8 (1.2)	0 (0–1)	0–4	15	1.7
Δ BASDAI $\geq$ 3 points AND final value $\geq$ 4	0.7 (1.2)	0 (0–1)	0–4	14	1.6
If observed value is $\geq$ 4: Δ BASDAI $\geq$ 2 points. Otherwise: Δ BASDAI $\geq$ 3 points	1.2 (1.9)	0.5 (0–1.75)	0–6	24	2.8
Δ ASDAS $\geq$ 0.6	5.0 (2.5)	5 (3–7)	0–9	100	11.9
Δ ASDAS $\geq$ 0.9 (endorsed by ASAS)	2.9 (2.2)	2.5 (1–4.75)	0–8	58	6.9
Δ ASDAS $\geq$ 1.1	2.1 (1.6)	1.5 (1–4)	0–5	42	5.0
Δ ASDAS $\geq$ 0.6 AND observed ASDAS $\geq$ 1.3	3.8 (2.2)	4 (2–5)	0–8	75	8.9

Conclusions: The frequency of flares as detected by the 12 ASAS flare definitions for patients with axial spondyloarthritis differed substantially. The ASAS-endorsed definition performed well.