FRI0671

ADAPTATION AND VALIDATION OF THE ANKYLOSING SPONDYLITIS QUALITY OF LIFE (ASQOL) QUESTIONNAIRE FOR USE IN SERBIA

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Objectives: To translate and adapt a Serbian version of the Ankylosing Spondylitis Quality of Life (ASQoL) questionnaire and to validate it in Serbian speaking AS patients.

Methods: The ASQoL development was conducted in three stages. The first stage comprised of a dual-panel translation: a bilingual panel (to provide the initial translation into the target language) and a lay panel (where items are assessed by people of average and below average education levels for comprehension and "naturalness" of language). The second stage involved cognitive debriefing interviews to assess the applicability, relevance and comprehensiveness of the new questionnaire. The third stage was a psychometric evaluation of the new questionnaire to assess construct validity, convergent validity and known-group validity. Convergent validity determined associations between ASQoL and NHP section scores by using Spearman's rank correlation coefficients. Known-group validity was evaluated by testing of the ASQoL ability to distinguish between groups of patients who differed according to perceived general health, incidence of flare-ups and perceived disease severity. Nonparametric tests for independent samples (Mann-Whitney U test for two groups or Kruskal-Wallis one-way analysis of variance for three or more groups) were used. Internal consistency was assessed using Cronbach's alpha coefficient. Reproducibility was measured by test-retest reliability.

Results: Cognitive debriefing interviews were conducted with 10 AS individuals (50% male), aged 38.4 (8.8) years. A few items (i.e. chronically and 'I get frustrated...') were not fully understood by all participants and were amended to be more natural sounding in Serbian. The Serbian ASQoL was deemed relevant, clear and easy to complete. Psychometric evaluation was conducted in 60 patients (70% male), aged 37.9 (11.1) years. No significant differences in ASQoL scores were found between males and females or between older and younger patients ($p=0.41$, $p=0.16$). Considering convergent validity, the ASQoL correlated the most strongly with the Pain ($r=0.79$) and Emotional reactions ($r=0.78$) sections of the NHP. The ASQoL highly correlated with the Physical mobility ($r=0.77$) and Energy scales ($r=0.75$), indicating the importance of these factors on QoL in AS. The ability of the Serbian ASQoL to detect meaningful differences was demonstrated by ASQoL scores according to patients perceived general health ($p<0.05$) and disease severity ($p<0.05$). Cronbach's alpha coefficient for the ASQoL was 0.95 at Time 1 and 0.91 at Time 2, indicating good internal consistency. Test-retest reliability was good, with a correlation coefficient of 0.84.

Conclusions: The Serbian version of the ASQoL demonstrated good psychometric properties proving it to be a valid and reliable tool for use in routine clinical practice and in clinical trials.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.4012

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ANTI-SACCHAROMYCES CEREVISIAE ANTIBODIES IN SPONDYLARTHROPATHIES: PREVALENCE AND ASSOCIATIONS WITH DISEASE PHENOTYPE

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Background: It has been speculated that increased gut inflammation is of aetiopathogenic importance in the development of Spondylarthropathies (Spa). Serological markers, as anti-Saccharomyces cerevisiae antibodies (ASCA), which are rarely positive in healthy controls (<5%), possess clinical significance in inflammatory bowel disease (IBD) management.¹ Because Spa and IBD share similarities and even subclinical intestinal inflammation may be present in a high number of Spa patients, evaluation of this antibodies has gained increasing relevance.

Objectives: To investigate the status and frequency of ASCA in Spa patients and the association of these serological markers with the clinical profile.

Methods: We performed a retrospective study including SpA individuals treated with biologic therapy, followed at our Rheumatology department. Classification of SpA was based on the ASAS criteria. Medical records were obtained by consulting the national database (Reuma.pt). ASCA IgA and IgG levels were measured in the period time between 2016 and 2017 and determined by ELISA. The quantitative ASCA results were expressed in RU/ml and 20 was established as the cut-off point. χ^2 or Fisher tests were used for analysis of categorical variables and t-test or Mann-Whitney for continuous variables (SPSS 23.0). The adopted significance was of 0.05.

Results: We included 231 Spa patients, 117 of which were men (51%), with a mean age of 48.6 ± 12.5 years. The median disease duration was 17 years [min:2; max: 53]. In total, 39% of the patients had isolated axial form ($n=90$), 10% isolated peripheral form ($n=23$) and 51% presented axial and peripheral involvement ($n=118$). Nine patients had associated IBD [7 cases with Crohn Disease (CD) and 2 with Ulcerative Colitis (UC)] and 66 patients presented concurrent psoriasis (28.6%). Ninety-three patients (40%) were HLA-B27+ and 59 (26%) presented history of uveitis (current or previous). ASCA IgA were positive in 14% of the whole sample ($n=33$; 14 patients with isolated axial form, 4 with isolated peripheral form and 15 with axial and peripheral form). ASCA IgG positivity was found in 5% of the Spa ($n=12$; 7 patients with isolated axial form, 1 with isolated peripheral form and 4 with both forms). The median ASCA IgA and IgG titers were 72 RU/ml [min:22;max:200] and 45.5 RU/ml [min:28;max:200], respectively. We found no statistically significant difference in the number of ASCA IgA or IgG-positive patients in CD vs UC ($p=0.722$; $p=0.583$). Current age and at diagnosis, disease duration, gender, active or past smoking habits were similar between ASCA IgA or IgG-positive and negative groups. Also, disease phenotype including peripheral arthritis, axial involvement, psoriasis, HLA-B27 positivity and uveitis were unrelated to ASCA IgA and IgG status.

Conclusions: Our results showed that Spa patients presented an increase of ASCA IgA positivity, in agreement to previous data. No relationship of ASCA status was found with the demographic aspects or clinical presentation. In the future, our purpose is to investigate the relationship between antibody reactivity and endoscopic findings.

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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.2790

FRI0673

DO PATIENT REPORTED OUTCOME MEASUREMENT INFORMATION SYSTEM (PROMIS) COMPUTER ADAPTIVE TESTS CORRELATE WITH DISEASE ACTIVITY IN JUVENILE IDIOPATHIC ARTHRITIS?

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Background: The importance of patient-reported outcomes is increasingly recognized both in clinical care and in research. PROMIS is an NIH-supported collection of patient-reported outcome measures, covering a variety of domains that are designed without disease specificity. While 'short forms' have been studied in juvenile idiopathic arthritis (JIA), PROMIS computer adaptive tests (CATs) have not.

Objectives: This study evaluates whether PROMIS CATs correlate with disease activity in patients with JIA.

Methods: A convenience sample of patients with JIA ($N=21$) were recruited from a single center. Patients aged 10-17 years completed all available pediatric PROMIS CATs, and parents of patients aged 2-9 years completed all available parent proxy PROMIS CATs (fatigue, pain interference, peer relations, anxiety, depressive symptoms, and mobility). Correlation of the CATs t-scores with disease activity, as measured by the Juvenile Disease Activity Score-71 (JADAS-71), (0-101, higher being worse) was evaluated using Spearman correlation coefficients.

Results: All families approached completed the PROMIS CATs: 13 patients and 8 parents (table 1). Median age was 12.7 years (range 1.3 - 18.6 years), and mean JADAS-71 score was 9.58 (SD 2.07). 69% of patients completed PROMIS CATs remotely via smartphone. Anxiety ($r=0.74$, $p=0.006$), depressive symptoms ($r=0.84$, $p<0.001$), and pain interference ($r=0.64$, $p=0.018$) CATs correlated