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SAT0317

INCIDENCE OF EXTRA-ARTICULAR MANIFESTATIONS IN ANKYLOSING SPONDYLITIS, PSORIATIC ARTHRITIS AND UNDIFFERENTIATED SPONDYLOARTHRITIS – RESULTS FROM A NATIONAL REGISTER-BASED COHORT STUDY

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Background: Spondyloarthritis (SpA), including ankylosing spondylitis (AS), psoriatic arthritis (PsA) and undifferentiated SpA (uSpA), are all to varying degrees associated with extra-articular manifestations (EAMs).

Objectives: To estimate incidence rates (IRs) for EAMs (anterior uveitis, inflammatory bowel disease (IBD) and psoriasis) in patients with AS, PsA and uSpA, respectively.

Methods: In this nationwide cohort study, three separate cohorts of patients aged 18 to 69 years with AS (n=8517, 68% men, mean age 47±13 years), PsA (n=22667, 46% men, mean age 49±12 years) and uSpA (n=10245, 44% men, mean age 42±13 years) were identified 2001-2015 in the Swedish National Patient Register (NPR). The follow-up began 1 January 2006, or six months after the date of the first SpA

Table 1.

	AS		PsA		uSpA	
	Prior EAM n (%)	IRs (95% CI)	Prior EAM n (%)	IRs (95% CI)	Prior EAM n (%)	IRs (95% CI)
ANTERIOR UVEITIS						
All	1852 (22)	14.4 (13.2-15.5)	356 (1.6)	1.7 (1.5-1.9)	1498 (15)	7.7 (6.9-8.5)
Men	1315 (23)	15.8 (14.3-17.3)	177 (1.7)	1.7 (1.4-2.0)	771 (17)	10.1 (8.8-11.5)
Women	537 (20)	11.2 (9.4-13.1)	179 (1.5)	1.8 (1.5-2.1)	727 (13)	6.0 (5.1-6.9)
IBD						
All	615 (7.2)	2.8 (2.4-3.3)	504 (2.2)	1.1 (0.9-1.3)	632 (6.2)	2.5 (2.1-2.9)
Men	403 (7.0)	2.6 (2.0-3.1)	192 (1.8)	1.0 (0.8-1.2)	268 (5.9)	2.6 (2.0-3.2)
Women	212 (7.7)	3.4 (2.5-4.3)	312 (2.6)	1.2 (1.0-1.4)	364 (6.4)	2.4 (1.8-2.9)
PSORIASIS						
All	264 (3.1)	5.6 (5.0-6.3)	NA	NA	405 (4.0)	7.7 (7.0-8.4)
Men	171 (3.0)	5.4 (4.7-6.2)	NA	NA	199 (4.4)	6.9 (5.9-8.0)
Women	93 (3.4)	6.1 (4.9-7.3)	NA	NA	206 (3.6)	8.3 (7.3-9.3)

The IRs are presented as number of EAMs per 1000 person-years at risk. NA, not applicable.

diagnosis thereafter in previously undiagnosed cases, and ended at the first date of EAM, death, emigration or 31 December 2016, respectively. Both the SpA diagnoses and EAMs were identified according to specified ICD codes. Number of outcomes, person-years at risk and IRs with 95% CI were calculated for each EAM and stratified by sex and age-intervals. Patients with a prior EAM in NPR before start of follow-up were excluded from that specific analysis.

Results: The IRs for each EAM are presented in Table 1. The overall highest IRs were noted for anterior uveitis in patients with AS (14.4 (13.2-15.5) per 1000 person-years at risk). Patients with PsA had considerably lower IRs for anterior uveitis (1.7 (1.5-1.9) per 1000 person-years at risk) and slightly lower IRs for IBD than patients with AS and uSpA. The IRs for anterior uveitis were significantly higher in men than in women in both AS and uSpA.

Conclusion: IRs for EAMs clearly differed between the SpA subtypes, and especially for anterior uveitis where the IRs were by far highest in patients with AS and uSpA compared to patients with PsA.

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SAT0318

PREVALENCE AND PREDICTORS OF DEPRESSION AMONG PATIENTS WITH ANKYLOSING SPONDYLITIS AND PSORIATIC ARTHRITIS IN A CANADIAN REAL WORLD OBSERVATIONAL COHORT: RESULTS FROM THE COMPLETE STUDIES

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Background: Ankylosing spondylitis (AS) and psoriatic arthritis (PsA) are chronic inflammatory diseases known to cause physical, emotional, social and psychological impairment. However, few data are available on comorbidities such as depression and the factors associated with depression.

Objectives: To evaluate the prevalence of depression and to identify sociodemographic and disease-related factors associated with depression among PsA and AS patients.

Methods: Patients eligible for the COMPLETE studies are anti-TNF α naïve adults with active AS or PsA requiring change in their treatment regimen. In this analysis, patients enrolled between Jul/2011 - Nov/2017, treated with adalimumab or non-biologic DMARDs were included. Depression was defined as Beck's Depression Inventory (BDI) ≥ 20 and/or patients treated with an antidepressant/anxiolytic at baseline (before treatment modification). Associated symptoms of depression were assessed with the BDI considering% of patients with a score of 2 or 3 (moderate to severe symptoms). Univariate and multivariate logistic regression were used to identify sociodemographic and disease-related predictors associated with depression at baseline. In addition, the correlation of the BDI score and the following parameters at baseline was assessed with the Pearson coefficient (r): age, disease duration, PsA disease specific parameters (28-tender [TJC] and swollen joint count [SJC], patient global assessment [PtGA], physician global assessment [MDGA]), and AS disease specific parameters (BASDAI, BASFI, morning stiffness, and number of extra-articular manifestations [EAMs]).

Results: A total of 492 AS and 333 PsA patients were included. Mean (SD) age was 42.7 (13.2) and 51.5 (12.2) years for AS and PsA, respectively, and disease duration was 5.4 (9.1) and 14.7 (13.7) years. The prevalence of baseline depression was 24.6% for AS and 25.5% for PsA. The most commonly reported symptoms of associated with depression were loss of energy (33.2% and 26.2%), changes in sleeping