Merck, Novartis, Pfizer, UCB, Grant/research support from: Abbott, Bristol Myers Squibb, Celgene, Celltrion, Chugai, Johnson & Johnson, MSD, Novartis, Pfizer, Roche, UCB Pharma, Grant/research support from: Abbvie (Abbott), Amgen, Baxter, Biogen, BMS, Boehringer, Celgene, Celltrion, Centocor, Chugai, Hexal, Janssen, Lilly, Medac, MSD (Scherwing-Plough), Mylan, Mundipharma, Novartis, Pfizer, Roche, Sanofi-Aventis and UCB, Consultant for: Abbvie (Abbott), Amgen, Baxter, Biogen, BMS, Boehringer, Celgene, Celltrion, Centocor, Chugai, Hexal, Janssen, Lilly, Medac, MSD (Scherwing-Plough), Mylan, Mundipharma, Novartis, Pfizer (Wyeth, Hospira), Roche, Sanofi-Aventis and UCB, Consultant for: Abbvie (Abbott), BMS, Celgene, Chugai, Merck, Novartis, Pfizer, UCB, Consultant for: Abbott, Bristol Myers Squibb, Celgene, Celltrion, Chugai, Johnson & Johnson, MSD, Novartis, Pfizer, Roche, UCB Pharma, Speakers bureau: AbbVie, BMS, Celgene, Chugai, Merck, Novartis, Pfizer, UCB, Speakers bureau: Abbvie (Abbott), Amgen, Baxter, Biogen, BMS, Boehringer, Celgene, Celltrion, Centocor, Chugai, Hexal, Janssen, Lilly, Medac, MSD (Scherwing-Plough), Mylan, Mundipharma, Novartis, Pfizer, Wyeth (Hospira), Roche, Sanofi-Aventis and UCB, Speakers bureau: AbbVie, BMS, Celgene, Chugai, Merck, Novartis, Pfizer, UCB DOI: 10.1136/annrheumdis-2019-eular.5072

SAT0317
INCIDENCE OF EXTRA-ARTICULAR MANIFESTATIONS IN ANKYLOSING SPONDYLITIS, PSORIATIC ARTHRITIS AND UNDIFFERENTIATED SPONDYLOARTHRITIS – RESULTS FROM A NATIONAL REGISTER-BASED COHORT STUDY

Karin Bengtsson1, Helena Forsblad-d’Elia2, Eva Klingberg2, Ulf Lindström1, Mats Dehlin1, Sofia Exarchou3, Anna Deminger4, Johan Asling5, Lennart T. H. Jacobsson1, 1Institute of Medicine, Sahlgrenska Academy, University of Gothenburg, Department of Rheumatology and Inflammation Research, Göteborg, Sweden; 2UMed University, Department of Public Health and Clinical Medicine, Rheumatology, Umeå, Sweden; 3Lund University, Department of Clinical Sciences, Section of Rheumatology, Malmö, Sweden; 4Karolinska Institutet, Department of Medicine Solna, Clinical Epidemiology Unit and Rheumatology Unit, Stockholm, Sweden.

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 (30-110) years), PsA (n=22667; 46% men; mean age 49 (20-130) 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 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. 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 EAM 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.

Disclosure of Interests: Karin Bengtsson: None declared, Helena Forsblad-d’Elia Grant/research support from: Unrestricted grants from Novartis outside the submitted work, Consultant for: Advisory board fees from Sandoz, Novartis and Abbvie, Speakers bureau: Lecturing fees from Novartis, Eva Klingberg Grant/research support from: Unrestricted grant from Roche, Consultant for: Novartis, Speakers bureau: Fee from Lilly, Ulf Lindström: None declared, Mats Dehlin: None declared, Sofia Exarchou: None declared, Anna Deminger: None declared, Johan Asling: Grant/research support from: Karolinska Institutet (JA) has or has had research agreements with the following pharmaceutical companies, mainly in the context of the ATRIS national safety monitoring programme for rheumatology biologicals: Abbvie, BMS, MSD, Eli Lilly, Pfizer, Roche, Samsung Bioepis, and UCB, Consultant for: Karolinska Institutet has received remuneration for JA participating in ad boards arranged by Lilly, Novartis, and Pfizer., Lennart T.H. Jacobsson Consultant for: LJ has received remuneration for JA participating in ad boards arranged by Lilly, Novartis, and Pfizer. and speakers fees to Lilly, Ulf Lindström: None declared.

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

Louis Besedez1, Majed Khrasha2, Viktoria Pavlova3, Jacqueline Stewart4, Valeria P. Rempe5, 1Laval University, Centre Hospitalier de l’Université Laval, Quebec, Canada; 2Memorial University of Newfoundland, St. John’s, Canada; 3McMaster University, Hamilton, Canada; 4University of British Columbia, Penticton, Canada; 5AbbVie Corporation, Montreal, Canada.

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. Objective: 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 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 [PbGA], physician global assessment [MDGA], and AS disease specific parameters (BASDAI, BASFI, morning stiffness, and number of extraarticular 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

Table 1.

<table>
<thead>
<tr>
<th>AS</th>
<th>PsA</th>
<th>uSpA</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>IRs (95% CI)</td>
<td>n</td>
</tr>
<tr>
<td><strong>ANTERIOR UVETIS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>1852</td>
<td>14.4 (13.2-15.5)</td>
</tr>
<tr>
<td>Men</td>
<td>1315</td>
<td>15.8 (14.3-17.3)</td>
</tr>
<tr>
<td>Women</td>
<td>537</td>
<td>11.2 (9.4-13.1)</td>
</tr>
<tr>
<td><strong>IBD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>615</td>
<td>2.8 (2.4-3.3)</td>
</tr>
<tr>
<td>Men</td>
<td>403</td>
<td>2.6 (2.0-3.1)</td>
</tr>
<tr>
<td>Women</td>
<td>212</td>
<td>3.4 (2.5-4.3)</td>
</tr>
<tr>
<td><strong>PSORIASIS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>264</td>
<td>5.6 (5.0-6.3)</td>
</tr>
<tr>
<td>Men</td>
<td>171</td>
<td>5.4 (4.7-6.2)</td>
</tr>
<tr>
<td>Women</td>
<td>93</td>
<td>6.1 (4.9-7.3)</td>
</tr>
</tbody>
</table>

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

References:
OBESITY AND ASSOCIATED FACTORS IN NORWEGIAN AXIAL SPONDYLOARTHRITIS PATIENTS. RESULTS FROM THE EUROPEAN MAP OF AXIAL SPONDYLOARTHRITIS SURVEY

Christian Bindesbol1, Marco Garrido-Cumberra2,3, Gunnstein Bakland4, Hanne Solveig Dagfinrud5, EMAS working group.


SAT0319

OBESITY AND ASSOCIATED FACTORS IN NORWEGIAN AXIAL SPONDYLOARTHRITIS PATIENTS. RESULTS FROM THE EUROPEAN MAP OF AXIAL SPONDYLOARTHRITIS SURVEY

Christian Bindesbol1, Marco Garrido-Cumberra2,3, Gunnstein Bakland4, Hanne Solveig Dagfinrud5, EMAS working group.

1Novartis Pharma AG, Norway, Oslo, Norway; 2Universidad de Sevilla, Health and Territory Research (HTR), Sevilla, Spain; 3Spanish Federation of Spondyloarthritis Associations (CEADE), Madrid, Spain; 4University Hospital of Northern Norway, Department of Rheumatology, Tromsø, Norway; 5Diakonhjemmet Hospital, National Advisory Unit on Rehabilitation in Rheumatology, Oslo, Norway

Background: Obesity increases the risk of developing chronic inflammatory diseases, including axial spondyloarthritis (axSpA). Information about how obesity correlates with disease activity in axSpA patients is limited.

Objectives: The objective of this survey was to investigate the association between body mass index (BMI) and patient-reported disease activity in Norwegian axSpA patients.

Methods: The European Map of Axial Spondyloarthritis (EMAS), conducted from July 2017 to February 2018, was a cross-sectional on-line survey of 2,846 unselected patients with self-reported axSpA from 13 European countries (Austria, Belgium, France, Germany, Italy, Netherlands, Norway, Russia, Slovenia, Spain, Sweden, Switzerland, and the UK). Participants were recruited through an on-line panel and patient organizations. This analysis is based on data from the 509 Norwegian respondents. Sociodemographic variables (age, gender, BMI, comorbidity), and disease-related variables (Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) (0-10), self-reported spinal stiffness (3-12) and General Health Questionnaire (0-12) (GHQ-12) were reported.

Results: Out of 509 Norwegian participants, 28% had axSpA. 69.7% (N=355) were women. The mean age was 48±12 years, mean disease duration was 5.3±2.0 years, 82.3% were HLA-B27 positive, and 55.2% (N=281) were university educated. In total, 35% (N=180) of the participants were normal/underweight (BMI < 25) and 65% (N=329) were overweight/obese (BMI ≥25). The mean (sd) disease activity, as measured by BASDAI (0-10), was 5.3±2.0. Overweight/obese patients reported significantly higher disease activity (BASDAI 5.5±1.9) compared to normal weight patients (BASDAI 5.0±2.1). Moreover, being overweight/obese was associated with a significantly higher degree of spinal stiffness, number of comorbidities and a numerically, but not significantly, higher GHQ-12 score. There was no significant differences in alcohol consumption, smoking, or prevalence of inflammatory bowel disease (Crohn’s disease or ulcerative colitis).

Conclusion: Norwegian overweight/obese axSpA patients from the EMAS survey report significantly higher disease activity, spinal stiffness and number of comorbidities. The results highlight the serious impact of overweight and obesity on the health status of axSpA patients. Therefore, obesity should be considered as a preventable risk factor and within the disease management of axSpA.

REFERENCES


Acknowledgement: EMAS was funded by Novartis Pharma AG.

Disclosure of Interests: Christian Bindesbol Employee of: I currently work in Novartis Pharma AG Norway as listed in my affiliations, Marco Garrido-Cumberra Consultant for: For honoraria from Novartis as steering committee member of this survey, Gunnstein Bakland: None declared, Hanne Solveig Dagfinrud Consultant for: Honoraria from Novartis as a steering committee member on this survey


SAT0320

FREQUENCY AND CHARACTERISTICS OF INFLAMMATORY BOWEL DISEASE IN SPONDYLOARTHRITIS WITH BIOLOGICAL THERAPY. STUDY OF 270 PATIENTS FROM THE SAME CENTER

I. Calvo1, O. Ibaraguengotia1, D Montero1, L Vega1, L Maria1, M.E. Ruiz1, J Torre1, O Fernandez1, J.M. Blanco1, A R.Inchaurregi1, Clara Pérez1, Eduardo Cuende2, Natalia River1, María Jesús Alland3, Helena Ugarte1, Ilgko Gorostiza1, E Galiandez1, 1Basurto University Hospital, Rheumatology, Bilbao, Spain; 2Basurto University Hospital, Research Unit, Bilbao, Spain

Background: Inflammatory bowel disease (IBD) is an extra-articular manifestation that can appear in spondyloarthritis (SpA), as well as uveitis and psoriasis. Its prevalence is 5-10%, although subclinical intestinal inflammation has been found in up to 60%. Biological therapy (BT) can be the treatment for IBD or produce it paradoxically. Fecal calprotectin (FC) is an intestinal inflammation marker, useful for early diagnosis and monitoring disease activity.

Objectives: To describe the frequency and characteristics of IBD in SpA with BT.

Methods: Descriptive and retrospective study (January 2003-January 2019) of patients with SpA that develop IBD in a single center. Epidemiological variables, type of SpA, presence of IBD and its characteristics, levels of FC, presence of BT at IBD onset and treatment received were registered. For the analysis, frequencies and percentages were used in qualitative variables and means/standard deviation (SD) in quantitative. Statistical analysis was performed with IBM SPSS v.23.

Results: We studied 270 patients with SpA. 70.4% male with a mean age of 39.9±12 years. The subtypes of SpA were: ankylosing spondylitis (AS) (n=133; 49.3%), psoriatic arthritis (PsA) (n=116; 41.3%), undifferentiated SpA (n=16; 5.9%), SpA non-axial (n=3; 1.1%) and reactive arthritis (n=2; 0.7%).

IBD was observed in 25 patients (9.26%), 80% male. At the time of IBD onset, they had a mean age of 39.12±9.8 years, the mean ESR was 31.16±24mm/h, CRP 2.7±2mg/dL and BASDAI 4.6. 16 patients had AS, 6 PsA and 3 undifferentiated SpA. TABLE 1. Regarding SpA diagnosis, IBD appeared after in 15 patients with an average time of development of 8.39±8 years, before in 7 and was simultaneous in 3. The subtypes of IBD were: Crohn’s disease (CD) in 13 patients, ulcerative colitis (UC) in 9 and indeterminate colitis (IC) in 3. The FC was > 200µg/g in 17 patients (68%), normal (<50µg/g) in 19 and between 50-200µg/g in 7. The incidence rate adjusted for follow-up of the 25 cases was 7.7 cases/1000-years-patient.

At the time of the IBD onset, 6 patients were with BT: Etanercept (ETN) (n=2), Infliximab (IFX) (n=1), Adalimumab (ADA) (n=1), Secukinumab (SCK) (n=1) and Ustekinumab (UST) (n=1). The BT had been initiated the previous 12 months in 5 of them. The incidence rate adjusted for follow-up of the 6 cases of IBD after BT was 1.83 cases/1000-patient-years. TABLE 2. The treatment of the 25 patients with IBD was mesalazine (n=15), oral corticoid (n=5), methotrexate (n=7) and BT in all cases. The BT was: