pattern (41.3% and 34.9%), fatigue (35.3% and 28.6%), and loss of interest in sex (21.7% and 21.9%), for AS and PsA, respectively. In univariate analysis (Table 1), female gender (OR=1.73), unemployment due to disability (OR=3.06) or other reasons (OR=2.38), increased BASDAI (OR=1.40), increased BASFI (OR=1.33), and increased morning stiffness (OR=1.01) were significantly associated [all $P<0.001$ except gender ($P=0.009$)] with baseline depression among AS patients. For PsA, significantly associated parameters included female sex (OR=2.35; $P=0.001$), unemployment due to disability (OR=3.57; $P<0.001$), increased TJC (OR=1.05; $P=0.009$), increased PtGA (OR=1.03; $P<0.001$) and increased morning stiffness (OR=1.01; $P=0.010$). Weak correlations ($P<0.05$) were observed between the BDI score and BASFI ($r=0.425$), BASDAI ($r=0.375$), morning stiffness ($r=0.285$), and number of EAMs ($r=0.114$) for AS; and TJC ($r=0.155$), MDGA ($r=0.132$), and PtGA ($r=0.451$) for PsA.

In multivariate regression analysis for AS, higher BASFI (OR=1.32; $P<0.001$), female sex (OR=1.89; $P=0.007$) and being unemployed due to other reasons (OR=1.91; $P=0.017$); and, for PsA, lower baseline disease duration (OR=0.97; $P=0.018$), and higher PtGA (OR=1.04; $P<0.001$) were identified as significant independent predictors of baseline depression.

Conclusion: Depression in AS and PsA patients was common in this real-world cohort. Female sex, unemployment, and higher disease activity for AS, and shorter disease duration along with higher PtGA for PsA were significant independent predictors of depression.

Disclosure of Interests: Louis Bessette Grant/research support from: Amgen, BMS, Janssen, Roche, UCB, AbbVie, Pfizer, Merck, Celgene, Sanofi, Lilly, Novartis, Consultant for: Amgen, BMS, Janssen, Roche, UCB, AbbVie, Pfizer, Merck, Celgene, Sanofi, Lilly, Novartis, Speakers bureau: Amgen, BMS, Janssen, Roche, UCB, AbbVie, Pfizer, Merck, Celgene, Sanofi, Lilly, Novartis, Majed Khraishi Consultant for: AbbVie, Speakers bureau: AbbVie, Viktoria Pavlova Grant/research support from: UCB, Consultant for: Amgen, Abbvie, BMS, Janssen, Lilly, Merk, Novartis, Roche, UCB, Pfizer, Speakers bureau: Amgen, Abbvie, BMS, Janssen, Lilly, Merk, Novartis, Roche, UCB, Pfizer, Jacqueline Stewart Consultant for: Pfizer, Abbvie, Amgen, Celgene, Roche, Novartis, Merck, Valencia P. Remple Shareholder of: AbbVie, Employee of: AbbVie

DOI: 10.1136/annrheumdis-2019-eular.5693

SAT0319 OBESITY AND ASSOCIATED FACTORS IN NORWEGIAN AXIAL SPONDYLOARTHRITIS PATIENTS. RESULTS FROM THE EUROPEAN MAP OF AXIAL SPONDYLOARTHRITIS SURVEY

Christian Bindsøll¹, Marco Garrido-Cumbrera^{2,3}, 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)^{1,2}. 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 the 509 Norwegian participants with 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

- [1] Maas, et al. Obesity Is Common in Axial Spondyloarthritis and Is Associated with Poor Clinical Outcome. The Journal of Rheumatology 2016; 43 (2) 383-387.
- [2] Shan, et al. Impact of obesity on the efficacy of different biologic agents in inflammatory diseases: A systematic review and meta-analysis. Joint Bone Spine. 2018, in press.

Acknowledgement: EMAS was funded by Novartis Pharma AG

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

DOI: 10.1136/annrheumdis-2019-eular.7196

SAT0320 FREQUENCY AND CHARACTERISTICS OF INFLAMMATORY BOWEL DISEASE IN SPONDYLOARTHRITIS WITH BIOLOGICAL THERAPY. STUDY OF 270 PATIENTS FROM THE SAME CENTER

I. Calvo¹, O. Ibarguengoitia¹, D. Montero¹, L. Vega¹, L. Maria¹, M. E. Ruiz¹, I. Torre¹, O. Fernandez¹, J. M. Blanco¹, A. R. Inchaurre¹, Clara Pérez¹, Eduardo Cuende¹, Natalia Rivera¹, Maria Jesús Allande¹, Helena Ugarte¹, Iñigo Gorostiza², E. Galindez¹. 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 mean±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; 43%), undifferentiated SpA (n=16; 5.9%), SpA non-Rx 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 31.15±24mm1sth, 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 1 and between 50-200µg/g in 7. The incidence rate adjusted for follow-up of the 25 cases was 7.7 cases/1000 patients-year.

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: