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SAT0341

THE PREVALENCE OF RENAL FAILURE IN A PROSPECTIVE AXIAL SPONDYLOARTHRITIS COHORT AND POSSIBLE ASSOCIATED FACTORS

Xabier Michelena-Vegas, Carla Marco Pascual, Xavier González Giménez, Maribel Mora, J Lluch Pons, Jesús Rodríguez, Joan Miquel Nolla, Xavier Juanola-Roura. Department of Rheumatology, Bellvitge University Hospital (IDIBELL), Barcelona, Spain

Background: Extra-articular manifestations and comorbidities are significant complications in the evolution of patients with spondyloarthritis (SpA). The presence of renal failure (RF) is a multifactorial comorbidity that has been shown to be associated with this disease, and its prevalence has been reported around 5% (COMOSPA¹). There are no prevalence studies in our environment.

Objectives: To determine the prevalence and possible factors associated with RF in patients with axial spondyloarthritis (axSpA).

Methods: Data was retrieved from a prospective database designed for the monitoring of patients with SpA from a large teaching hospital. We only included patients with axSpA. Demographic and clinical data were recorded, as well as possible risk factors associated with RF: arterial hypertension (AHT), smoking status, Diabetes (DM), Dyslipidemia (DL), NSAIDs use and renal function from last test available (we considered RF when eGFR<60 mL/min).

Continuous data were compared with Student t-test if the variables presented normal distribution (previous Shapiro-Wilk test) or Mann Whitney U test otherwise. Chi-square or Fisher test was performed if the variable was categorical.

Results: 339 patients were included. 73.2% were male with a mean age of 56.68 (±14.8) years and a mean age of onset of 32.0 (±11.4) years. The mean disease duration was 32.8 (±11.4) years. 83.7% were HLAB27+. The clinical variables for the whole cohort were: BASDAI 3.56 (±2.13), BASFI 3.74 (±2.65), CRP 5.61 (±6.92) and ESR 2.28 (±0.89). The following risk factors were registered: smokers 58.3%, AHT 33.3%, DL 31.3% and NSAID use of 34.6%. 27.4% of patients were receiving biologic therapy.

41 patients (12.1%) presented RF criteria. Comparison between two groups is shown in table 1. A statistically significant association with RF was found in age, sex, AHT, DL, no use of NSAIDs, higher BASFI and ASDAS indexes as well as ESR value.

Conclusion: There is a substantial prevalence of RF in patients with axSpA in our cohort. We should maximise our awareness of RF in old patients, those suffering from AHT and DLP, as well as subjects with high BASFI, ASDAS and ESR values.

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Table 1. Comparative analysis of patients with RF and recorded variables

Variables	RF (n=41)	No RF (n=298)	P-value
Age, mean (SD)	71.12 ± 7.8	54.64 ± 14.52	<0.0001*
Male	87.8%	71.1%	0.024*
Arterial hypertension	82.9%	26.5%	<0.0001*
Dyslipidemia	46.3%	29.2%	0.026*
Diabetes Mellitus	19.5%	9.7%	0.103
BMI, mean (SD)	28.45 ± 5.72	26.36 ± 4.39	0.065
Smokers	69.7%	56.9%	0.159
HLA B27(+)	80%	84.2%	0.5
axSpA phenotype	100%	91.6%	0.056
- AS	0%	8.4%	
- non-Rx SpA			
Disease duration, mean (SD)	34.83 ± 13.71	22.84 ± 15.35	<0.0001*
Age at diagnosis, median (IQR)	33 ± 22	30 ± 16	0.138
NSAID (>25%)	22%	36.4%	0.003*
Biologic	24.4%	27.9%	0.641
BASDAI	4.005 ± 2.1	3.5 ± 2.13	0.156
BASFI	5.2 ± 2.56	3.5 ± 2.61	<0.0001*
ASDAS-CRP	2.57 ± 0.87	2.22 ± 0.92	0.04*
ASDAS-ESR	2.66 ± 0.9	2.23 ± 0.87	0.01*
CRP, median (IQR)	3.8 ± 6.65	3.0 ± 5.65	0.052
ESR, median (IQR)	15 ± 23.3	8 ± 13	0.008*

*p<0.05

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SAT0342

RISK FACTORS FOR ARTHROPATHY IN ULCERTIVE COLITIS PATIENTS AFTER TOTAL COLECTOMY; A RETROSPECTIVE, A SINGLE CENTER STUDY

Kentarō Noda¹, Yuki Mizutani¹, Naohiro Sugitani¹, Yasuo Suzuki¹, Toshimitsu Araki², Masato Kusunoki², Ayako Nakajima¹. ¹Mie University Hospital, Center for Rheumatic Diseases, Tsu Mie, Japan; ²Mie University Graduate School of Medicine, Department of Gastrointestinal and Pediatric Surgery, Tsu Mie, Japan

Background: Ulcerative colitis (UC) is associated with a variety of extra-intestinal manifestations (EIMs) that may have negative effects on performance status and quality of life. EIMs frequently affect musculoskeletal systems (peripheral and axial arthropathies), skin, hepatobiliary tract and eyes^{1,2}. Previous studies showed that peripheral and axial arthropathies were seen 4-23% patients with UC and they tend to have peripheral rather than axial arthropathies³. UC is generally thought to become in remission when patients undergo total colectomy. However, in clinical practice, patients often suffered from arthropathy which is thought as EIMs even after total colectomy. The distribution and risk factors for the occurrence of peripheral and axial arthropathies among UC patients after total colectomy have not been investigated yet.

Objectives: In this study, we aimed to clarify frequency and distribution of arthropathy and to investigate risk factors for developing arthropathy among UC patients after colectomy.

Methods: In this retrospective, single center, observational study, we investigated the backgrounds and risk factors for arthropathy using patients underwent total colectomy from January 2007 to February 2016 in Mie University. As backgrounds, age, sex, presence and distribution of arthropathy, other EIMs, and duration after colectomy, clinical activity (mild/moderate/severe), Matts classification (grade 1+2 vs 3+4), presence of massive hemorrhage and toxic megacolon, previous therapies for UC were collected from electronic medical records. Arthropathy was defined as joint pain or swelling without definite cause which was improved by using glucocorticoid. Background factors were described as median (IQR) for continuous variables or as percentage (%) for categorical variables and difference was analyzed by Wilcoxon for continuous variables and by chi-square for categorical variables. Factors with p-value < 0.1 in univariate analyses were included in multivariate logistic regression analysis for risk of developing arthropathy.

Results: We enrolled 219 patients (female; 40.2% and median age at operation; 38.0 [27.0, 53.0] years). Among them, 40 (18.3%) patients had arthropathy, peripheral type in 23 (57.5%), axial type in 3 (7.5%), mixed type in 14 (35.0%). Duration from operation to onset of arthropathy was 0.7 [0.4, 1.2] years. The risk factors for developing arthropathy by univariate analyses were Matts classification (grade 3+4 vs 1+2) (p < 0.05), follow up periods (p < 0.001), presence of other EIMs (p < 0.001), ileal pouchitis (p < 0.01), but previous treatment of biologics was not significant (p = 0.84). Table 1 showed the risk factors for developing arthropathy by multivariate logistic regression analysis using age, sex,