Conclusion: Comorbid conditions are common in axSpA patients and are independently associated with higher disease activity and higher level of functional impairment. Higher disease activity and a higher level of functional disability might be indicators of a severe disease resulting in the development of comorbid conditions.

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SAT0349 HOW FREQUENT IS NEUROPATHIC PAIN COMPONENT IN PATIENTS WITH SPONDYLOARTHRITIS?

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Background: Criteria to define inflammatory back pain in Spondyloarthritis (SA) are multiple. Although neuropathic pain component was known to be part of disease symptoms, it has been rarely assessed.

Objectives: The aim of this study was to determine the prevalence of the neuropathic pain component in SA patients and secondarily, to detect correlation with the disease duration, activity scores and functional impairment.

Methods: A cross-sectional study including patients with radiographic axial SA defined by ASAS criteria was conducted. Patients were questioned about their neuropathic pain using painDETECT questionnaire and Douleur Neuropathique en 4 Questions (DN4) interview. Further information about disease characteristics, activity (BASDAI, ASDASCRP) and functional (BASFI) scores were assessed the same day.

Statistical analysis, was performed by Kruskal-Wallis test for qualitative variables and Student-test for quantitative variables. A p value ≤0.05 was considered significant.

Results: Forty patients were included. The average age was about 41 years old (±12.8) and the sex ratio was 12.3 (M:F). The mean disease duration was 10.7±6.9 years. Most of patients suffered from back pain and the visual analogic scale pain score was about 3.7±2.5. The mean BASDAI score was 2.7±2.3 and the mean ASDASCRP was 2.2±1.07. The average BASFI score was 2.57±2.5. Neuropathic pain component was noted only in 10% of patients by pain DETECT questionnaire and in 7% previously treated with ≥1 TNFi. At baseline the mean ASDAS was 2.7 (1.3) and the mean mSASSS 13.8 (16.8). During follow-up 213 (68%) pts received treatment with TNFi in ≥1 visit. Overall, the average 2-year progression was 1.33 (2.68) mSASSS-units per 2-year interval. In the 2-level multivariable model, 1 ASDAS-unit increase at 1 was associated with an increase of 0.25 mSASSS-units at t+1 [β (95% CI): 0.25 (0.08; 0.43)].

Conclusion: These data add to previous evidence by showing that a higher ASDAS is associated with higher spinal radiographic progression in pts with r-axSpA independent of prior treatment with TNFi.

REFERENCE

The impact of fibromyalgia on sleep disturbance and quality of life in patients with ankylosing spondylitis

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Background: Sleep disturbance is a very frequent symptom in patients with diseases associated with pain syndrome [1, 2]. Prevalence of sleep disorders in ankylosing spondylitis (AS) patients varies in a range of 35% to 90% [2]. One of the most common comorbid condition in patients with AS is fibromyalgia (FM), that can significantly worsen quality of life and sleep quality in patients with AS.

Objectives: The aim of this study was to evaluate the impact of FM comorbidity on sleep disturbance and quality of life in patients with AS.

Methods: One hundred and nineteen patients with AS according to modified New York criteria (mean age (M±SD) 42.23±11.5 years; 21 women and 98 men) were enrolled in the study. FM was diagnosed based on the 1990 American College of Rheumatology classification criteria. All patients were asked to complete self-report questionnaires, including the Pittsburgh Sleep Quality Index (PSQI) and Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL) to assess sleep disturbance and quality of life.

Results: Of the AS patients, 23 (19.3%) met the criteria for FM. The patients were divided into two groups in terms of having or not having FM. Groups were representative for age and disease duration. Patients with AS and concomitant FM showed poorer quality of life and sleep quality in patients with AS. 

Sleep disturbances in patients with ankylosing spondylitis and comorbid fibromyalgia according to Pittsburgh Sleep Quality Index (sleep component scores)

<table>
<thead>
<tr>
<th>Component</th>
<th>AS with FM (n=23)</th>
<th>AS without FM (n=96)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep quality</td>
<td>1.78±0.74</td>
<td>1.49±0.74</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Sleep latency (time to fall asleep)</td>
<td>2.00±0.85</td>
<td>1.31±1.03</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Sleep duration (hours of sleep)</td>
<td>1.61±1.08</td>
<td>1.16±1.02</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Sleep efficiency (percentage of time asleep while in bed)</td>
<td>0.83±1.19</td>
<td>0.85±1.15</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Sleep disturbances</td>
<td>1.87±0.46</td>
<td>1.32±0.35</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Use of sleep medication</td>
<td>0.03±0.70</td>
<td>0.05±0.53</td>
<td>NS</td>
</tr>
<tr>
<td>Daytime dysfunction</td>
<td>1.65±0.93</td>
<td>1.23±0.91</td>
<td>&lt;0.05</td>
</tr>
</tbody>
</table>

In general, for each of the component scores, patients with AS scored lower than patients with AS+FM, with statistically significantly less severe sleep problems on all domains except for use of sleep medication. Patients with AS and concomitant FM showed poorer quality of life according to ASQoL, compared to patients with alone AS (13.8±2.35 vs. 8.6±1.01; p<0.01).

Conclusion: Sleep disturbance is a frequent condition in patients with AS. Our study results demonstrate the significant impact of FM comorbidity on sleep disturbance and quality of life in patients with AS.

References

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Scientific Abstracts

Saturday, 15 June 2019 1255

IBIS-Q (IBD IDENTIFICATION OF SPONDYLOARTHRITIS QUESTIONNAIRE): A NEW TOOL TO DETECT SPONDYLOARTHRITIS IN INFLAMMATORY BOWEL DISEASE PATIENTS

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Background: Extra-intestinal manifestations (EIM) are frequent in IBD with peripheral and axial spondyloarthritis (SpA) being the commonest EIM, being reported in up to 23% of subjects. Early detection of SpA is clinically relevant to drive the therapeutic management including the right treatment at the right time to prevent disability and improve the quality of life. In the literature there are few validated Rheumatology referral models for SpA for gastroenterological use.

Objectives: The aim of this study was to develop a questionnaire to identify peripheral and axial SpA in a cohort of IBD patients (setting: IBD Unit of Sacro Cuore-Negar Hospital Verona in a rheumatological-gastroenterology clinic).

Methods: During a preliminary meeting a group of experts in SpA-IBD (6 rheumatologists and 4 gastroenterologists) generated a list of 42 items thought to cover all possible SpA manifestations including spinal, articular and enthesial involvement. Consecutive patients referred to the IBD Unit were then enrolled from January to May 2018 without excluding patients affected by EIM. Rheumatological assessment was performed in the same day by a Rheumatologist blinded to the medical story and to the questionnaire results in order to collect data about the 66 swollen joint count (SJJC) and 68 TJC. MASEI, LEI, presence of ASAS criteria for axial and peripheral SpA, presence of diagnostic criteria for fibromyalgia (FM) and non-specific low back pain (NSLB) pain mainly due to OA. If the patient presented a tender/swollen entheses, a US examination was done on data of 181 patients. 58 patients of the enrolled patients met the ASAS criteria for SpA (13 axial, 5 both axial and peripheral 40 peripheral). The SpA prevalence in our cohort was 32% with 10 new cases detected by the questionnaire (5.5%: 7 peripheral and 3 axial).

Through the psychometric and factorial analysis, we selected 14-items thought to cover all possible SpA manifestations including spinal, articular and enthesial involvement. Consecutive patients referred to the IBD Unit were then enrolled from January to May 2018 without excluding patients affected by EIM. Rheumatological assessment was performed in the same day by a Rheumatologist blinded to the medical story and to the questionnaire results in order to collect data about the 66 swollen joint count (SJJC) and 68 TJC. MASEI, LEI, presence of ASAS criteria for axial and peripheral SpA, presence of diagnostic criteria for fibromyalgia (FM) and non-specific low back pain (NSLB) pain mainly due to OA. If the patient presented a tender/swollen entheses, a US examination was done on data of 181 patients. 58 patients of the enrolled patients met the ASAS criteria for SpA (13 axial, 5 both axial and peripheral 40 peripheral). The SpA prevalence in our cohort was 32% with 10 new cases detected by the questionnaire (5.5%: 7 peripheral and 3 axial).

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