Results: A total of 218 patients were collected, 59.6% were men and 40.4% were women with an average age of onset of symptoms of 30.56 ± 12.06 years and a diagnosis of 35.59 ± 12.26 (diagnostic delay, defined by a median of 2 years before the great dispersion of data). 81.2% have HLA-B27 positive. 64.2% come predominantly León capital, also highlighting other areas such as La Bañeza (9.6%) and Astorga (6.4%). 13.8% are ex-smokers, 18.8% are active smokers and 67.4% are non-smokers. 68.3% made their debut with inflammatory low back pain. 67% developed some anterior uveitis throughout its evolution. 72.9% have axial involvement and 27.1% joint axial and peripheral involvement. 89.9% met criteria New York (NY), 8.3% criteria ASAS and 1.8% criteria AMOR for the diagnosis of SpA. 17.4% developed syndesmophytes. The activity of the disease was assessed by BASDAI and PCR (taking the reference point of our laboratory, 5 mg/l as the cut-off point) at the time of diagnosis. In the last control performed, showing that 87.6% presented a BASDAI <4 at the time of diagnosis while in the last revision 84.9% has BASDAI <4; the elevated levels of CRP appeared in 54.45%, normalizing in 73.9% in the last control. We observed that the age of diagnosis <45 years (p = 0.00289) in our sample is related to less progression due to the probable early initiation of biological treatment (18.2% in <45 years, 11% in >45 years); while both elevated CRP at diagnosis (p = 0.003) and exposure to tobacco (p = 0.036) present a higher rate of syndesmophytes due to a probable higher inflammatory activity. For other variables (Sex, HLA-B27, BASDAI, diagnostic delay, presence of uveitis and NSAIDs), we did not obtain a statistically significant relationship.

Conclusion: - Most part of patients with SpA are young men, with HLA-B27 positive and axial involvement with debut as inflammatory back pain that meet NY criteria.

High levels of CRP at diagnosis (p = 0.003) and tobacco consumption (p = 0.036) have been associated, in our sample, with greater radiological progression while the age of diagnosis <45 years is related to lower progression (p = 0.00289) may be due to the early introduction of biological treatment (18.2% in <45 years, 11% in >45 years).

References


Disclosure of Interests: None declared


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RESULTS

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