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AB0720 IMPACT OF SPONDYLOARTHRITIS ON THE MALE SEXUAL FUNCTION: LIMITING FACTORS

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Background: The impact of Spondyloarthritis (SpA) on patients' sexual life and erectile function has been gathering the attention of the scientific community over the last decade ^{1,2}. Several factors may condition sexual function for SpA patients: microangiopathy, pain, decreased range of motion, joint swelling and extraarticular features such as fatigue.

Objectives: To assess the erectile function and the sexual desire in a cohort of male patients with SpA and to identify the factors related to the disease limiting the sexual life.

Methods: This is a cross sectional study including sexually active male patients with SpA (ASAS criteria). A questionnaire was performed, consisting in two parts. One part filled by a rheumatologist with data of the disease (comorbidities, the presence of a coxitis, disease activity (BASDAI and ASDAS), function index (BASFI) and current treatment). The other part consisted in a questionnaire filled by an urologist, with data on pain during intercourse, the international index of erectile function (IIEF5), intensity and frequency of sexual desire and disease impact on private life. For statistical analysis, we used Chi²-test for qualitative variables and Student-test for quantitative variables. A p value ≤0.05 was considered significant.

Results: We included 37 male patients with SpA, 18.9% had psoriatic arthritis, 51.4% had ankylosing spondylitis and 29.7% had inflammatory bowel disease spondyloarthritis. The mean age was 42.5 ± 1.8 years. Sixty two percent of patients were married. Mean disease duration was 11.4 ± 7.1 years. The mean disease activity and functional scores were as follow: BASDAI=2.57 ± 1.96, ASDAS CRP=2.36 ± 1.09, BASFI=2.59 ± 2.54). For the treatment side: 40.5% were on NSAIDs, 70.3% on csDMARDs and 56.8% of patients were on biotherapy (33.3% on Adalimumab, 52.4% on infliximab and 14.3% on Etanercept). The mean visual analog pain scale during intercourse was 27 ± 1.89 and the erectile function was deteriorated in 80.6% of patients.

Conclusion: Our results suggest the impact of SpA on patients' sexual function. Pain during intercourse and the limitation of the sexual desire were the most limiting factors of the sexual function.

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AB0721 EPIDEMIOLOGICAL, CLINICAL AND PROGRESSION FACTORS OF SPONDYLOARTHRITIS IN A TERTIARY CARE HOSPITAL

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Background: Spondyloarthritis (SpA) is a heterogeneous group of diseases that predominantly affect the axial skeleton, with a debut generally before 45 years. Among the factors favoring radiological progression¹ are, among others, high levels of CRP, tobacco consumption and diagnostic delay.

Objectives: To describe clinical-epidemiological characteristics and analyze possible factors of radiological progression (based on the development of syndesmophytes) in patients with a diagnosis of SpA in our hospital.

Methods: Retrospective, descriptive observational study of patients diagnosed with SpA (New York, ASAS and AMOR criteria) in the University Health Care Complex of León for 45 years (1973-2018).

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 and 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 0.000289) 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 0.000289) may be due to the early introduction of biological treatment (18.2% in <45 years, 11% in > 45 years).

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AB0722 DOES THE ULTRASOUND OF SACROILIAC JOINTS CONTRIBUTE TO THE DIAGNOSIS OF SPONDYLOARTHRITIS?

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Background: Although pelvic radiography is a robust imaging modality to detect sacroiliitis, radiographic changes require at least 5 years to develop after symptom onset, hence the increasing interest in new imaging tools in the field of spondyloarthritis (SpA). Whereas the diagnostic utility of magnetic resonance imaging (MRI) and computed tomography (CT) of sacroiliac joints (SIJ) has been extensively studied in many cohorts, the contribution of SIJ ultrasound (US) in the diagnostic of SpA has been little studied.

Objectives: The objective of this study is to assess the performance of SIJ US for detecting sacroiliitis and to determine its sensitivity and specificity in patients with SpA.

Methods: Consecutive patients, aged 16 years and over, consulting for symptoms suggestive of SpA (inflammatory back pain, enthesitis or dactylitis...) from February 2014 to February 2017 were enrolled in this cohort. Eligible patients underwent physical examinations, laboratory tests, SIJ US, CT and/or MRIs, following a standardized protocol. Patients with a conventional radiography showing a confirmed sacroiliitis (grade 3 or 4) were not included. The US was considered positive when showing a unilateral or bilateral vascularization (Doppler signals). Then, resistive index (RI) was measured. After analyzing clinical and radiological data and HLA typing, two experienced rheumatologists, blinded to US results, proceeded to the classification of the patients into 2 groups: confirmed SpA or no SpA. Their final diagnosis was considered the gold standard in interpreting the results of US examination.

Results: Forty-five patients, 10 men and 35 women, with an average age of 39 years were included. The mean duration of symptoms was 75 months (6 years). A family history of SpA was noted in 2.22% of