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AB0724

DOSE PREGNANCY AND VAGINAL DELIVERY WORSEN ANKYLOSING SPONDYLITIS?

Jung Sun Lee¹, Ji Seon Oh¹, Wook Jang Seo², Seokchan Hong¹, Yong-Gil Kim¹, Chang-Keun Lee¹, Bin Yoo¹. ¹University of Ulsan College of Medicine, Asan Medical Center, Seoul, Korea, Rep. of (South Korea); ²Veterans Health Service Medical Center, Seoul, Korea, Rep. of (South Korea)

Background Ankylosing spondylitis (AS) affects the sacroiliac joints and commonly occurs in those at the reproductive age. Women with AS have a higher rate of cesarean section (CS) compared with healthy controls.

Objectives This study determined the effect of pregnancy and delivery methods on AS worsening by analyzing prescription pattern.

Methods Based on the Korean Health Insurance Review and Assessment Service claims database, subjects comprised female patients aged 20–49 years with an AS. Alteration of prescriptions was defined by changing the at two time periods of 1–2 years pre-delivery and 1-year post-delivery. We compared alteration of prescriptions between AS patients with delivery and 1:1 matched AS patients without delivery. In addition, among AS patients with delivery, alteration of prescriptions according to delivery method was evaluated.

Results Among 6,821 female patients with AS, 996 patients in the delivery group were younger, had a higher proportion of non-drug use, and had lower rates of comorbidity than the no delivery group. The alteration of prescriptions did not differ between the AS with delivery and the AS without delivery groups (OR 0.76, 95% CI 0.56–1.05). Furthermore, the overall alteration of prescriptions did not differ significantly between vaginal delivery (VD) and CS (OR 0.72, 95% CI 0.45–1.14).

Conclusion The rate of alteration of prescriptions was comparable between the AS patients with and without delivery. There was no association between VD and alteration of prescriptions compared with CS. Taken together, pregnancy and VD may not be assumed to be factors of AS worsening.

Disclosure of Interests None declared

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AB0725

ASSOCIATION BETWEEN RADIOGRAPHIC PROGRESSION AND CARDIOVASCULAR RISK IN SPONDYLOARTHRITIS: DATA FROM COSPAR REGISTRY

Ladehesa Pineda Lourdes¹, Gómez García Ignacio², María del Carmen Castro Villegas², Pedro Seguí Azpilcueta³, María del Carmen Abalos-Aguilera⁴, Bautista Aguilar Laura⁵, Inmaculada Concepcion Aranda-Valera⁵, Rocio Segura⁵, Rafaela Ortega Castro⁵, Clementina López-Medina⁵, Pérez Sánchez Laura⁵, Puche Larrubia María Ángeles⁵, Chary Lopez-Pedrerá⁴, Font Ugalde Pilar⁵, Garrido Castro Juan Luis⁵, Alejandro Escudero Contreras⁵, Eduardo Collantes Estevez⁵, Jiménez Gómez Yolanda⁴, COSPAR Study Group. ¹University Hospital Reina Sofia, Rheumatology, Córdoba, Spain; ²Reina Sofia University Hospital/IMIBIC/University of Córdoba, Rheumatology, Córdoba, Spain; ³Reina Sofia University Hospital/IMIBIC/University of Córdoba, Radiology, Córdoba, Spain; ⁴IMIBIC, Córdoba, Spain; ⁵Reina Sofia University Hospital/IMIBIC/University of Córdoba, Rheumatology, Córdoba, Spain; ⁶University of Córdoba, Córdoba, Spain; ⁷Reina Sofia University Hospital/IMIBIC/University of Córdoba, Rheumatology, Córdoba, Spain

Background: Studies suggest that radiographic damage is associated with cardiovascular (CV) risk in axial spondyloarthritis (axSpA). However, the relationship among disease characteristics directly related to structural damage and CV risk has not yet been fully clarified.

Objectives: To analyze the association of structural damage with the presence of atherosclerotic plaques via carotid ultrasound (US) and the increased CV risk in a registry of patients with SpA.

Methods: Eighty-five patients with SpA (ASAS criteria) from the SpA registry from Córdoba (CoSpAR) were selected for a cross-sectional study and underwent a complete clinical history, physical examination and biochemical analysis. Variables about demographics, clinical parameters and CV risk factors were collected. CV risk was evaluated by estimating SCORE index and assessing presence of atherosclerotic plaques through carotid US performed by a qualified radiologist. Independent-samples t test was used to evaluate the association between radiological

characteristics and presence of atherosclerosis. Multiple linear regression (MLR) was performed to assess the variables potentially associated with increased SCORE. All comparisons were bilateral.

Results: Baseline characteristics are shown in the table. Values are mean±SD for quantitative and N (%) for qualitative variables. Regarding characteristics related with radiographic damage and CV risk, they exhibited a mSASSS of 14.84±18.4 (7.27±9.64 in cervical spine and 7.72±10.14 in lumbar spine). Average BMI 26.88±4.13, 33 (38.8%) were smokers, 16 (18.8%) had diagnosis of arterial hypertension, 1 (1.2%) of diabetes mellitus, 13 (15.3%) of hyperlipidemia, and 8 (9.4%) took lipid lowering drugs. Examination with carotid US found that 14 (16.5%) patients had previously unknown atherosclerotic plaques. After classification according to SCORE index, 60 (76.9%) had low CV risk, 10 (12.8%) moderate, and both high and very high CV risk categories had 4 (5.1%) patients each.

In patients with atherosclerotic plaques, age, disease duration and variables related to radiographic damage (mSASSS [total, cervical and lumbar], and bone bridges) were significantly higher (p<0.05). In addition, mSASSS in cervical spine (p=0.063) and age (p<0.001) were associated with the SCORE and were predictors of increased CV risk in MLR analysis.

Age (years) (N=85)	44.5±12.2
Sex (males) (N=85)	59 (69.4)
HLA B27 (N=83)	71 (83.5)
axSpA (N=85)	79 (92.9)
Radiographic axSpA (N=77)	63 (74.1)
BMI (kg/m ²) (N=80)	26.9±4.13
Disease duration (years) (N=82)	18.01±13.62
Smokers (N=84)	33 (38.8)
ASAS-CRP	3.13±1.05
ASAS HI (N=82)	4.05±3.8

Conclusion: Presence of atherosclerosis is associated with age, disease duration and radiographic damage in SpA. Age and structural damage especially in the cervical spine predicted a greater CV risk. Thus, it is important to identify these patients in order to maintain tight control and avoid development of CV disease.

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AB0726

WHAT IS THE IMPACT OF MRI ON THE PERFORMANCE OF THE ASAS CLASSIFICATION CRITERIA IN PATIENTS PRESENTING WITH UNDIAGNOSED BACK PAIN?

^{1,2}Walter P. Maksymowych, Raj Carmona³, James Yeung⁴, Jon Chan⁵, Liam Martin⁶, Sibel Aydin⁷, Dianne Mosher⁸, Ariel Masetto⁸, Stephanie Keeling¹, Olga Ziouzina⁶, Sherry Rohekar⁹, Joel Paschke², Amanda Carapellucci², Robert G. Lambert¹. ¹University of Alberta, Edmonton, Canada; ²CaRE Arthritis, Edmonton, Canada; ³McMaster University, Hamilton, Canada; ⁴James Yeung Rheumatology, Vancouver, Canada; ⁵Artus Health Center, Vancouver, Canada; ⁶University of Calgary, Calgary, Canada; ⁷University of Ottawa, Ottawa, Canada; ⁸University of Sherbrooke, Sherbrooke, Canada; ⁹Lawson Health Research Institute, London, Canada

Background: Several cohorts have reported the performance of the ASAS classification criteria in settings where clinical, radiographic, and MRI features have been simultaneously incorporated into the diagnostic evaluation in arriving at a gold standard for the testing of the criteria. MRI improves diagnostic precision but access is limited and it is therefore still important to understand how the criteria perform in a setting where diagnostic evaluation can be conducted sequentially before and after MRI assessment. We hypothesized that the ASAS criteria would demonstrate enhanced specificity when MRI is available due to enhanced diagnostic precision.