serum levels of cholesterol, LDL cholesterol and atherogenic index only showed association with reclassification in controls. The effect of each factor associated with reclassification in patients and controls was compared by the addition of interaction factors in the regression model. In this sense, age (beta coef 2.74 [IC95% 1.34-5.62] in controls vs. beta coef 0.63 (95% CI 0.40-0.99) in patients, interaction $p=0.001$) and serum LDL cholesterol levels (beta coef 1.03 [IC95% 1.02-1.04] vs. beta coef 1.00 [0.99-1.01], interaction $p=0.002$), cholesterol and atherogenic index, showed a greater effect in controls than in patients. The reclassification in patients with a-SpA was associated with a higher ASDAS-PCR (2.2 ± 1.0 VS. 2.5 ± 1.0 , $p=0.041$), BASFI (3 [1-5] vs. 4 [2-7], $p=0.000$) and BASMI scores (2 [1-4] vs. 4 [2-5], $p=0.000$). However, these differences were lost when they were analyzed adjusting for CV risk factors.

Conclusion: Patients with a-SpA are more likely to be reclassified into very high-risk after carotid ultrasound compared to controls. Traditional CV risk factors have less effect on this reclassification in patients than in controls. The activity, functionality and metrology scores of the a-SpA have a univariate positive relationship with this reclassification.

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AB0731 RATE OF SACROILIITIS RADIOGRAPHIC PROGRESSION IN MALE AND FEMALE PATIENTS WITH EARLY AXIAL SPONDYLOARTHRITIS

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Background: According recent studies radiographic progression (mSASSS) of male patients (pts) with ankylosing spondylitis (AS) higher than in female pts [1, 2].

Objectives: to compare radiographic progression of early axial spondyloarthritis (axSpA) in male and female pts over 2 years (y) of follow-up (FUP).

Methods: The research included 68 pts with early axSpA (ASAS criteria, 2009) from Moscow CORSAR cohort with disease duration <5 and age onset <45 years. The mSASSS index is not suitable for assessing radiographic progression at an early stage of axSpA, because at that stage of the disease, the cervical and lumbar spine have practically no damage. Sacroiliac joints (SIJ) radiographs and CRP performed at baseline and after 2 y FUP. Radiographic SIJ stages scored according to the modified New York criteria grading system. To assess the progression in SIJ, total stage of sacroiliitis (TSS) calculated, by determining sum score stages of sacroiliitis (SI) in the left and right SIJ (from 0 to 8 points). The following formula used to calculate the rate of SI radiographic progression:

$$\text{Rate of SI radiographic progression} = \frac{(TSS^2 - TSS^1) \times 12}{FUP}$$

*TSS¹ - initial total score stages of SI, TSS² - FUP total score stages of SI

Pts mean age was 28,5 (5,8) y, average disease duration - 24,1 (15,4) mo, 63 (92,6%) pts were HLA-B27 positive.

Results: Initially, among men there were more pts with AS than among women and they had a higher TSS and higher CRP level (table 1). Rate of SI radiographic progression in male and female pts with axSpA at baseline did not differ.

Abstract AB0731 Table 1.. Outcome parameters at baseline.

	Men (n=33)	Women (n=35)	p
Ankylosing spondylitis, n,%	25 (75,5%)	15 (42,8%)	0,007
Non-radiographic axSpA, n,%	8 (24,5%)	20 (57,2%)	0,005
Total stage of sacroiliitis, mediane [IQR]	4,0 [4,0; 5,0]	3,0 [2,0; 4,0]	0,021
Rate of SI radiographic progression, mediane [IQR]	2,3 [1,3; 4,0]	2,0 [1,0; 4,0]	0,364
CRP, mediane [IQR]	12,8 [1,7; 31,8]	4,3 [0,9; 9,8]	0,041

After 2 y FUP, pts with AS still prevailed among men (table 2). TSS increased in both groups: in female pts from 3[2,0; 4,0] to 4 [3,0; 4,0] ($p<0,05$), in male pts from 4,0 [4,0; 5,0] to 4 [4,0; 6,0] ($p<0,05$). But, however, in female pts TSS remained less than in male pts over 2 y FUP (table 2). CRP level still was higher in male pts ($p<0,05$). Progression from non-radiographic axSpA to AS between male and female pts didn't differ - 5 (15,5%) vs 6 (17,2%), $p>0,05$ respectively, after 2 y FUP. In both groups rate of SI radiographic progression after 2 y decreased ($p<0,05$) and did not differ between them.

Abstract AB0731 Table 2.. Outcome parameters after 2 y of FUP.

	Men (n=33)	Women (n=35)	p
Ankylosing spondylitis, n,%	30 (90,9%)	21 (60,0%)	0,003
Non-radiographic axSpA, n,%	3 (9,1%)	14 (40,0%)	0,003
Total stage of sacroiliitis, mediane [IQR]	4,0 [4,0; 6,0]	4,0 [3,0; 4,0]	0,006
Rate of SI radiographic progression, mediane [IQR]	0 [0; 1,0]	0 [0; 0,5]	0,98
CRP, Me, [25% ^c ; 75% ^c]	5,0 [1,0; 12,7]	1,2 [0,6; 4,0]	0,005

Conclusion: 1. Rate of SI radiographic progression in male and female pts with axSpA in the first 2 y from the onset of disease is higher than in further. 2. Rate of SI radiographic progression between male and female pts with axSpA is not differ. 3. Male pts with AS more than female pts in CORSAR cohort. It can be explained that male pts had higher CRP level than female pts.

REFERENCES

- [1] Baraliakos X, et al. The natural course of radiographic progression in ankylosing spondylitis: differences between genders and appearance of characteristic radiographic features. *Current rheumatology reports* 2011;13 (5):383.
- [2] Rudwaleit, M. et al. The early disease stage in axial spondylarthritis: results from the German Spondyloarthritis Inception Cohort. *Arthritis & Rheumatism: Official Journal of the American College of Rheumatology* 2009;60(3):717-727.

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AB0732 THE ASSOCIATION BETWEEN PERIODONTAL DISEASE AND RISK OF ANKYLOSING SPONDYLITIS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background: The association between periodontal disease and rheumatoid arthritis is well-recognized [1]. *Porphyromonas gingivalis* is probably the link between the two conditions. On the other hand, the data on the