Background: The Ankylosing Spondylitis Disease Activity Score (ASDAS) is a widely used composite measure of disease activity in axial spondyloarthritis (axSpA). Such a tool is lacking for peripheral SpA (pSpA). However, the ASDAS can also be used to measure disease activity in all patients with pSpA in clinical practice.

Objectives: To investigate the construct validity of the ASDAS in pSpA in comparison with axSpA in clinical practice.

Methods: Data from a registry for SpA in the Netherlands (SpA-Net) were used. Construct validity of the ASDAS was assessed by testing hypotheses about Spearman correlations with other outcomes measures including individual components of disease activity, physical functioning and health-related quality of life (HRQoL). Construct validity was also assessed by stratifying patients according to ASDAS cut-offs to compare means of different health outcomes across ASDAS states by one-way ANOVA analyses. All analyses were repeated after stratification for the presence/absence of psoriasis in pSpA. Results were compared to the performance of the ASDAS in axSpA.

Results: In total, 194 patients with pSpA and 222 patients with axSpA were included. Poor to high correlation was found between ASDAS and measures of physical functioning (r = 0.61 to 0.64) and a poor to moderate correlation was found between ASDAS and measures of HRQoL in pSpA (r = 0.27 to 0.66) (Table 1). With increasing ASDAS states, significantly worse scores were found on (other) measures of disease activity, physical functioning and HRQoL in pSpA (Table 2). Stratification for the presence/absence of psoriasis showed similar results (data not shown). All results for pSpA were comparable to those for axSpA (see for example Table 1).

Conclusion: The ASDAS demonstrated similar construct validity in all patients with pSpA and axSpA in clinical practice. Therefore, the ASDAS can also be used to measure disease activity in pSpA in daily practice.

REFERENCE:

Disclosure of Interests: None declared


THU0371

PREVALENCE OF WORK DISABILITY AND PREDICTORS OF WORK PRODUCTIVITY AMONG EMPLOYABLE PATIENTS WITH ANKYLOSING SPONDYLITIS AND PSORIATIC ARTHRITIS IN A CANADIAN REAL WORLD OBSERVATIONAL COHORT: INTERIM RESULTS FROM THE COMPLETE STUDIES

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Background: Work disability is an important functional outcome among patients with chronic inflammatory diseases such as ankylosing spondylitis (AS) and psoriatic arthritis (PsA). Maintenance of patients in the work force and return to employment are important treatment outcomes with implications for both patients and the healthcare system.

Objectives: The aim of this analysis is to describe the prevalence of unemployment due to disability at baseline and to identify factors associated with work productivity loss in patients with AS and PsA followed in Canadian routine clinical care.

Methods: Patients eligible for the COMPLETE studies were anti-TNF naïve adults, with active AS or PsA per the judgment of the treating physician, who required change in their treatment regimen. This interim analysis included patients that were treated with adalimumab or non-biologic DMARDs and, were either employed or on disability at baseline. Work productivity was measured by the Work Limitations Questionnaire (WLQ). Depression was defined as a Beck’s Depression Inventory (BDI) score >20 or treatment with an antidepressant/anxiolytic at baseline. Multivariate generalized linear models were used to identify determinants of WLQ productivity loss (WLQ-PL) scores at 6 and 12 months of treatment, along with the respective changes from baseline. Least Square Means (LSM) for the WLQ-PL improvement were reported from the multivariate model.

Results: A total of 486 AS patients and 292 PsA patients were included in the analysis. The mean (SD) disease duration was 5.2 (6.6) and 12.8 (12.1) years, mean (SD) age was 41.7 (11.6) and 48.3 (10.5) years, and male predominance was 58.4% and 54.5%, in the AS and PsA groups, respectively. At baseline, 13.4% of AS patients and 17.8% of PsA patients were unemployed due to disability. Among employed patients, the mean (SD) WLQ-PL score at baseline was 9.2% (5.7) in the AS patient group and 8.3% (6.0) in the PsA patient group. After 6 months of treatment significant improvement was observed in both patient populations (ΔLSM [95% CI]: -2.7% [-3.4,-2.0]; ΔWLQ-PL [95% CI]: -2.1% [-2.9,-1.3]) which was maintained until 12 months. Among AS patients, after adjusting for baseline parameters including age, sex, tobacco use, HLA B27 status, treatment group, depression, and baseline scores for BASFI and WLQ-PL using multivariate analysis, presence of depression (LSM: -0.2% vs. -2.5%; p=0.016) and female sex (LSM: -0.7% vs. -2.0%; p=0.047) were identified as significant negative

THU0372

NEUROPATHIC PAIN IN THE PATIENTS WITH SPONDYLOARTHRITIS: RELATIONSHIP WITH FATIGUE, SLEEP QUALITY AND QUALITY OF LIFE

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Background: Neuropathic pain is defined as the pain that arises as a direct consequence of a lesion or diseases affecting the somatosensory system. Low back pain has nociceptive, neuropathic or mixed components. Inflammatory back pain is one of the key clinical criteria for the classification of spondyloarthropathies (SpA). There are no accurate data for the overall prevalence of neuropathic pain in the inflammatory disorders.

Objectives: In the present study, we aimed to determine whether there is neuropathic component in SpA and also to determine the relationship with disease activity, clinical findings, fatigue, sleep quality and quality of life.

Methods: Eighty SpA patients fulfilling the Assessment of SpondyloArthritis International Society (ASAS) classification criteria for SpA (M/F=42/38) between 19 and 70 years were enrolled in the study. Pain was assessed with visual analogue scale (VAS rest and activity), disease activity with Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), functional capacity with Bath Ankylosing Spondylitis Functional Index (BASFI), fatigue with multidimensional assessment of fatigue (MAF), sleep quality with Pittsburgh Sleep Quality Index (PSQI) and quality of life was assessed with Short Form 36 (SF-36).

Results: PainDETECT score was positively correlated with MAF and total PSQI. Sleep quality, sleep disturbance, daytime dysfunction scores, it was negatively correlated with all subscales of social functioning, mental health, general health, bodily pain (p<0.05).

Conclusion: We found that SpA and CLBP patients had higher painDETECT scores than the healthy controls. 17% of the SpA patients had neuropathic pain. We also found that neuropathic pain was correlated with fatigue, sleep quality and quality of life. Since pain in SpA consists of inflammatory and neuropathic components, further understanding of neuropathic pain mechanisms in SpA will provide a more targeted approach to the assessment and treatment of patients.

REFERENCES:

Disclosure of Interests:

THU0373

ACTIVE SACROLILITIS ON MAGNETIC RESONANCE IMAGING IN PATIENTS WITH ANTERIOR UVEITIS

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Background: Anterior uveitis (AU) is a common extraarticular manifestation in spondyloarthritis (SpA). The disease can precede the typical axial and peripheral features. Additionally, some studies had described positive bone marrow edema in patients with AU lacking chronic back pain.

Objectives: The aim of this study was to examine patients with AU, to determine whether the patients already fulfill criteria for axial and/or peripheral SpA and compare the findings to healthy controls (HC).

Methods: We recruited 65 patients without prior rheumatologic diagnosis who developed at least one episode of AU and 33 age and sex matched HC. The clinical data were collected and rheumatologic examinations were performed by trained rheumatologists. Magnetic resonance imaging (MRI) of sacroiliac joints (SIJ) was read by trained rheumatologist who was blinded to the patient’s data. Patients were divided into SpA subsets (axial: imaging and clinical arm and peripheral SpA) fulfilling The Assessment of SpondyloArthritis international Society (ASAS) classification criteria and non-SpA subset. The ASAS modified Berlin algorithm for diagnosis of axial SpA (axSpA) was also applied.

Results: Altogether, 72% (n=47) patients referred back pain including 22.0% (n=14) patients referring inflammatory back pain, 28% (n=18) did not refer back pain. Similar results were found in HC subset. Bone marrow edema (BME) was found in 51% (n=33) of all patients with AU, however 35% (n=23) had highly suggestive BME (hsBME) corresponding to typical findings in sacroiliitis compared to HC where 30% (n=10) had BME, however none had hsBME (p<0.001, respectively). Furthermore, patients with AU had higher serum CRP levels compared to HC (p<0.001), no other significant differences were observed. The diagnosis of SpA was confirmed in 46% (n=32) of all patients with AU, 34% (n=22) patients fulfilled the imaging arm and 12% (n=7) fulfilled the clinical arm of ASAS classification criteria for axSpA. 3% (n=2) patients fulfilled ASAS classification criteria for peripheral SpA. Two patients lacking back pain developed hsBME on SIJ. The diagnosis of axSpA according to the ASAS modified Berlin algorithm was confirmed in 42% (n=27) patients. Analysis of clinical characteristics showed significant difference between BME patients vs. non-BME in SIJ (hsBME vs. non-SpA (1.6±15 vs. 9±1.10, p<0.007 respectively), and remained significant in those fulfilling imaging arm of SpA (axSpA) (p<0.04). The levels of CRP were significantly higher in SpA compared to non-SpA subsets (8±6±7 vs. 2.6±2.7 mg/L, p=0.003). Presence of back pain and inflammatory back pain were more often in SpA compared to non-SpA subsets (87% and 43% vs. 51% and 3%, p<0.001 and p<0.001 respectively). Patients with hsBME had significantly higher serum CRP levels compared to patients lacking hsBME (9±0±10 vs. 3.3±4±2 mg/L, p<0.05), no other significant differences were observed.

References:

Disclosure of Interests:

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