Conclusion: More than one third of patients with AU fulfilled the criteria for axial or peripheral SpA. Furthermore, the prevalence of back pain, increased BASDAI and serum CRP levels was significantly higher in AU patients with SpA compared to non-SpA subjects and HC. Inflammatory back pain was significantly more often in patients with AU classified as axSpA. Patients with hsBME had significantly higher serum CRP levels compared to the rest of the patients.

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THU0374 GENDER DIFFERENCE IN ASAS HEALTH INDEX IN PATIENTS WITH ANKYLOSING SPONDYLITIS

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Background: The Assessment of Spondyloarthritis international Society Health Index (ASAS HI) has been developed and validated to assess health and function in patients with spondyloarthritis. However, whether ASAS HI differs between men and women is unknown. The aim of this study was to compare ASAS HI between men and women in patients with ankylosing spondylitis (AS).

Objectives: The aim of this study was to compare ASAS HI between men and women in patients with ankylosing spondylitis (AS).

Methods: Since November 2016, we measured and recorded data of demography, comorbidity, family history, medication use, the Ankylosing Spondylitis Disease Activity Score (ASDAS), the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), the Bath Ankylosing Spondylitis Functional Index (BASFI), the modified Stoke Ankylosing Spondylitis Spinal Score (mSASSS) and the ASAS HI for AS patients in clinical practice using an electronic patient reported data system linked to an electronic medical record system in Taichung Veterans General hospital (TCVGH). We retrieved the last recorded data of AS patients in TCVGH during 2017/11–2018/10. We assessed the association between gender and the ASAS HI using a multivariable linear regression model. Variables from the univariable linear regression analysis with $p < 0.2$ were included in the multivariable analysis. We used a forward selection method to build the models.

Results: A total of 307 AS patients [62 (20.2%) females, mean age 46.4 years (S.D. 13.3), mean symptom duration 20.6 years (S.D. 12.1)] were included. Female patients had an older age at onset (29.2 ± 12.6 vs 24.9 ± 9.6 years, $p = 0.015$), a shorter symptom duration (15.7 ± 11.6 vs 21.8 ± 12.0 years, $p < 0.001$), a lower proportion of smoking (6.5% vs 48.2%, $p < 0.001$), higher ASAS HI (5.9 ± 3.8 vs 4.3 ± 3.4 , $p = 0.001$), higher ASDAS-ESR (1.9 ± 0.8 vs 1.5 ± 0.8 , $p < 0.001$) and lower mSASSS (6.0 ± 11.4 vs 21.8 ± 23.1 , $p < 0.001$) than male patients. There were no significant differences in BASFI (1.1 ± 1.6 vs 1.2 ± 1.7 , $p = 0.765$), ASDAS-CRP (1.5 ± 0.9 vs 1.5 ± 0.9 , $p = 0.972$) and BASDAI (2.4 ± 1.8 vs 2.0 ± 1.4 , $p = 0.115$) between females and males. In multivariable analysis, male gender was significantly associated with a better ASAS HI ($B = -1.73$, 95% CI: -2.55, -0.91, $p < 0.001$). Other significant predictors of ASAS HI included BASDAI ($B = 1.29$, 95% CI: 1.07, 1.50, $p < 0.001$), disease duration ($B = 0.04$, 95% CI: 0.01, 0.06, $p = 0.015$), mSASSS ($B = 0.02$, 95% CI: 0.01, 0.04, $p = 0.003$) and hepatitis B ($B = 0.99$, 95% CI: 0.03, 1.96, $p = 0.044$).

Conclusion: This single center, cross-sectional study revealed that male gender was significantly associated with lower ASAS HI in AS patients.

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THU0375 CLINICAL FEATURES OF AXIAL SPONDYLOARTHRITIS PATIENTS DIAGNOSED IN PERIPHERAL VERSUS AN ACADEMIC HOSPITAL

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Background: Diagnosis of axial spondyloarthritis (axSpA) often relies on a positive magnetic resonance image of the sacroiliac joints (MRI-SIJ). However, pitfalls in interpretation of MRI-SIJ were recently acknowledged (1). Thus reader's expertise might be a source of heterogeneity in patient populations diagnosed with non-radiographic axSpA.

Objectives: We compared clinical characteristics of axSpA patients diagnosed in peripheral hospitals (MRI evaluation by local experts) versus an academic hospital (MRI central reading by trained radiologists and rheumatologists).

Methods: Patients originate from the Be-Giant cohort, a Belgian nationwide observational registry of axSpA patients diagnosed by expert opinion. Included patients fulfill the Assessment of SpondyloArthritis international Society (ASAS) classification criteria for axSpA and are anti-TNF- α naïve prior to inclusion. Patient enrollment started in 2010 and 2012 at the outpatient clinic of 1 academic and 7 peripheral hospitals respectively. Patients were free to visit a rheumatologist of their choice without necessity for referral by a general practitioner.

Results: By January 2019, 291 axSpA patients were included. Table 1 presents demographic and clinical characteristics according to the diagnostic echelon. The patient fraction fulfilling the imaging arm of the ASAS classification criteria was similar in both settings (75.4% vs. 88.7%, $p = 0.21$). However, because of a higher HLA B27 positivity rate in patients diagnosed in an academic versus peripheral hospitals (73.5% vs. 57.4%, $p = 0.01$), a significantly higher fraction of patients fulfilled both the clinical and imaging arm in the former diagnostic setting (63.0% vs. 37.7%, $p = 0.01$).

Conclusion: Patients diagnosed with axSpA in peripheral versus an academic hospital generally show similar demographic and clinical characteristics. In an academic center, patients diagnosed with axSpA are more likely to be HLA B27 positive and to fulfill both ASAS classification arms, indicating that rheumatologists in peripheral hospitals seem to assign more value to MRI findings compared to HLA B27 status in the diagnostic process.

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