Abstract THU0375 – Table 1

	Peripheral center (n = 61)	Academic center (n = 230)	p-value
Age at diagnosis (years)	33,6 (9,23)	31,3 (9,01)	0,08
Male gender	20 (32,8)	118 (51,3)	0,01
HLA B27 positivity	35 (57,4)	169 (73,5)	0,01
Symptom duration at diagnosis (years)	4,8 (5,45)	4,2 (5,60)	0,51
ASAS classification criteria imaging arm	46 (75,4)	204 (88,7)	0,21
ASAS classification criteria clinical arm	35 (57,4)	169 (73,5)	0,01
ASAS classification criteria both arms	23 (37,7)	145 (63,0)	0,01
Arthritis	11 (18,0)	39 (17,0)	0,99
Dactylitis	1 (1,6)	7 (3,1)	0,88
Enthesitis	11 (18,0)	28 (12,2)	0,33
Psoriasis	7 (11,5)	20 (8,7)	0,68
Inflammatory bowel disease	3 (4,9)	14 (6,1)	0,87
Acute anterior uveitis	6 (9,8)	32 (13,9)	0,53
BMI (kg/m ²)	23,8 (3,86)	24,4 (4,02)	0,26
BASMI	1,1 (1,13)	1,3 (1,17)	0,33
MASES + fascia plantaris (/15)	1,4 (2,50)	0,9 (1,54)	0,69
BASDAI (/100)	46 (19,3)	43 (20,2)	0,31
BASFI (/100)	30 (22,5)	28 (21,8)	0,77
ASDAS – CRP	2,43 (0,89)	2,47 (0,93)	0,80

Continuous variables: mean (SD); other: counts(%).

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THU0376 THE VALUE OF SACROILIAC JOINT RADIOGRAPHS IN THE EARLY SPONDYLOARTHRITIS ESPERANZA COHORT

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Background: X-Ray sacroiliitis is the cornerstone in the diagnosis of the ankylosing spondylitis (AS). It is clear that the presence of sacroiliitis is a specific lesion in long standing AS, but little evidence exists on the reliability of this image technique in early axial spondyloarthritis (axSpA), which associates with reduced structural damage. This is relevant because some rheumatologists and pharmacological authorities feel more confident with the diagnosis of AS rather than with non radiographic axial spondyloarthritis (nr-axSpA) forms. On the other hand, according to various research studies, clinicians are subject to potential bias when interpreting radiographs, influenced by their pretest clinical judgment.

Objectives: The aim of this study is to determine the value of X-Ray sacroiliitis in the early diagnosis of axSpA.

Methods: This study included 290 radiographs of the SI joints from patients of the Esperanza early spondyloarthritis cohort. Nine readers, blinded for the diagnosis, participated in the reliability exercise, all of them experienced rheumatologists and members of the Spanish spondyloarthritis working group (GRESSER). Patients with axSpA were classified as having AS if the radiographic criteria of the modified NY criteria (presence of radiographic changes in the SIJ of at least grade II bilaterally or at least grade III unilaterally) were fulfilled. The gold standard was the categorical opinion of at least five of the expert readers. For the statistical analysis, the Chi-square and Kappa tests were performed.

Results: The radiographic diagnosis, sensitivity, specificity, likelihood ratio, grade of agreement and mean K values compared to gold standard are showed in table 1. The concordance Kappa test was highly variable among the readers, ranging from fair to excellent. The agreement with the gold standard varied from 68 to 94% and the sensitivity and

specificity, from 50-100% and 64-96%, respectively. Additionally, the number of AS was 61, with an inter-reader variability rate of 31 to 138. Larger discrepancies were observed when assessing sacroiliitis grade 2.

Abstract THU0376 – Table 1.

	Gold standard	Reader 1	Reader 2	Reader 3	Reader 4	Reader 5	Reader 6	Reader 7	Reader 8	Reader 9
Kappa		.716	.345	.468	.606	.599	.459	.612	.513	.809
Agreement		90.97	68.06	85.52	84.48	85.12	73.79	87.59	78.47	94.14
SI mNY+	61	54	138	31	92	80	137	55	115	48
SI mNY TP	61	44	53	25	54	49	61	40	57	46
SI mNY FP	229	10	85	6	38	31	76	15	58	2
Sensitivity		73.33%	88.33	59.02	88.52	80.33	100	65.57	93.44	75.41
Specificity		95.61%	62.72	97.38	83.41	86.40	66.81	93.45	74.45	91.13
LR +		16.70	2.369	22.53	5.336	5.907	3.013	10.01	3.657	8.502

SIJ = (SI) joint; mNY+ = number of patients that meet diagnosis of ankylosing spondylitis; TP = true positives; FP = false positives; LR+ = Likelihood ratio +

Conclusion: The diagnosis of AS in early axSpA is characterized by a marked variability. At least in doubtful cases, a second central evaluation performed by highly qualified experts should be advisable.

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THU0377 THE CARDIOVASCULAR ASSOCIATIONS WITH ENTHESITIS AND DACTYLITIS IN PATIENTS WITH SPONDYLOARTHRITIS: RESULTS FROM THE ASAS-COMOSPA STUDY

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Background: Enthesitis and dactylitis are considered characteristic inflammatory musculoskeletal manifestations of spondyloarthritis (SpA). These manifestations are usually assessed in the context of their assumed underlying specific condition rather than as distinct entities. Data from the ASAS-COMOSPA cohort have recently been shown that duration of SpA disease is associated with higher odds of hypertension particularly in axial SpA (1).

Objectives: To evaluate the possible associations of dactylitis and enthesitis phenotypes with cardiovascular comorbidities in a heterogeneous cohort of patients with SpA.

Methods: ASAS-COMOSPA is a global cross-sectional study assessing comorbidities in 3984 patients with SpA. History of enthesitis or dactylitis was based on self-report with confirmation using the medical records. Associations between dactylitis or enthesitis with hypertension, dyslipidaemia, diabetes, ischemic heart diseases (IHD) and stroke were analysed by separate logistic regression models unadjusted, adjusted for age and sex (models 1), and adjusted for age, sex and BMI (model 2).

Results: The data of 3905 participants were available for analysis. There were 1480 (37.9%) with history of enthesitis and 611 (15.6%) with dactylitis, while 1814 (46.5%) had neither.

Presence of dactylitis was associated with hypertension in the univariable analysis [OR=1.68; 95%CI: 1.39–2.03]. The association remained significant when adjusted for age and sex, but not following further adjustment for BMI (Table). Similarly, enthesitis was associated with hypertension in the univariable analysis [OR=1.36; 95%CI: 1.17–1.59], which remained after adjusted for age and sex, as well as after further adjustment for BMI (Table). Similar associations were seen for dyslipidaemia and dactylitis [OR=1.60; 95%CI: 1.29–1.98] or enthesitis [OR=1.50; 95%CI: 1.26–1.77], with the association with dactylitis lost after further adjustment for BMI while the association with enthesitis remained significant (Table).

While there were significant associations between dactylitis and diabetes [OR: 1.50 (95% CI: 1.07–2.11)], and between enthesitis and diabetes [OR=1.35; 95%CI: 1.02–1.78] in unadjusted models, no associations were

seen after adjustments. There were no significant associations between dactylitis or enthesitis and either IHD or stroke (Table).

Abstract THU0377 – Table 1

		Model 1 adjusted for age and sex		Model 2 adjusted for age, sex and BMI	
	Comorbidity	p	OR (95%CI)	p	OR (95%CI)
Dactylitis	Hypertension	0.009	1.34 (1.08–1.67)	0.067	1.24 (0.99–1.55)
	Dyslipidaemia	0.015	1.33 (1.06–1.66)	0.064	1.25 (0.99–1.57)
	Diabetes	0.234	1.24 (0.87–1.75)	0.494	1.14 (0.79–1.63)
	IHD	0.211	1.37 (0.84–2.25)	0.176	1.41 (0.86–2.33)
	Stroke	0.458	0.74 (0.33–1.66)	0.462	0.74 (0.33–1.66)
Enthesitis	Hypertension	<0.001	1.38 (1.16–1.65)	0.003	1.32 (1.10–1.58)
	Dyslipidaemia	<0.001	1.48 (1.23–1.78)	<0.001	1.43 (1.18–1.72)
	Diabetes	0.052	1.33 (1.06–1.66)	0.121	1.27 (0.40–1.71)
	IHD	0.565	1.13 (0.74–1.73)	0.492	1.16 (0.76–1.79)
	Stroke	0.361	0.75 (0.41–1.38)	0.359	0.75 (0.41–1.38)

Conclusion: In patients with SpA, both dactylitis and enthesitis are associated with higher risk of hypertension and dyslipidaemia. The loss of associations with dactylitis with adjustment for BMI could suggest a potential shared underlying metabolic mechanism.

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THU0378 COEXISTENCE OF ANKYLOSING SPONDYLITIS AND RHEUMATOID ARTHRITIS (ANALYSIS OF 73 CASES)

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Background: The coexistence of rheumatoid arthritis (RA) and ankylosing spondylitis (AS) in the same patient is a rarely described phenomenon. Both ankylosing spondylitis and rheumatoid arthritis are common entities in the field of rheumatic diseases with a high impact on the patient's quality of life and morbidity and mortality. The possibility of the coexistence of both diseases in the same person is not known exactly, however, with the data published to date, it is estimated that it ranges from 1 in 500,000 to 1 in 2,000, 000.

Objectives: The epidemiological, clinical and study characteristics (radiographic/laboratory) of 73 patients with concomitant diagnosis of RA and AS are described. It includes 71 patients detected in the literature (32 articles) and 2 own cases

Methods: The platforms used for the search using the terms AR and AS (coexistence/concomitance/concurrence) were Pubmed, Medline, Embase, Scopus, hospital virtual libraries, non-indexed journals and a secondary manual search. All the articles were taken into account, regardless of the language in which they were written, making the relevant translations (1 article in French, 1 article in Portuguese, 1 article in Spanish and the rest in English), and only those well documented cases were included.

Results: Of the total of registered cases, 55 patients were men (75.3%), with a mean age of 54 years, and a mean age of onset of the disease at 33.7 years (SD 14.0). Ankylosing spondylitis was the first of the two diseases diagnosed in 52.2% of cases (35/67). The mean duration of the disease (RA or AS) up to the time of diagnosis of both was 19 years. The first symptom of onset was low back pain in 50% of cases (34/68), followed by arthritis in 46% of cases (32/68), 56% of patients (36/64) had nodules rheumatoid and 85% of patients had presented low back

pain at some point of their assessment. In 15% of the patients (11/73) the presence of uveitis was documented (in some old articles the term of iritis was limited), in 22% of cases there was extra-articular involvement (16/73), being the most frequent was the presence of Felty syndrome with 4 cases. (table 1)

Regarding the findings in the imaging studies, up to 78% of the patients had syndesmophytes in the spine (either in plain radiography). 88% (62/70) presented erosions in the X-rays of the hands and/or feet, the Radiological sacroiliitis was present in almost all patients 72/73, RF was positive in 90%, in 9 of the 11 patients in whom anti-CCP was performed were positive, and, in addition, almost 90% of the cases were HLA B-27 positive

Conclusion: The coexistence of AR and SpA is highly uncommon. With the data obtained, there seems to be a greater aggressiveness in the evolution, since most of them present an erosive radiological pattern, positivity for RF, involvement of the axial skeleton and presence of rheumatoid nodules in a frequency higher than that which occurs in patients with diagnosis isolated from either of the two entities.

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Abstract THU0378 – Table 1. Clinical and epidemiological characteristics

	n=73 (percentage)	Observations
Sex		
Male	55 (75.3%)	
Mean age (years)	53.5	DT(15.0)
Mean age of onset disease (years)	33.7	DT(14)
First disease		6 cases unspecified
Rheumatoid arthritis	32/67 (47.8%)	
Ankylosing spondylitis	35/67 (52.2%)	
Mean duration of the disease (years)	19.0	DT (13.3)
First symptom		4 cases unspecified
Back pain	34/68 (50.0%)	
Arthritis	32/68 (46.6%)	
Uveitis	2/68 (2.98%)	
Rheumatoid nodules	37/65 (56.9%)	8 cases unspecified
Back pain (Inflammatory)	59/69 (85.5%)	4 cases unspecified
Uveitis	11/73 (15.1%)	
Extra-articular involvement (except uveitis)	16/73 (21.2%)	

Abbreviations: DT= Typical deviation

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THU0379 DEPRESSIVE SYMPTOMS AND FUNCTIONAL IMPAIRMENT ARE FREQUENT AND AFFECT QUALITY OF LIFE IN ANKYLOSING SPONDYLITIS AND PSORIATIC ARTHRITIS: A QUESTIONNAIRE-BASED ASSESSMENT OF 300 PATIENTS COMPARED WITH 150 PATIENTS WITH PSORIASIS AND 150 PATIENTS WITH MECHANICAL BACK PAIN

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Background: Axial ankylosing spondylitis (axSpA) and psoriatic arthritis (PsA) constitute chronic inflammatory conditions affecting the axial skeleton as well as peripheral joints. Insufficient treatment may lead to joint destruction associated with a high rate of disability. Extra-articular manifestations contribute to morbidity and a reduced quality of life.