Abstract THU0391 –Table 2.

Table 2. Pooled results for clinical presentation and treatment for binary variables in r-axSpA vs. nr-axSpA patients.

	r-axSpA Pooled percentage (95%CI)	nr-axSpA Pooled percentage (95%CI)	RR (95%CI)
Clinical presentation			
Sex (male)	69.8 (66.2 – 72.8)	53.6 (49.0 – 58.1)	1.30 (1.2 – 1.4)
Smoker	37.7 (26.9 – 50.0)	31.1 (21.6 – 42.6)	1.18 (1.1 – 1.3)
HLA-B27 positive	76.7 (71.6 – 81.1)	71.9 (66.7 – 76.6)	1.04 (0.9 – 1.1)
Good NSAIDs response	68.5 (56.0 – 78.8)	61.7 (53.3 – 69.4)	1.09 (0.9 – 1.1)
Peripheral arthritis	32.8 (27.6 – 38.5)	35.2 (28.9 – 41.9)	0.87 (0.8 – 0.9)
Dactylitis	5.6 (3.9 – 7.9)	7.6 (5.5 – 10.5)	0.64 (0.5 – 0.8)
Any enthesitis	23.0 (14.0 – 35.4)	30.1 (22.0 – 39.7)	0.84 (0.7 – 0.9)
Uveitis	18.0 (13.4 – 23.8)	14.3 (12.0 – 16.9)	1.31 (1.1 – 1.6)
Psoriasis	8.5 (5.6 – 12.8)	9.3 (7.4 – 11.7)	0.98 (0.8 – 1.1)
IBD	6.5 (5.2 – 8.2)	5.6 (4.0 – 7.9)	1.04 (0.9 – 1.3)
MRI inflammation			
Patients with positive MRI-SU	45.8 (18.7 – 75.7)	71.5 (66.9 – 75.8)	0.57 (0.3 – 1.1)
ASAS definition			
Structural damage			
Patients with erosion MRI-SU	70.8 (41.8 – 89.1)	41.0 (19.0 – 67.3)	1.8 (1.1 – 3.0)
Patients with fatty lesions	79.4 (56.1 – 92.1)	51.5 (28.4 – 74.0)	1.4 (1.2 – 1.7)
Treatment			
NSAIDs	73.5 (63.1 – 81.8)	69.1 (55.5 – 80.0)	1.04 (0.9 – 1.1)
csDMARDs	29.3 (20.5 – 39.9)	28.5 (21.9 – 36.1)	1.04 (0.8 – 1.3)
bdDMARDs	28.7 (19.7 – 39.7)	26.2 (26.1 – 39.6)	1.08 (0.9 – 1.3)

Disclosure of Interests: Clementina López-Medina: None declared, Sofia Ramiro Grant/research support from: MSD, Consultant for: AbbVie, Lilly, MSD, Novartis, Pfizer, Sanofi, Speakers bureau: AbbVie, Lilly, MSD, Novartis, Pfizer, Sanofi, Désirée van der Heijde Consultant for: AbbVie, Amgen, Astellas, AstraZeneca, Bristol-Myers Squibb, Boehringer Ingelheim, Celgene, Daiichi, Eli-Lilly, Galapagos, Gilead, GlaxoSmithKline, Janssen, Merck, Novartis, Pfizer, Regeneron, Roche, Sanofi, Takeda, Union Chimique Belge, maxime dougados Grant/research support from: Eli Lilly and Company, Pfizer, AbbVie, and UCB Pharma, Consultant for: Eli Lilly and Company, Pfizer, AbbVie, and UCB Pharma, Anna Moltó: None declared
DOI: 10.1136/annrheumdis-2019-eular.3542

THU0392

DESCRIPTION AND PREVALENCE OF SPONDYLOARTHRITIS IN UNSELECTED PATIENTS WITH PSORIASIS, ACUTE ANTERIOR UVEITIS, AND INFLAMMATORY BOWEL DISEASE PRESENTING WITH UNDIAGNOSED BACK PAIN

Walter P Maksymowych^{1,2}, Raj Carmona³, James Yeung⁴, Jon Chan⁵, Liam Martin⁶, Sibel Aydin⁷, Dianne Mosher⁸, Ariel Masetto⁹, 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: There is limited prospective data as to the frequency of axial spondyloarthritis (axSpA) in unselected patients referred to rheumatologists with undiagnosed back pain. It is also unclear which clinical features discriminate between axSpA and non-specific causes of back pain that might inform the development of a screening strategy.

Objectives: To determine the prevalence of axSpA in unselected patients referred with undiagnosed back pain presenting with AAU, psoriasis, or colitis and determine which clinical characteristics define patients with axSpA.

Methods: The multicenter Screening for Axial Spondyloarthritis in Psoriasis, Iritis, and Colitis (SASPIC) Study is aimed at facilitating early detection of axial SpA. First and last patients were recruited on February 2013 and March 2018, respectively. Consecutive patients ≤45 years of age with ≥3 months undiagnosed back pain with any one of psoriasis, AAU, or colitis had routine clinical evaluation by a rheumatologist for axial SpA and MRI evaluation ordered per rheumatologist decision. Differences in clinical characteristics between those who were diagnosed as axSpA or non-specific back pain were analyzed using chi-squared and t-tests.

Results: A total of 246 patients were recruited, 47.6% were diagnosed with axSpA, and these included 68.5% of B27 positive patients (Table 1). Diagnosis of axSpA was established in 45.7%, 61.6%, and 40.2% of patients, while ASAS classification criteria were met by 26.1%, 71.2%, and 27.6% of patients with psoriasis, AAU, and IBD, respectively. Features of inflammatory back pain, male gender, and B27 positivity, but not physical measures discriminated axSpA from other causes of back pain (Table 2).

Abstract THU0392 –Table 1.

	Psoriasis	AAU	IBD
Total number (%)	46 (18.7%)	73 (29.7%)	127 (51.6%)
Age, mean (SD) years	36.7 (6.0)	34.0 (5.8)	34.0 (7.3)
Males, N (%)	24 (52.2%)	41 (56.2%)	64 (50.4%)
Symptom Duration, mean (SD) years	7.7 (7.7)	8.7 (6.7)	6.3 (5.9)
B27+, N (%)	10 (21.7%)	51 (69.9%)	28 (22.0%)
Family history of SpA, N (%)	15 (32.6%)	15 (20.5%)	20 (15.7%)
Enthesitis, N (%)	15 (32.6%)	13 (17.8%)	39 (30.7%)
Peripheral arthritis, N (%)	13 (28.3%)	2 (2.7%)	5 (3.9%)
Dactylitis, N (%)	4 (8.7%)	2 (2.7%)	3 (2.4%)
Radiographic sacroiliitis, %	6.5%	23.3%	10.2%
Axial SpA rheumatologist diagnosis, %	45.7%	61.6%	40.2%
Axial SpA diagnosis and B27+, %	15.2%	52.1%	12.6%
Meets ASAS criteria, %	26.1%	71.2%	27.6%

Abstract THU0392 –Table 2.

Demographics	axSpA YES (n=117, 47.6%)	Not axSpA (n=129, 52.4%)	P value
Male, N (%)	72 (61.5%)	57 (44.2%)	0.006
Mean (SD) age, years	33.7 (6.7)	35.2 (6.7)	ns
Inflammatory Back Pain Yes, N (%)	102 (87.2%)	72 (55.8%)	<0.00001
Duration stiffness > 60 mins, N (%)	57 (48.7%)	30 (23.3%)	0.001
Nocturnal awakening 2nd half of night, N (%)	72 (61.5%)	51 (39.5%)	0.001
Alternating buttock pain, N (%)	53 (45.3%)	21 (16.3%)	<0.00001
Improvement with exercise but not rest, N (%)	77 (65.8%)	48 (37.2%)	<0.00001
Respond to NSAID within 48 hrs, N (%)	58 (49.6%)	59 (45.7%)	ns
Family history of SpA, N (%)	22 (18.8%)	28 (21.7%)	ns
B27 positive	61 (52.1%)	28 (21.7%)	<0.00001
Elevated CRP (> 6.0mg/L)	43 (36.8%)	32 (24.8%)	0.042
Radiographic sacroiliitis, N (%), local readers	54 (46.2%)	7 (5.4%)	<0.00001

Conclusion: Patients with extra-articular manifestations and undiagnosed back pain have a high prevalence of axSpA and referral to a rheumatologist should constitute standard of care, especially if B27 positive.

Disclosure of Interests: Walter P Maksymowych Grant/research support from: AbbVie, Pfizer, Janssen, Novartis, Consultant for: AbbVie, Eli Lilly, Boehringer, Galapagos, Janssen, Novartis, Pfizer and UCB Pharma; Chief Medical Officer for Canadian Research and Education Arthritis, Raj Carmona Grant/research support from: Amgen, Abbvie, Janssen, Consultant for: Amgen, Abbvie, BMS, Eli Lilly, Merck, Novartis, Janssen, Takeda, UCB, James Yeung: None declared, Jon Chan Grant/research support from: Janssen, UCB, Novartis, Pfizer, Celgene, Consultant for: Amgen, Celgene, Eli Lilly, Janssen, Amgen, Abbvie, Novartis, Pfizer, UCB, Sandoz, Merck, Liam Martin: None declared, Sibel Aydin Consultant for: Abbvie, Celgene, UCB, Novartis, Janssen, Sanofi, Dianne Mosher: None declared, Ariel Masetto Grant/research support from: Amgen, Sanofi, Consultant for: Sanofi, Pfizer, Bristol-Myers Squibb, Novartis, Boehringer Ingelheim, Speakers bureau: Novartis, Stephanie Keeling Consultant for: AbbVie, Pfizer, Eli Lilly, Janssen, Amgen, Astrazeneca, UCB., Olga Ziouzina: None declared, Sherry Rohekar Consultant for: Abbvie, Amgen, BMS, Celgene, Eli-Lilly, Janssen, Merck, Novartis, Pfizer, Roche, Sanofi, UCB, Joel Paschke: None declared, Amanda Carapellucci: None declared, Robert G Lambert Consultant for: Bioclinica, Par-exel, Abbvie

[3] DOI: 10.1136/annrheumdis-2019-eular.6299