Abstract THU0394 – Table 1. Demographics of the study population.

Variable	PsA n=570	axSpA n=418
Females, n (%)	292 (51.2)	117 (28.5)
Age, years, mean (SD)	52.68 (13.09)	50.14 (14.55)
Disease duration, years, median (IQR)	12 (8-19)	20 (13-31)
Delay to diagnosis, years, median (IQR)	1 (0-2)	4 (1-10)
Psoriasis, n (%)	528 (92.6)	58 (13.9)
Uveitis, n (%)	21 (3.7)	118 (28.2)
IBD, n (%)	14 (2.6)	52 (12.4)
Crohn, n (%)	7 (1.3)	23 (5.5)
Ulcerative colitis, n (%)	4 (0.7)	21 (5.0)
Undifferentiated colitis, n (%)	3 (0.5)	8 (1.9)

Conclusion: The prevalence of EAMs (uveitis and IBD) in this cohort appears higher in axSpA than PsA and is related to disease duration. Diagnostic delay occurs in both groups being more significant in axSpA, and should be highlighted as a priority research area in order to improve the outcome of people affected by SpA.

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Disclosure of Interests: Xavier Michelena-Vegas: None declared, Sayam Dubash: None declared, Ann Morgan: None declared, Helena Marzo-Ortega Grant/research support from: Janssen, Novartis and Pfizer, Consultant for: AbbVie, Celgene, Janssen, Eli-Lilly, Novartis and UCB, Speakers bureau: AbbVie, Celgene, Janssen, Eli-Lilly, Novartis and UCB
DOI: 10.1136/annrheumdis-2019-eular.7032

THU0395 MUSCLE STRENGTH COMPROMISE IN YOUNG AXIAL SPA PATIENTS: PRELIMINARY RESULTS FROM MYOSPA STUDY

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Background: Pain and stiffness are characteristic clinical features of axial Spondyloarthritis (axSpA), leading to functional impairment. Patients describe beneficial effects of physical activity, suggesting a possible involvement of muscle tissue. Body composition data in young axSpA patients with short disease duration are scarce and its implications in muscle strength are not yet clarified.

Objectives: The purpose of this study is to assess the muscle strength and body composition of different body segments (trunk, upper and lower limbs), in patients with axSpA and to compare them with healthy controls.

Methods: Patients with clinical diagnosis of axSpA meeting the ASAS classification criteria, aged 18 to 50 years, with symptoms duration ≤ 10 years, were included in this study. Healthy individuals matched by gender and age (1:1) were used as control group (HC). Muscle strength was measured by resisted hand-held dynamometer performed by a single reader, in three different body segments: trunk, upper and lower limbs (on both sides). The mean strength of right and left, upper and lower limbs, was calculated and used in the analysis. Strength of each body segment was also normalized to the total lean mass (LM) of the respective segment. Body composition was measured by octapolar multifrequency bioelectrical impedance analysis (InBody770). Physical activity was assessed by the International Physical Activity Questionnaire (IPAQ). Fisher's exact test or chi-square test and Mann-Whitney U test were used to compare differences between groups.

Results: A total of 27 axSpA patients and 27 HC were included. Mean age was 36.5 ± 1.0 years, 67% were males. There was no significant difference between both groups in terms of age, gender, body mass index and physical activity. AxSpA patients had a mean symptoms duration of 7.0 ± 0.9 years.

AxSpA patients had lower muscle strength in the upper limbs (50.55 ± 31.60 vs 71.70±31.41 $p=0.023$) and lower limbs (52.25±18.45 vs 59.83

±9.75, $p=0.001$), compared to HC. Trunk muscle strength did not show any difference between groups (59.10±26.1 vs 56.45±11.2, $p=0.856$). There were no significant differences in LM and body water, between both groups, for each segment (upper limbs, lower limbs and trunk). Fat mass was significantly higher in the trunk (10.90±8.80 vs 8.10±5.83, $p=0.035$) and upper limbs (1.40±1.35 vs 0.88±1.0, $p=0.05$) of axSpA patients, but not in the lower limbs (3.10±1.90 vs 2.45±1.68, $p=0.157$). Normalized appendicular muscle strength was lower in axSpA patients (upper limbs: 18.63±8.25 vs 21.21±5.92, $p=0.018$) (Table).

Conclusion: Young patients with short duration have reduced appendicular muscle strength, compared to HC, with no differences in LM, suggesting a possible muscle dysfunction. Further studies are needed to confirm these findings and understand the underlying pathophysiological mechanisms.

Abstract THU0395 –Table 1.

Table. Comparison of subjects' characteristics between axSpA patients and healthy controls.

Variable	Patients n=27	Controls n=27	p-value
Age*	36.25±7.82	36.81±7.36	0.808
Gender (male), n (%)	18 (66.7%)	18 (66.7%)	1.000
Body height (cm)	169.80±10.7	172.40±13.3	0.522
Body mass (Kg)	73.00±19.2	70.05±16.5	0.347
BMI (Kg/m²)	25.10±7.00	23.80±3.00	0.303
IPAQ (%)			0.871
Low	10.4	14.6	
Moderate	20.8	18.8	
High	18.8	16.7	
BASDAI	3.0±2.11	-	-
BASFI	0.90±4	-	-
Strength (Nm/s)			
Trunk	59.10±26.1	56.45±11.2	0.856
Upper Limb	50.55±31.60	71.70±31.41	0.023
Lower Limb	52.25±18.45	59.82±9.75	0.001
Lean Mass (Kg)			
Trunk	24.90±4.40	25.25±8.35	0.831
Upper Limb	3.00±0.76	3.12±1.40	0.782
Lower Limb	7.96±2.38	9.17±3.07	0.128
Fat Mass (Kg)			
Trunk	10.90±8.80	8.10±5.83	0.035
Upper Limb	1.40±1.35	0.88±1.05	0.050
Lower Limb	3.10±1.90	2.45±1.68	0.157
Body water (L)			
Trunk	10.40±3.40	19.30±5.98	0.837
Upper Limb	2.34±0.59	2.40±0.96	0.885
Lower Limb	6.13±1.84	6.93±2.33	0.274
Strength/LM (Nm/s/Kg)			
Trunk	2.40±0.60	2.34±0.58	0.628
Upper Limb	18.63±8.25	21.21±5.92	0.018
Lower Limb	6.47±1.71	6.80±2.03	0.233

Values are median ± IQR, unless otherwise indicated.

* Mean ± SD.

BMI: Body Mass Index. IPAQ: International Physical Activity Questionnaire. BASDAI: Bath AS Activity Index. BASFI: Bath AS Functional Index. LM: Lean Mass.

Disclosure of Interests: Agna Neto: None declared, Rita Pinheiro Torres: None declared, Lucia Domingues: None declared, Diana Teixeira: None declared, Santiago Rodrigues-Manica Grant/research support from: Novartis, MSD, Speakers bureau: Novartis, José Marona: None declared, Carina Lopes: None declared, João Lagoas Gomes: None declared, Tiago Costa: None declared, Maria João Gonçalves: None declared, Inês Silva: None declared, Paula Carreto: None declared, Walter Castelão: None declared, Margarida Mateus: None declared, Manuela Costa: None declared, Sandra Falcão: None declared, Ana Filipa Mourão: None declared, Atlas Sardoo: None declared, Sara Maia: None declared, Conceição Calhau: None declared, Jaime Branco: None declared, Fernando Pimentel dos Santos Grant/research support from: From Abbvie and Novartis, Speakers bureau: Abbvie, Novartis, Pfizer, Biogen,
DOI: 10.1136/annrheumdis-2019-eular.7780

THU0396 SMALL INTESTINAL BACTERIA OVERGROWTH IN SPONDYLOARTHRITIS

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Background: It has shown different alterations in the intestinal microbiota in patient with SpA. Tests for the detection of intestinal dysbiosis have focused on the identification of dysbiosis at the terminal ileum and colon