
Acknowledgement: Study sponsored by Pfizer Inc.

Disclosure of Interests: Bon San Koo Grant/research support from: Pfizer, Yu-Cheol Lim: None declared, Min-Young Lee: None declared, Ja-Young Jeon Employee of: Pfizer, Hyun-Jeong Yoo Employee of: Pfizer, In-Sun Oh: None declared, Ju-Young Shin: None declared, Eui-Kyung Lee Grant/ research support from: Pfizer, Tae-Iwan Kim: None declared DOI: 10.1136/annrheumdis-2019-eular.3197

FRI0375

SITE-SPECIFIC EFFECTIVENESS OF TNF INHIBITORS FOR ENTHESIS IN DMARD-NAIVE PATIENTS WITH AXIAL SPONDYLOARTHRITIS

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Background: Enthesitis is a hallmark of spondyloarthritis (SpA), with substantial impact on quality of life. Though pathophysiological mechanisms of enthesitis may include both mechanical and autoimmune features, improvements upon initiation of TNF-inhibitors (TNFi) across individual enthesis sites have not been reported in real-world patients with axial spondyloarthritis (axSpA).

Objectives: To investigate the effectiveness of TNFi in axSpA patients without prior DMARD treatment at specific enthesis sites, including spine, thoracic cage, Achilles tendon and the plantar fascia.

Methods: This was a retrospective cohort study using the Swiss Clinical Quality Management in Rheumatic Diseases (SCQM) registry. AxSpA patients initiating TNFi without previous DMARD (biologic or conventional synthetic DMARD [csDMARD]) use and with available Maastricht Ankylosing Spondylitis Enthesitis Score, modified to include the plantar fascia, Achilles tendon and the plantar fascia.

At the 6-month follow up, complete enthesitis resolution was observed for enthesitis of the spine and thoracic cage though resolution was more limited for plantar fascia or Achilles tendon entheses. Lower limb entheses are more prone to mechanical strain and may therefore require alternative or more prolonged therapy.

Acknowledgement: This study was funded by AbbVie Inc. All authors were involved in the study design, review, data interpretation and approval of the abstract.

Disclosure of Interests: Thomas Huegeli Grant/research support from: AbbVie, Lilly, Novartis and Pfizer, Speakers bureau: AbbVie, Lilly, Novartis and Pfizer, Burkhard Moeller Consultant for: Swissmedic Human Medicines Expert Committee Member (regulatory agency), Adrienne Ciurea Consultant for: AbbVie, Celgene, Janssen-Cilag, MSD, Eli Lilly, Novartis, Pfizer, UCB, Speakers bureau: Abbvie, Celgene, Janssen-Cilag, MSD, Eli Lilly, Novartis, Pfizer, UCB, Michael Nissen Consultant for: AbbVie, Lilly, Novartis and Pfizer, Patrick Zueger Shareholder of: AbbVie, Employee of: AbbVie, Martin Schulz Shareholder of: AbbVie, Employee of: AbbVie, Fabiana Ganz Shareholder of: AbbVie, Employee of: AbbVie, Almut Scherer Grant/research support from: SCQM, which receives funding from AbbVie, Celgene, iQONE, Lilly, MSD, Novartis, Pfizer, Roche, Sandoz, Sanofi Genzyme, and UCB, Consultant for: Consultant for Pfizer, MSD, and AbbVie, Eleftherios Papagiannoulis: None declared


FRI0376

DIFFERENCES IN PHYSICAL ACTIVITY BETWEEN AXIAL SPONDYLOARTHRITIS PATIENTS WITH AND WITHOUT PHYSICAL THERAPY

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Background: Physical activity (PA) according to public health guidelines is effective and safe for people with rheumatic and musculoskeletal diseases, including axial spondyloarthritis (axSpA), and should be promoted by healthcare providers.1 In axSpA, in particular high intensity aerobic PA is beneficial, yet this was found to be incompletely implemented in physical therapy programs.2 Studies describing aerobic PA in axSpA patients with and without physical therapy are lacking.

Objectives: To describe the amount, frequency and intensity of aerobic PA in axSpA patients with and without physical therapy treatment.

Methods: A survey, which included questions on patient characteristics, current physical therapy use (individual or group), PA (Short Questionnaire to ASess Health-enhancing PA (SQUASH)) and health status (Assessment of Spondyloarthritides International Society Health Index (ASAS HI)), was sent by postal-mail to 458 axSpA patients registered in three hospitals in the Netherlands. From the SQUASH, besides amount (minutes/week) of all PA and meeting the PA guideline (≥30 minutes ≥moderate PA on ≥5 days/ week; yes/no), also the amount and frequency (sessions/week) of moderate and vigorous intensity aerobic PA during commuting and leisure (including sports) were extracted. Differences in PA behaviour between patients with and without current physical therapy were analyzed with the Mann-Whitney U or Chi-square test, where appropriate.

Results: The questionnaire was returned by 206 axSpA patients (response rate: 45%) of whom 200 completed the SQUASH correctly. Overall, 64% met the PA guideline. Half of the patients were using physical therapy (n=99; 77 individual, 11 group and 11 both); these patients had a significantly longer disease duration. Regarding overall PA, there were no differences in the total amount and the proportion meeting the guideline between patients with and without physical therapy. For moderate intensity aerobic PA, both the amount and frequency were significantly greater in the group with physical therapy, whereas for vigorous intensity aerobic PA there were no differences between the groups (Table 1).

Conclusion: More than half of people with axSpA were physically active according to public health PA guidelines. People using physical therapy engaged in significantly more moderate intensity, but not high intensity aerobic PA than those without physical therapy. These results indicate that high intensity aerobic PA should be more intensively advocated and implemented, also in physical therapy treatment.

REFERENCES: