automated program that measures intima media thickness (IMT) by radio-frequency (Quality intima media thickness in real-time), and the presence of atheromatous plaques were evaluated following Mannheim consensus. Pulse wave velocity (PWV) was measured through Mobil o graph® device. We repeat vascular study 3 years later. IMT: >900 µ and PWV: > 10m/s were considered as pathological values. Statistical analysis were performed using SPSS 22.0 program.

Results: 108 patients were included. Twelve patients excluded due to history of vascular risk [previous event and/or diabetes type II or type 1 with target organ injury], Repeated VOP measurement was only available in 49 patients. 64.2% of patients were women and the mean age was 54.2 (SD 1.3) years. Mean disease duration was 93.1 (SD 12.7) months and mean DAS28 was 1.7 (SD 0.1). 22.4% of patients received glucocorticoids, 47.6% NSAIDs, 83.6% DMARDs and 37.3% biological drugs. Mean IMT was 26.5 (SD 0.5) mm, 38.2% and 28.4% of patients were smokers, hypertensive (11.9% on ARA2, 3% on IECA, 1.5% on calcium channel blockers, 10.4% on combined treatment) and 43.3% dyslipidemia (most of them (38.8%) on statins). Mean CRP and ESR were 6.2 (SD 0.4) mg/l and 9.9 (SD 1) mm/h, respectively. Mean SCORE was 1.06 (SD 0.1). Baseline, 23.9% of patients had atheromatous plaques, and 14.4% had a pathological IMT or PWV, respectively. Three years later, we detected new and/or atheromatous plaques rises in 19.4% of patients and PWV and IMT worsening in 10.2% and 1.5% of patients, respectively. As per logistic regression analysis, high baseline SCORE (16.9%), high systolic blood pressure (8.6%), GF-MDRD (8.2%), fibrinogen (6.8%) and the presence of dyslipidemia were the factors that most contributed to the progression of vascular damage, with independency of the therapeutic objective used for their treatment.

Conclusion: Progression of vascular damage is mainly related to CVRF in patients with PsA, therefore it is essential to intervene on CVRF early.

Disclosure of Interests: None declared


FRIO455

THE EFFECT OF GENDER ON DISEASE ACTIVITY, FUNCTIONAL INDEX AND QUALITY OF LIFE IN PATIENTS WITH AXIAL SPA. THE DATA OF TLR-net Psa Study

Kemal Meti1, Ergan Kilic2, Ibrahim Tekedjlu3, Remzi Cevik4, Betul Sarigir5, Sevap Acer Kasmann6, Halil Akca7, Niyazi Celik8, Ozgen Cengiz9, Nihan Cuzdan10, Ilkay Abaynak Gezer11, Dilek Keskin12, Cevriye Mulkoglu13, Hatice Rost14, Sebnem Ataman15, Aida Bai16, Mehmet Tuncay Durakb17, Okan Kucukakcas18, Ozcan Volkun Yurdakul19, Meltem Akalan Melikoglu20, Yildrat Ayd21, Figen Ayhan22, Hatice Bodug23, Mustafa Caliskan24, Gali Devrimsel25, Kemal Nas26, Erkan Kilic27, Ibrahim Tekeoglu28, Mustafa Cakir29, Ibrahim Kamanl30, Ayhan Kamanl31, Yasar Keskin32, Hilal Kocabasi33, Oznur Kutlus34, Nesrin Sen35, Omur Furak Sendur36, Murat Toprac37, Sena Tul38, Tiraj Tuncer39, Sakarya Univ, Sakarya, Turkey; Ahyon Hosp, Ahyon, Turkey; Dicle Univ, Diyarbakir, Turkey; Adnan Menderes Univ, Aydin, Turkey; Marmara Univ, Istanbul, Turkey; Pamukkale Univ, Denizli, Turkey; Balikesir Univ, Balikesir, Turkey; Ege Univ, Kayseri, Turkey; Sanliurfa Hosp, Sanliurfa, Turkey; Seckap Univ, Konya, Turkey; Kinkolkale Univ, Kinkolkale, Turkey; Ankara Traiand Res Hosp, Ankara, Turkey; Canakkale 18 Mart Univ, Canakkale, Turkey; Ankara Univ, Ankara, Turkey; Dişkapi Traiand Res Hosp, Ankara, Turkey; Bezmialem Univ, Istanbul, Turkey; Atatürk Univ, Erzurum, Turkey; Ankara TraiandRes Hosp, Ankara, Turkey; Yildirim Beyazit Univ, Ankara, Turkey; Karadeniz Tech Univ, Trabzon, Turkey; Cumhuriyet Univ, Rize, Turkey; Kurum TraiandRes Hosp, Ankara, Turkey; Cumhuriyet Univ, Sivas, Turkey; Necmettin Erbakan Univ, Konya, Turkey; Akdeniz Univ, Antalya, Turkey; Kartal Dr. Lütfi Kirdar Traiand Res Hosp, Istanbul, Turkey; Yuzuncu Yil Univ, Van, Turkey

Background: PsA is a chronic musculoskeletal disease. The prevalence of axial involvement in PsA varies according to the duration of the disease. In early stage the incidence varies between 5% and 28%, but it increases up to 25-70% in later stages of the disease. In the literature, there is limited data on the differences in disease activity, functional status and quality of life of men and women with axial PsA.

Objectives: In this study, we aimed to evaluate the effect of gender difference in clinical findings, disease activity, functional status and quality of life in patients with axial involvement in Turkey.

Methods: Patients with PsA who met the CASPAR classification criteria were enrolled consecutively in this cohort. Turkish League Against Rheumatism (TLAR)- Network was formed with the participation of 25 centers. The demographic variables, fatigue, diagnostic delay, the beginning of peripheral arthritis, enthesitis, dactylitis and spine involvement, inflammatory lumbar pain, patients’ quality of life, BASFI, HAQ, HAQ-s, VAS pain, anxiety, depression and disease activity parameters (TJC, SJC, ESH, DAS28, BASDAI), were recorded. Student’s t test and Chi-square test were used to compare variables in SPSS v.22 program.

Results: A total of 1130 patients (36.0% male, 64.0% female) with PsA included in this study. In this cohort, 169 male (46 ± 12.29) and 251 female (47.4 ± 12.11) had axial involvement. VAS pain (p < 0.001), fatigue (p < 0.001), ESR (p < 0.001), DAS28 (p < 0.001), BASDAI score (p < 0.001), PASQoL (p < 0.001), HAQ score (p < 0.001), HAQ-S score (p < 0.001), anxiety (p < 0.001), depression (p < 0.020), FACIT (p < 0.001) and first (p < 0.001) scores were statistically significantly worse in women than males with axial PsA (Table 1). However, SF-36 physical component score (p < 0.001), SF-36 mental component score (p < 0.001) and PASI score (p < 0.005) were statistically worse in male patients than in female patients with axial involvement.

References: