Background: Extra-articular manifestations (EAMs): psoriasis, uveitis and inflammatory bowel disease (IBD) are common in patients with established spondyloarthritis (SpA), with prevalences reported around 9%, 26% and 7% respectively (1). However, data on the prevalence of EAMs are lacking in early axial SpA (axSpA).

Objectives: The aim was to assess the prevalence of EAMs in early axSpA in the published literature.

Methods: Systematic literature search on Pubmed MEDLINE up to 31.12.2019 with keywords referring to EAMs (uveitis and synonyms, psoriasis and synonyms or IBD and synonyms) and early axSpA (recent, young adult, young, untreated, inception) and selection by one reader of all full-text publications in English, describing the prevalence of at least one of the EAMs in patients with early axSpA, defined here as patients fulfilling ASAS, ESSG or Amor criteria and symptom duration of less than 6 years (as this was defined by authors as early disease). Patients’ age, axSpA symptom duration, sex, HLA-B27 status, and number of patients with EAMs were recorded by one reader using a predefined extraction sheet. For longitudinal studies, baseline data was recorded. Descriptions in each study according to symptom duration were graphically reported, and pooled prevalences were calculated by meta-analysis of proportions, using a random-effects model and the Der Simonian & Laird method to derive the summary estimate.

Results: Of 667 articles, 17 were relevant to the research question with prevalence data of psoriasis, uveitis and IBD available in 16, 17 and 15 articles, respectively (and most studies reporting several EAMs). Of the 17 articles, 14 were cohort studies and 3 were trials in early axSpA. A total of 2854 patients with early SpA was analyzed: weighted mean age 32.3±9.1 years (range 21-42 years), weighted mean axSpA symptom duration 20.7±11.1 months (range 8-68 months), 40.3% were female, and 65.1% carried HLA-B27. The pooled prevalences of psoriasis, uveitis and IBD were respectively 8.9% (95% CI 5.0, 13.8), 13.4% (95% CI 9.5, 17.8) and 3.5% (95% CI 1.7, 5.9) (Figure 1). There was a trend towards higher prevalences in patients with longer disease duration (Figure 2).

Conclusion: Figure 2. The prevalence of each EAM according to the symptom duration in early axSpA and axSpA: mean symptom duration (mos). Y axis: prevalence (%) of an EAM. Diameter of bubbles is proportional to sample size of each article.

Background: Patients with Spondyloarthritides (SpA) can experience flares during pregnancy and postpartum even though the available data are limited and not conclusive.

Objectives: To assess disease activity and treatment modification during pregnancy and postpartum in patients with SpA and to identify risk factors for disease flare.

Methods: Data on SpA pregnancies prospectively-followed in a pregnancy clinic from 2010 to 2019 were retrospectively analysed. Disease activity was assessed during each trimester and postpartum using ASDAS-CRP or DAS28-CRP. Flare was defined as an increase of disease activity leading to treatment modification (introduction or increase ≥5 mg/day of prednisone, introduction of cDMARD or bDMARD)1.

Results: Data on 50 pregnancies in 46 patients were collected (mean age at conception 33±4.7 years; median disease duration: 60 months (IQR 24-132); 33 psoriatic arthritis, 6 axialSpA, 2 reactive arthritis, 2 IBD-related SpA; 6 undifferentiated SpA, 1 juvenile idiopathic arthritis). Six pregnancies ended in miscarriage, so they weren’t considered for the analysis of flares during pregnancy (table 1). Fifteen out of 44 (34%) pregnancies had at least one flare during pregnancy (6, 7 and 4 during 1st, 2nd and 3rd trimester respectively; 2 pregnancies had multiple flares). A higher rate of flares was observed in pregnancies of patients with axial involvement (p=0.01), on treatment with bDMARDs at preconceptional visit (p=0.03) and who stopped TNFi at positive pregnancy test (p=0.03). Peripheral involvement was associated with a lower rate of flares (p=0.02). Medications resumed during pregnancy were steroids (in 6 pregnancies), cDMARDs (2 sulfasalazine, 1 cyclosporine) and bDMARDs (4 certolizumab, 4 etanercept). During postpartum period flares were recorded in 46% of patients.

Table 1. clinical features, medication and disease activity in pregnancies with flare vs without flare

**SAT0368 PREGNANCY IN WOMEN WITH SPONDYLOARTHRITIDES: WHO ARE THE PATIENTS AT RISK OF DISEASE FLARE?**

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Background: In our cohort of prospectively-followed SpA pregnancies, 34% experienced a flare during pregnancy and 46% during postpartum. Flares
that in early SpA much of the progression appears in patients without previous
three patients who showed an increase of the \( \Delta m\text{SASSS} \) without syndesmo-
two of them showed syndesmophytes at baseline. On the other hand, two of the
an increase of the \( \Delta m\text{SASSS} \) presented this lesion at the six-year visit but only
five out of eight patients (62.5%) with
seven had one syndesmophyte; one patient, two syndesmophytes and another
At baseline, five patients presented one syndesmophyte; at the six-year visit,
\( \Delta m\text{SASSS} \) of –1 and eight patients, an increase in this score (four patients, +1;
\( \Delta m\text{SASSS} \) score at the six-year visit was 0.67 \( \pm \) 1.6: thirty-nine patients did not
in the reliability exercise, all of them experienced rheumatologists and mem-
bers of the Spanish spondyloarthritis working group (GRESSER). The \( m\text{SASSS} \)
spinal structural damage was done by the modified Stoke Ankylosing Spondylitis
Spine Score (\( m\text{SASSS} \)). Nine readers, blinded for the diagnosis, participated
in this longitudinal study, 49 patients of the Spanish early spondyloar-
thesits (SpA) in the Esperanza cohort.
Methods: In this longitudinal study, 49 patients of the Spanish early spondyloar-
thritus (SpA) \( m\text{SASSS} \) cohort were included. Every patient had a baseline and a
six years lateral X-Ray of the cervical and lumbar of spine. The assessment of
spine structural damage was done by the modified Stoke Ankylosing Spondylitis
Score (\( m\text{SASSS} \)). 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). The \( m\text{SASSS} \) progression and development of new syndesmophyses was analyzed. The gold
standard of every elemental lesion of the \( m\text{SASSS} \) and the total \( m\text{SASSS} \) score was
agreement achieved through the independent categorical opinion of at leastive of the nine readers. For reliability, intraclass correlation coefficient (ICC)
two-way mixed, standard error of measurement was used.
Results: Forty-nine patients were included, 69 \% were males and 49\%, HLA
B27 positive. Mean \( \pm \) SD baseline ESR, CRP, BASDAI, BASFI and \( m\text{SASSS} \) were
10.7 \( \pm \) 11.7, 5.4 \( \pm \) 7.1, 3.7 \( \pm \) 2.5, 2.1 \( \pm \) 2.0 and 0.32 \( \pm \) 0.85, respectively. Inter-
reader ICC reliability of the 9 readers was 0.812 (CI 95\%: 0.764-0.897). The
\( m\text{SASSS} \) score at the six-year visit was 0.67 \( \pm \) 1.6: thirty-nine patients did not
present any changes in this score at the end of the follow-up, two patients had
\( \Delta m\text{SASSS} \) of –1 and eight patients, an increase in this score (four patients, +1;
three patients, +2 and one patient, +9 points).
At baseline, five patients presented one syndesmophyte; at the six-year visit,
seven had one syndesmophyte; one patient, two syndesmophyses and another
one, one bone bridge. Only 2/5 patients (40\%) with syndesmophyses at baseline
showed an increase in \( \Delta m\text{SASSS} \); the two patients with a \( \Delta m\text{SASSS} \) of -1 did
have syndesmophyses at baseline. Five out of eight patients (62.5\%) with
an increase of the \( \Delta m\text{SASSS} \) presented this lesion at the six-year visit but only
two of them showed syndesmophyses at baseline. On the other hand, two of the
three patients who showed an increase of the \( \Delta m\text{SASSS} \) without syndesmo-
phyte at baseline presented an erosion in the anterior vertebral corner and the
patient with the bone bridge had a previous syndesmophyte. Our results indicate
that in early SpA much of the progression appears in patients without previous
syndesmophyses.
Conclusion: Spinal radiographic progression was very low in our early SpA
cohort, with a mean progression of 0.3 \( m\text{SASSS} \) units. Only eight patients
(16.3\%) presented spinal structural progression, most of them not showing syn-
desmophyses at baseline. It is reasonable to consider that an early diagnosis and
monitoring could result in a low radiographic progression.
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SAT0369  SPINAL RADIOGRAPHIC PROGRESSION IN EARLY SPOUNDYLOARTHRITIS: SIX-YEAR RESULTS FROM THE ESPERANZA COHORT
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Background: There are few studies focused on the development of structural
damage over time in patients with early SpA
Objectives: The aim of this study is to analyze the \( m\text{SASSS} \) radiographic pro-
gression of spine in patients with early spondyloarthritids (SpA) in the Esperanza
cohort.
Methods: In this longitudinal study, 49 patients of the Spanish early spondyloar-

SAT0370  TUMOUR NECROSIS FACTOR INHIBITOR THERAPY DOES NOT REDUCE THE INCIDENCE OF COMORBIDITIES AND EXTRA-ARTICULAR MANIFESTATIONS IN ANKYLOSING SPONDYLITIS: AN ANALYSIS OF THREE US CLAIMS DATABASES
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Background: Comorbidities and extra-articular manifestations (EAMs) sub-
stantially increase disease burden and mortality risk in patients (pts) with
ankylosing spondylitis (AS). Tumor necrosis factor inhibitors (TNFi) are highly
effective and have led to early treatment (tx), and are used after inad-

References:

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