AB0663

EFFICACY OF BIOLOGICAL THERAPY IN TREATMENT OF ANKYLOSING SPONDYLITIS IN SERBIA

T. Zivanovic Radnic^{1,2}, J. Cvetkovic³, B. Erdeljan⁴, M. Veselinovic^{5,6}, B. Milic⁷, M. Sefik Bukilica^{1,2}, N. Damjanov^{1,2}, J. Vojinovic⁸. ¹Institute of Rheumatology, Belgrade, Serbia; ²Faculty of Medicine, University of Belgrade, Belgrade, Serbia; ³Niška Banja Institute, Rheumatology department, Nis, Serbia; ⁴Special Hospital for Rheumatic Diseases, Novi Sad, Serbia; ⁵Clinical Center Kragujevac, Kragujevac, Serbia; ⁶Faculty of Medical Sciences, University of Kragujevac, Department of Internal Medicine, Kragujevac, Serbia; ⁷Clinical Center Vojvodina, Novi Sad, Serbia; ⁸Clinical Centre, Faculty of Medicine, University of Nis, Rheumatology Department, Nis, Serbia

Background: Patients with ankylosing spondylitis (AS) are treated in accordance with the 2016 ASAS / EULAR recommendations.

Objectives: Determine our experience and results in the treatment of AS by analysing data from the URES database collected from reference centers for the treatment of rheumatic diseases in Serbia.

Methods: Retrospective insight into the database of patients treated with biological therapy in reference centers (Institute of Rheumatology in Belgrade, Institute "Niska Banja" Special Hospital Novi Sad, KC Vojvodina and KC Kragujevac) from 2009-2018. Disease activity was monitored by the BASDAI, BASFI and ASDAScrp indexes.

Results: Of the 250 patients, 185 were male. The mean age at diagnosis was 33.02 ± 11.17 years. The mean length of treatment prior to initiation of biological therapy was 6.55 ± 7.82 years. There was a statistically significantly shorter duration of illness before the introduction of biological therapy in those who subsequently remained on the first drug (5.91 ± 7.53 vs 8.48 ± 8.48 years $p = 0.046$, $p < 0.05$). The mean age at TNF alpha inhibitor administration was 39.61 ± 11.33 years. Patients who remained on the first drug were significantly younger when starting treatment with TNF inhibitors compared with patients who changed the first drug (38.75 ± 11.29 vs 42.46 ± 11.11 years $p = 0.029$, $p < 0.05$). Those who changed the first drug were statistically longer treated with biological drugs (36.9 ± 30.03 vs 56.33 ± 32.4 months $p = 0.0001$). There were more patients with dactylitis and HLAB27 + in the group remaining on the first drug ($p < 0.05$) and more with inflammatory bowel disease in the group who had the change in drug ($p < 0.05$). The duration of etanercept therapy as the first drug was 49.11 ± 36.37 months, with the second drug 24.26 ± 27.08 , and with the third drug 43 ± 45.2 . Treatment with adalimumab as the first drug lasted for 28.34 ± 21.28 , for the second drug 21.65 ± 14.57 , for the third 3.5 months. Golimumab therapy as the first drug lasted 25.85 ± 14.58 , with the second drug 20.33 ± 19.13 , and as the third drug for 24 months. Therapy with infliximab as the first drug lasted 28.36 ± 23.52 , with the second drug 20.3 ± 20.09 , and with the third 16.5 months. According to the ASDAScrp index, 185 patients had very high disease activity (VHDA) before the first drug, high activity (HDA) 63, moderate activity (MDA) 2. At the time of the intersection, 8 had VHDA, HDA 48, MDA 106, and there were 88 patients in remission. There are 8 patients in the VHDA group who started treatment with the current drug less than 6 months ago. There are 48 patients in the HDA, of whom 17 who started treatment with the current drug less than 6 months ago, one at the time of the intersection had a urinary tract infection and high CRP, and the remaining 30 were patients with no significant decrease in ASDAS index (16 on first drug, 12 on the second drug and 2 patients on the third drug).

Conclusion: In patients with AS who do not have a good response to the first anti TNF α drug, a good option to continue their treatment is to switch to the second and third drugs of the same mechanism of action (anti TNF α drug).

KEY WORDS: ankylosing spondylitis, TNF α inhibitors, efficacy

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21. Spondyloarthritis - clinical aspects (other than treatment)

AB0664

DIAGNOSIS DELAY IN ANKYLOSING SPONDYLITIS PATIENTS IN EGYPT: FACTORS, SOCIOECONOMIC AND CLINICAL OUTCOME

F.I. Abdelrahman¹, M. Mortada¹. ¹Zagazig University, Rheumatology and Rehabilitation, Zagazig, Egypt

Background: Ankylosing spondylitis (AS) is a destructive inflammatory disease which was reported to have the longest diagnostic delay among the

inflammatory rheumatic disease. This lag period have a great impact on the clinical outcome and socioeconomic state of the patients. With the advent of tumor necrosis factor- α (TNF- α) inhibitors, early diagnosis in AS has become important(1).

Objectives: to evaluate the period from symptom onset to diagnosis of AS in Egyptian patients and to examine possible reasons for delayed diagnosis and its impact on the economic and social life of the patients.

Methods: The study included 87 AS patients diagnosed according to the Assessment of Spondyloarthritis international Society (ASAS) criteria (2). A face-to-face interview was applied to take medical history, and a questionnaire that contains some clinical aspects of disease was used. Diagnosis delay was described as the gap between first AS symptom and correct diagnosis of AS. Clinical and functional assessment of axial SpA measured by Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Metrology Index (BASMI). The direct medical cost during years of delay (including costs of medical consultations, medications, investigations, physiotherapy and surgical treatment) had been estimated by Egyptian pound.

Results: The study included 87 AS patients with mean age (30.03 ± 8.3), 70 male (80.5%) and 17 female (19.5%).

Mean delay in diagnosis was (5.7 ± 4.9) years. Mean of diagnostic delay for patient diagnosed before 2010 is (14 ± 4.4) and that of patients diagnosed after 2010 is (3.5 ± 1.8) with significant difference between both (p value < 0.0001). The main cause of delay was incorrect diagnosis as follow degenerative disc disease (43/87, 49.4%), non-specific back pain (31/87, 35.6%), rheumatoid arthritis (10/87, 11.5%), rheumatic fever (2/87, 2.3%) and tuberculosis of spine (1/87, 1.1%). The mean of the medical visits was (6 ± 5.4). Most incorrect initial diagnoses were made by orthopedicians (57.9%), followed by neurologists (22.2%) followed by rheumatologist (10%) and general physicians (9.9%). Absence of extra-articular manifestations, negative family history and juvenile age are significantly associated with diagnostic delay. Delay in diagnosis is significantly associated with higher disease activity index (BASDAI), functional index (BASFI), and damage index (BASMI). The mean of the costs during years of delay is (15671.3 ± 546.1) with the mean of cost per each year delay (660.9 ± 6.6) with high significant association between the cost and longer delay in diagnosis (< 0.0001). Regarding work ability, we found that (32.2%) are fit for work, unfit (29.9%), partially fit (37.9%) with high significant difference between ability of work and shorter delay. Regarding social effect, 40.2 % of patients developed negative effect on social life with significant association to diagnostic delay (0.004).

Conclusion: Our study confirmed the importance of early diagnosis of AS due to its impact on patient's health outcome and socioeconomic state. We recommend to increase the awareness about the disease among healthcare professionals in our region.

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AB0665

VALVULOPATHY, SYSTOLIC AND DIASTOLIC DYSFUNCTION IN AXIAL SPONDYLOARTHRITIS: A SYSTEMATIC REVIEW AND META-ANALYSIS

F. Adeline¹, X. Romand^{1,2}, M. Dalecky¹, A. Pfimlin³, D. Wendling⁴, P. Gaudin^{1,2}, P. Claudepierre⁵, M. Dougados⁶, A. Baillet^{1,2}. ¹CHU Grenoble Alpes, Rheumatology, Grenoble, France; ²Univ. Grenoble Alpes, GREPI, Grenoble, France; ³Lille University Hospital, Rheumatology, Lille, France; ⁴CHRU Besançon and Université Bourgogne Franche-Comté, Rheumatology, Besançon, France; ⁵University Paris Est Créteil, Henri Mondor Hospital, Rheumatology, Créteil, France; ⁶Hôpital Cochin. Assistance Publique - Hôpitaux de Paris, Rheumatology, Paris, France

Background: Axial Spondyloarthritis (ax-SpA) displays an increased cardiovascular disease (CVD) risk compared with the general population. Although ischemic cardiac manifestations are well known, prevalence of non-ischemic manifestations such as myocardial dysfunction and valvulopathy is less clear.

Objectives: To compare prevalence of myocardial dysfunction and valvulopathy by ultrasound in ax-SpA patients and versus healthy controls.

Methods: Two investigators independently searched for studies indexed in PUBMED, Cochrane Library and EMBASE databases and published before January 17th 2020. The search was focused on ultrasound evaluation of myocardial