function and valvulopathy, with two-dimensional, Doppler, tissue Doppler, and speckle tracking echocardiography. We included for meta-analysis all controlled studies including ax-SpA without previous cardiovascular disease. Data were pooled using appropriate random or fixed effects model.

Results: Literature search retrieved of 186 abstracts. A total of 31 papers were included in the systematic review and 27 papers were analyzed in the meta-analysis (1,494 ax-SpA patients and 1,091 healthy controls). Studies displayed cross-sectional design and included ax-SpA without prevalent cardiovascular disease.

Ax-SpA was defined according to the modified New York criteria (24 studies) followed or the ASAS criteria (2 studies). HLA B27+ positivity ranged from 51 to 100%, mean age ranged from 26.7 to 55.7 years, disease duration ranged from 3.2 to 23.3 years and mean BASDAI ranged from 1.24 to 5.6.

Patients with ax-SpA displayed a lower diastolic function with a lower E/A ratio, a higher deceleration time, a higher isovolumetric relaxation time and a lower systolic function with a lower ejection fraction (figure 1). Left-ventricular end diastolic and systolic diameters were higher in ax-SpA patients with respectively mean difference 0.55 mm [CI95%; 0.19, 0.91] and 0.79 mm [CI95%; 0.40, 1.17]. We did not find any difference for left and posterior ventricular thickness, left atrial dimension, and left ventricular mass index.

Figure 1. Systolic and diastolic dysfunction is slightly altered in ax-SpA patients compared to healthy individuals. Diastolic dysfunction was assessed by (A) E/A ratio (m/s), (B) deceleration time (ms), (C) Isovolumetric relaxation time (ms) and (D) systolic function was assessed by ejection fraction (%).

A total of 15 articles reported prevalence of valvulopathy in ax-SpA. Prevalence of mitral regurgitation and aortic regurgitation were similar in ax-SpA patients and healthy individuals: OR=1.13 [CI95% 0.76, 1.68] and OR=1.18 [CI95% 0.68, 2.04].

Conclusion: Prevalence of valvulopathy was similar in ax-SpA and healthy individuals. Diastolic and systolic function seems to be slightly altered in ax-SpA compared to healthy controls. However, this difference is unlikely clinically relevant. Usefulness of systematic echocardiography remains to be determined in future longitudinal studies.

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AB0666

A COMPARISON OF CLINICAL FEATURES AND PREDICTORS OF TREATMENT RESPONSE IN SPONDYLOARTHRITIS PATIENTS IN THE MIDDLE EAST: A CROSS-SECTIONAL MULTINATIONAL STUDY

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Background: Spondylarthritis is a chronic inflammatory disease with heterogeneous clinical features. Its prevalence ranges between 0.2%-2%. Over the years biological therapy has improved work productivity and activity impairment in people with SpA. Unlike in rheumatoid arthritis, the concept of treat-to-target is still

debatable among rheumatologist. However, there is a consensus that treatment in patient with SpA should be personalized. There are several challenges in the Middle East that might affect providing personalized medicine to patients with SpA in this region.

Objectives: The objective of the study is to explore factors that interfere with achieving clinical targets in patients with SpA clinical practice in the Middle East.

Methods: We conducted a cross-sectional, multicentre study to explore the factors that interfere with achieving clinical targets in SpA patients from four countries in the Middle East (Lebanon, Oman, Qatar, and the United Arab Emirates). A total of 404 patients who attended participating centers from January 2019 to June 2019 and who met the ASAS 2010 classification criteria for axial and peripheral SpA; and were at least 18 years of age were enrolled in the study. We excluded patients with peripheral arthritis only. We extracted demographics, clinical data, and conducted patients survey. We used Compliance Questionnaire for Rheumatology (CQR) is a self-reported adherence measure created specifically for and validated in rheumatic diseases.

Demographic data and disease and treatment characteristics were described as median and the 25th–75th interquartile range (IQR). Multiple regression analysis was used to investigate the impact of different factors on ASDAS-CRP in patients with SpA. Statistical analysis was performed using Minitab version 18.1 software.

Results: A total of 404 patients initially enrolled in the study, we excluded 95 patients as they had peripheral involvement only. We analysed the data of 309 patients with axial only or axial and peripheral SpA. There median age was 43 years and 53.7% were females. The median disease duration was six years. At the time of the study, 72.1% patients were within the arbitrary clinical target of ASDAS < 2.1. Detail description of the studied population and subgroups outlined in table 1. Enthesitis (OR: 2.9; P value: 0.004), Psoriasis (OR: 2.74; P value: 0.007), low compliance score (OR: -4.36; P value: < 0.0001) and HLA B27 (OR: 2.12; P value: < 0.04) were independent predictors of a higher ASDAS –CRP.

Conclusion: Enthesitis, psoriasis, noncompliance, and HLA B27 were independent predictors for ASDAS in our cohort.

Table 1. Demographic and clinical characteristics of all patients and for achiever and non-achievers

Variables	All patients (309)	Achiever (223)	Non-achievers (86)
Age, Median, (IQR) yrs	43, (36-51)	43, (35-51.5)	42, (37-51)
Female %	53.7%	54.2%	51.9%
Disease Duration, Median, (IQR) yrs	6, (3-9)	6, (2-8)	7.5, (3-10)
Patient has medical insurance/ Medical coverage	94.5%	95.0%	93.1%
Smoking	13.9%	12.1%	18.6%
ASDAS-CRP, Median (IQR)	1.56, (1.24-2.1)	1.56, (1.07-1.6)	2.75, (2.36-3.3)
Arthritis	40.1%	36.3%	48.1%
Dactylitis	13.6%	11.3%	18.50%
Enthesitis	29.1%	22.4%	43.2%
Family history of SPA	18.4%	14.3%	25.9%
Good response to NSAIDs	21.7%	18.8%	22.2%
HLA B27	30.0%	25.6%	40.0%
Inflammatory bowel disease	7.1%	7.3%	6.20%
Inflammatory low back pain	68.6%	68.1%	69.8%
Onycholysis	10.9%	10.7%	11.1%
Psoriasis	39.4%	25.1%	40.7%
Sacroiliitis (Radiographic)	50.4%	49.8%	51.9%
Uveitis	6.1%	4.0%	11.1%
SpA- classification			
Axial	49.8%	55.7%	35.6%
Axial & peripheral	50.2%	44.3%	64.4%

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AB0667

ACHILLES PAIN PERSISTENCE IN PATIENTS AFFECTED BY SPONDYLOARTHRITIS: ULTRASONOGRAPHIC AND BIOMECHANICAL STUDY.

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