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AB0681

COMPARISON BETWEEN DEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF PREDOMINANT AXIAL VS MAINLY PERIPHERAL SPONDYLOARTHRITIS (SPA) PATIENTS, ENROLLED IN THE ONGOING SIRENA STUDY

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Background: SIRENA is an Italian, prospective Registry in Spondyloarthritis (SpA) patients, naïve to conventional, targeted and biological DMARDs. Patients are diagnosed, newly or confirmed, according to ASAS criteria and classified in subjects with predominant axial (AX) or with mainly peripheral manifestations (PER).

Objectives: To compare descriptively AX vs PER subgroups of patients.

Methods: Demographic data, diagnostic delay and subtypes of SpA as well as clinical features and comorbidities are collected.

Results: 282 patients were enrolled: 101 (35.8%) AX and 181 (64.2%) PER. Baseline data are shown in Table 1. There were more obese patients in AX (21.4% AX vs 16.1% PER) and more overweight ones in PER (19.4% AX vs 23.8% PER). The % of subjects with diagnostic delay was higher in AX (65.7% vs 53.9% PER) and the delay longer (mean of 73.1 months vs 47.8). In both groups, main reason of the delay was incorrect referrals (41.5% for AX and 45.3% for PER). Noteworthy the fact that in PER, the 75.7% of patients had a newly diagnosed SpA. In PER, the most frequent SpA type was PsA (82.3%), followed by undifferentiated SpA (8.8%) and enteropathic SpA (7.5%), while in AX, 49.5% were ankylosing spondylitis, 21.8% nr-ax-SpA and only 4% PsA. The majority of PER patients reported as first symptom peripheral arthritis (80/181), psoriasis (57/181) and enthesitis while in AX referred inflammatory back pain (80/101). High percentages of comorbidities were reported: psoriasis (65.8%) and cardiometabolic diseases (34.8%) were higher in PER while depression/anxiety and GI diseases were higher in AX (Table 2). At the baseline, the mean PhGA score (0-100) was 51.5 for AX and 43.8 for PER.

Conclusion: SIRENA study highlights relevant differences in AX vs PER patients, especially in terms of diagnostic delay, clinical presentation and comorbidities.

Table 1.

	Mean AX n=101	Mean PER n=181
Age (years)	47.3	52.8
Sex (female/male - %)	50.5/49.5	47.5/52.5
Weight (Kg)	73.0	73.9
BMI	25.3	25.4
Diagnostic Delay (yes - %)	65.7%	53.9%
Time of delay (mean - months)	71.3	47.8
Newly SpA diagnosis (%)	55.5%	75.7%

Table 2.

A) First Symptom (more than 1 symptom referred)	AX n=101 N. Patients	PER n=181 N. Patients
Arthritis	23	122
Enthesitis	16	54
Dactylitis	7	28
Inflammatory Back Pain	80	34
Psoriasis skin	10	57
Psoriasis nails	2	19
Uveitis	4	1
IBD	7	9
B) Comorbidities (more than 1 comorbidity referred)	% Patients	% Patients
Cardiometabolic	20.8%	34.8%
-Hypertension	19.8%	30.9%
-Dyslipidemia	17.8%	11.6%
-Diabetes	6.0%	7.7%
-MetS	5.0%	6.6%
Psoriasis	22.8%	65.8%
Gastrointestinal	20.8 (16.9% CD)	12.8 (4.4% CD)
Depression/Anxiety	11.9%	2.2%
Endocrine	6.9%	11.1%
Osteoporosis	3%	5.5%
Hepatic	4% (3% NAFLD)	4.4% (2.2% NAFLD)
Infections	3%	3.9%
Malignancies	0%	4.4%

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AB0682

FUNCTIONAL IMPAIRMENT IN PATIENTS WITH AXIAL SPONDYLOARTHROPATHY IN A GERMAN COHORT: WORSE OUTCOMES AND WORSE QUALITY OF LIFE FOR FEMALE PATIENTS

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Background: Axial spondyloarthritis (AxSpA) may lead to significant structural damage resulting in marked impairment and disability. Historically, AxSpA has been thought to have a distinct male predominance regarding both, occurrence but also disease severity. However, it has recently been shown in international cohorts that women with AxSpA may have in fact an increased disease burden and worse outcome than their male counterparts.

Objectives: The aim of this project was to analyse functional capacity in a German cohort of AxSpA patients and identify associated factors by comparing demographic data, clinical characteristics, disease activity and treatments.

Methods: Analysis of a German University Hospital outpatient clinic cohort of 150 AxSpA patients. Questionnaire-based screening tools were used to assess disease activity, functional impairment and quality of life (BASDAI, FfBh, WHO-QOL-BREF). Female and male patients were compared by independent samples two-tailed T tests for continuous variables as well as chi-squared test for categorical variables.