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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, naive 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 comorbidities 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). Noteworthy the fact that in PER, the 75.7% of patients had a newly diagnosed SpA 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).

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

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FUNCTIONAL IMPAIRMENT IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS 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 far 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, FSH, 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.