more enthesitis and peripheral arthritis. Enthesitis is initiated during a mechano-sensation and the cultural difference including style of footwear could probably be one of the factors explaining our findings inflammatory back pain has been reported to be higher in Indians compared to Caucasians which could be due to life style.

The fact that ASDAS CRP behaves similarly in Indian patients across the two countries and is more when compared to Caucasians might point towards overall higher burden of disease in Indian population.

To our knowledge this is a first study comparing clinical manifestations of SpA between Indians and Caucasians.

References:


Disclosure of Interests: Nihia Jain: None declared, Sapan Pandya: None declared, Puja Srivastava: None declared, Prashant Chotalia: None declared.

Disclosure of Interests: J. M. Kerber1, J. D. De Mello1, P. Palominos2, A. A. Gasparin2, F. D. A. Menegat2, C. V. Breno3, C. Kohem4, 1Federal University of Rio Grande do Sul, Porto Alegre, Brazil; 2Hospital de Clínicas de Porto Alegre, Rheumatology Department, Porto Alegre, Brazil

Background: Ankylosing spondylitis (AS) leads to back pain and structural damage that may result in functional impairment2, Function is usually assessed in clinical trials conducted in developed countries, with patients receiving biological therapy2,3.

Objectives: To evaluate variation in the Bath Ankylosing Functional index (BASFI) over time in a AS cohort followed in a developing country. Compare the improvement in BASFI between patients achieving or not sustained (≥12 months) ASDAS-CRP remission/low disease activity (LDA); Analyze predictors for achieving a minimum clinically important improvement (MCII) in BASFI (ΔBASFI ≤ -0.6) 4.

Methods: This cross-sectional analysis was conducted in a retrospective cohort. Adult patients fulfilling the New York criteria for AS and followed during at least 5 years in the Spondyloarthritides clinic were included. BASFI variation (ΔBASFI) was described as median (25th/75th). Comparison of ΔBASFI between patients fulfilling or not sustained ASDAS-CRP remission/LDA was done using the Mann-Whitney test. Hierarchical Poisson model was used to identify predictors for achieving a MCII in BASFI.

Results: 69 patients were analyzed, 53.6% were men, the mean age was 48.9±11.4 years, and the mean follow-up time was 6.1±0.5 years, median disease duration of 10 (5-18) years; 14.5% of the patients were on regional society of rheumatology (Sociedade de Reumatologia do Rio Grande do Sul)., Claiton Viegas Brenol Grant/research support from: This work was sponsored by the regional society of rheumatology (Sociedade de Reumatologia do Rio Grande do Sul)., Franciele de Almeida Menegat Grant/research support from: This work was sponsored by the regional society of rheumatology (Sociedade de Reumatologia do Rio Grande do Sul)., Andrese Aline Gasparin Grant/research support from: This work was sponsored by the regional society of rheumatology (Sociedade de Reumatologia do Rio Grande do Sul)., Penelope Pchelnikova8, A. Sitalo9, All-Russian Patient Union, 8All-Russian Patient Union,

Conclusions: Patients achieving sustained ASDAS-CRP remission/LDA had better functional outcomes over time compared to those not achieving this target. High BASFI scores at baseline had a greater probability of achieving a MCII in BASFI (RR: 1.14-2.91, p=0.012).

Figure 1. Comparison of ΔBASFI between patients who achieved or not sustained ASDAS-CRP remission/LDA.

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