AB0701

ANTERIOR UVEITIS AND HLA B27, ARE THERE ANY CLINICAL OR THERAPEUTIC DIFFERENCES IN PATIENTS WITH POSITIVE HLA B27 VERSUS THOSE WITH HLA B27 NEGATIVE?

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Background: Anterior uveitis is the most frequent form of presentation of uveitis. An important part of patients do not associate extraocular manifestations, so more information about the clinical profile is needed to optimize therapeutic decisions.

Objectives: To describe the clinical profile of patients with anterior uveitis related and not related to the antigen HLA-B27. Compare both groups to establish differences.

Methods: Retrospective cohort study. Consecutive patients diagnosed with non-infectious anterior uveitis, assessed in the multidisciplinary uveitis unit of the Infanta Leonor University Hospital (Madrid) from its establishment in October 2017 to December 2019, were included. To compare categorical variables Chi square was used and the test of Fisher; and Student's T or Mann-Whitney U test for continuous variables. Finally, a multivariate analysis was performed to establish differences between the two groups. A value of $p < 0.05$ was considered statistically significant.

Results: 62 patients with anterior uveitis, 26 (42%) with HLA B27 positive and 36 (58%) with HLA B27 negative were included. There were no differences between the two groups regarding sex. Differences were found in the mean age at diagnosis, 35 ± 9.6 in the HLA B27 positive group vs 47 ± 14.9 in the HLA B27 negative group ($p < 0.01$). The time since uveitis diagnosis was longer in the HLA B27 positive group: 7.08 years (3.45-11.79) versus 2.41 years (1.66-3) in the HLA B27 negative group ($p < 0.000$). Regarding the etiology, the majority of patients in the HLA B27 negative group had a diagnosis of idiopathic anterior uveitis (72.2%), and 53.8% of the patients in the HLA B27 positive group were diagnosed with spondyloarthritis ($p < 0.000$). There were no significant differences in the number of patients that require systemic treatment. There were no differences regarding oral corticosteroids intake, with very few patients needing it (2 patients in the HLA B27 positive group and 5 patients in the HLA B27 negative group ($p < 0.699$)). The percentage of patients who needed to start an immunosuppressive treatment were similar between the two groups, 6 patients (23.1%) in the HLA B27 positive group and 11 patients (30.6%) in the HLA B27 negative group ($p < 0.717$). No significant differences could be detected between groups in the multivariate analysis in terms of laterality, clinical course, treatment with immunosuppressants or development of complications.

Conclusion: In our cohort patients with HLA B27 positive debut at an earlier age. There were no differences between both groups in laterality, course of uveitis, systemic treatment or ocular complications.

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AB0702

THE FREQUENCY OF INFLAMMATORY BOWEL DISEASES IN PATIENTS WITH ANKYLOSING SPONDYLITIS

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Background: Ankylosing Spondylitis (AS) is closely associated with inflammatory bowel disease (IBD). About 6-46% of patients with IBD have various lesions of the musculoskeletal system [1]. 5-10% of patients with spondylarthritis (SpA) eventually develop IBD, with Crohn's disease (CD) being more common than Ulcerative colitis (UC) [2]. Determining the level of fecal calprotectin (FC) is a study that allows to diagnose IBD. The concentration of FC directly depends on the neutrophil infiltration of the intestinal mucosa and has a direct connection with the activity of the inflammatory process [3]. It is known that level of FC increases in 2/3 of patients with AS and is closely related to parameters reflecting higher disease activity [4].

Objectives: The aim of this study was to evaluate the frequency of IBD in patients with AS using an assessment of FC level.

Methods: In the analysis were included 40 patients with AS, fulfilling the modified New York criteria, among them man -26 (65%), woman -14 (35%), mean age of patients was 41.2 ± 10.5 , mean disease duration - 13 ± 8.8 years. All patients were examined with ESR, CRP, esophagogastroduodenoscopy, colonoscopy and quantitative analysis of the fecal calprotectin levels using the method of lateral immunochromatography with the BUHLMANN Quantum Blue rapid test. Standard range: 100-1800 $\mu\text{g/g}$.

Results: All patients had a high disease activity, mean BASDAI was 5.2 ± 1.7 , mean ASDAS CRP 3.8 ± 1.1 . 35 patients (87.5 %) had FC level more than 100

$\mu\text{g/g}$, the remaining 5 patients (12.5%) less than 100 $\mu\text{g/g}$. 12 patients (30 %) had FC level more than 1,800 $\mu\text{g/g}$, 23 (57.5 %) from 101 $\mu\text{g/g}$ to 1800 $\mu\text{g/g}$. All patients with FC levels more than 100 $\mu\text{g/g}$ showed an increase CRP (mean 28.4 mg/l) and ESR (mean 36.3 mm/h) levels. IBD were diagnosed in 9 cases (22.5%): 5 patients (12.5 %) with CD and 4 patients (10 %) - UC, in the remaining cases (77.5%) was no intestinal pathology.

Conclusion: The results showed high frequency of IBD in patients with AS. Patients with high FC levels (more than 100 $\mu\text{g/g}$) had high disease activity (AS). In most cases, inflammatory bowel disease were diagnosed in patients with FC levels more than 100 $\mu\text{g/g}$.

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AB0703

WHICH OF THE ASDAS OR BASDAI CORRELATES BETTER WITH PHYSICIAN GLOBAL ASSESSMENT?

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Background: Ankylosing Spondylitis Disease Activity score (ASDAS) was developed because of the limitations of Bath Ankylosing Spondylitis Disease Index (BASDAI) of being totally patient-derived with limited face and construct validity. ASDAS includes inflammatory markers that were aimed to increase its face validity by representing a different 'objective' domain of disease activity that was not included in BASDAI.

Objectives: The aim of our study was to compare correlation of ASDAS and BASDAI with physician global assessment (PhGA) in order to know which is more reliable.

Methods: Cross-sectional study including patients with SpA according to the ASAS criteria of 2009 and/or New York modified criteria. The erythrocyte sedimentation rate (ESR) and the C-reactive protein (crp) were measured. The disease activity was assessed by BASDAI and ASDAS. Physician global assessment (PhGA) was rated by 0-100 numeric score. We correlated disease activity indices with physician global assessment by Pearson coefficient.

Results: A total of 110 patients (68 men and 42 women) with a mean age of 43.18 ± 12.34 [19-79] years was collected. The mean disease duration was 5.99 ± 2.31 [1-10] years. The mean ESR and CRP were respectively 28.41 ± 21.51 [2-110] and 15.56 ± 23.84 [0-153] mg/l. ESR was correlated with PhGA ($p = 0.06$, $r = 0.300$), however CRP was not correlated with PhGA ($p = 0.134$, $r = 0.165$). The mean ASDAS-ESR and ASDAS-CRP were respectively 2.93 ± 1.05 [0.83-5.65] and 2.81 ± 0.97 [0.29-4.77]. The mean BASDAI was 4.42 ± 2.23 [0-9.2]. The mean PhGA was 5.43 ± 2.31 [1-10]. The BASDAI correlated with PhGA ($p = 0.007$, $r = 0.307$). In addition, ASDAS-ESR and ASDAS-CRP correlated with PhGA ($p = 0.001$, $r = 0.372$, $p = 0.001$, $r = 0.391$) respectively.

Conclusion: In conclusion both BASDAI and ASDAS are equal, with a superiority nonetheless for the ASDAS since it correlated stronger with PhGA.

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AB0704

PRESCRIBING PRACTICES IN AXIAL SPONDYLOARTHRITIS

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Background: Axial spondyloarthritis (axSpA) treatment has undergone a number of significant developments over the past number of decades. Previously

limited to non-steroidal anti-inflammatories (NSAIDs) and corticosteroids, treatment options now include synthetic disease modifying anti-rheumatic drugs (sDMARDs) and biologic agents. The development of national registries for inflammatory arthritis provides an opportunity to study medication usage in a large cohort of patients with axSpA. The Ankylosing Spondylitis Registry of Ireland (ASRI) is a source of epidemiological data on patients with axSpA in Ireland. The aim of this study was to examine medication exposure and outcomes.

Objectives: To characterize a large cohort of patients with axSpA in terms of medications usage, burden of disease and patient reported outcomes.

Methods: The patient population registered in the ASRI was analysed using IBM SPSS version 26. Patients were analyzed on the basis of medication exposure. The four treatment groups were classified as no treatment, NSAIDs only, biologics only, or biologics and NSAIDs. Mean age, duration of disease and delay to diagnosis was compared between groups. Burden of disease was assessed via mean BASDAI, BASFI, BASMI, HAQ and ASQoL between the four groups. Differences between groups was tested for statistical significance a one-way analysis of variance (ANOVA). A chi-squared test for independence was used to compare differences in rates of HLA-B27 positivity rates and gender. Results were deemed significant where $p < 0.05$.

Results: At present 860 patients are currently enrolled in the ASRI with 76.6% (659) males and 23.4% (201) females. Average age of patients is 45.8 years, mean disease duration of 19.4 years with 95.5% (821) of patients listed as Caucasian. Mean scores were BASDAI 4.02, BASFI 3.7, BASMI 4.02, HAQ 0.55, and ASQoL of 6.51. Treatment groups were made up of 9.9% (85) on no treatment, 22.2% (191) NSAIDs treatment only, 34.8% (299) biologics treatment only and 32.1% (276) treated with both NSAIDs and biologics. Patients only on NSAIDs were noted to be older than patients on biologics, and those on both biologics and NSAIDs ($p=0.02$). Patients on NSAIDs were older at symptom onset than those on both biologic and NSAID treatment ($p=0.02$), however the effect size is small (0.012). No significant difference was noted between groups regarding disease duration, delay to diagnosis or distribution between genders (table 1). Difference in BASDAI scores between groups was significant between all groups, with patients on both biologics and NSAIDs having the highest scores and those on no treatment with the lowest scores (4.74 vs 3.37) possibly a reflection of disease severity (table 2).

Table 1.

	ASRI	No tx	NSAIDs tx	Biologic tx	Biologic & NSAID	Sp value
Number	860	9.9% (85)	22.2% (191)	37.8% (299)	32.1% (276)	
Age	45.8	49.7	46.2	45.3	45.1	0.02
Symptom onset	26.4	27.5	28.2	26.1	25.2	0.02
Disease duration	19.4	22.2	18	19.1	19.8	0.06
Delay to dx	8	9.8	8.1	7.4	8	0.13

Table 2.

	ASRI	No tx	NSAIDs tx	Biologic tx	Biologic & NSAIDs	p value	Effect Size
BASDAI	4.02	3.37	4.21	3.4	4.74		0.06
		3.37	4.21		4.74	0.04	
		3.37			4.74	<0.01	
			4.21	3.4		<0.01	
				3.4	4.74	<0.01	

Conclusion: A large proportion of patients in the ASRI were treated with either biologics only or both biologics and NSAIDs. No treatment was the least common treatment within this cohort. Patients not on treatment tended to be older than those on any type of treatment. Overall patients on biologics alone tended to have better patient reported outcomes as compared to all other treatment groups. The development of longitudinal data for the ASRI will help to further understand the reason behind these differences.

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AB0705

INCIDENCE, TREND AND FACTORS ASSOCIATED WITH AMYLOIDOSIS IN PATIENTS WITH SPONDYLOARTHRITIS IN SPAIN. OBSERVATIONAL STUDY BASED ON THE REGISTRATION OF DISCHARGES OF THE GENERAL HOSPITALS OF THE NATIONAL HEALTH SYSTEM (CMBD). (TREND-ESPA STUDY)

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Background: Amyloidosis (AA) is a complication of inflammatory diseases, such as Spondyloarthritis (Spa). It is related to active and long-lasting disease. The treatment of Spa has had a major change in recent years, which has allowed a better control of disease activity.

Objectives: Analyze the incidence, trend and factors associated with secondary AA hospitalizations in patients with Spa, in Spain.

Methods: Population study based on the analysis of a national administrative database (CMBD) of hospital admissions. **Period:** 01/01/1999 to 31/12/2015.

Study population: patients with diagnosis of Spa who were admitted to any national hospital. **Control population:** 2 groups have been used as controls: **GP:** group of the general population (without Spa diagnosis) matched of equal sex, age, year and autonomous community as the study population. **RA:** all income, in the same period, of patients diagnosed with Rheumatoid Arthritis (RA). Secondary AA admissions were identified by the presence of code 277.3. The trend was analyzed using Generalized Linear Models (MLG). The Odds Ratio (OR) of secondary amyloidosis was calculated in Spa vs GP and Spa vs AR.

Results: The database (BD) for analysis consists: **1. Study population:** 102,609 admissions with Spa diagnosis. **2. GP:** 102,609 admissions matched with the study population. **3.- RA:** 320,332 admissions. There was a total of 3,790 admissions with AA diagnosis: 782 (0.79%) at Spa, 74 (0.06%) GP and 2,924 (0.91%) RA. The main clinical-demographic characteristics patients with Spa and AA versus the rest of Spa are shown in the following table:

	Spa_ Amyloidosis	Spa_without amyloidosis	OR	IC95%	p-value
N (%)	782 (0,72)	101827 (99,28)			
Mean Age (SD)	55,9 (13,15)	58,9715 (5)	0,98	0,98-0,99	p<0,001
Mean Charlson Index (SD)	1,80 (1,34)	1,14 (1,81)	1,15	1,12-1,18	p<0,001
ALOS (SD)	12,78 (15,12)	10,57 (15,37)	1,01	1,00-1,008	p<0,001
Male n (%)	596 (75,2)	70792 (66,56)	1,52	1,29-1,79	p<0,001
Dead during admission, n (%)	82 (10,35)	3537 (3,32)	3,35	2,66-4,22	p<0,001
Areact (%)	20 (2,52)	2178 (2,04)	1,23	0,79-1,93	p=0,318
Spa_EII (%)	81 (10,22)	5238 (4,92)	2,19	1,74-2,77	p<0,001
AS (%)	538 (67,92)	67207 (63,19)	1,23	1,06-1,43	p<0,001
PAAs (%)	243 (30,68)	37673 (35,42)	0,8	0,69-0,93	p=0,005
Psoriasis (%)	24 (3,03)	2917 (2,74)	1,1	0,73-1,66	p=0,595
Uveitis (%)	12 (1,51)	542 (0,50)	3,01	1,68-5,34	p<0,001
Diabetes mellitus (%)	34 (4,29)	14822 (13,93)	0,27	0,19 - 0,39	p<0,001
Dementia (%)	3 (0,37)	626 (0,58)	0,64	0,2-2	p=0,638
HTA (%)	185 (23,35)	31395 (29,52)	0,72	0,61 - 0,85	p<0,001
Tabaquismo (%)	56 (7,07)	13283 (12,49)	0,53	0,40 - 0,69	p<0,001
Hiperlipemia (%)	99 (12,5)	17748 (16,68)	0,71	0,57-0,88	p<0,001
TVP (%)	7 (0,88)	648 (0,60)	1,45	0,68-3,07	p=0,351
Depresión (%)	23 (2,90)	5939 (5,58)	0,5	0,33-0,76	p<0,001
Tbc (%)	3 (0,37)	544 (0,51)	0,73	0,23-2,30	p=0,803

The age-adjusted rates (/100,000hab*year) of AA in Spa/GP/RA were 16.72 / 1.40 / 97.87 respectively (19.54 / 1.26 / 139.70 in men and 12.23 / 1.74 / 04.54 in women). Age-adjusted AA rates decreased in both Spa from 19.86/100,000hab*year in 1999, to 9.91 in 2015 and for RA from 131.9 in 1999 to 68.7 in 2015). While in GP increased (from 0.75 in 1999 to 2.87 in 2015). It is estimated a decrease (adjusted by age) in Spa of -4.6% per year and -5.5% in Ra, while in PG there was an increase of 10.2%. The AA OR in Spa vs GP is 10.77 (IC95%: 8,489-13,676). While the AA OR in Spa vs RA was 0.808 (95% CI: 0.747-0.875).

Conclusion: In Spain, during the period 1999 to 2015, there has been a decrease in the incidence of AA in patients with Spa and Ra. We estimate a decrease of -4.6% per year in Spa and -5.5% per year in Ra. Being male, AS or Spa_EII, and uveitis are associated with AA.

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AB0706

ASSOCIATION BETWEEN SARCIDOSIS AND SPONDYLOARTHRITIS: A NEW COMORBIDITY, CHANCE OR SELECTION ERROR? (TREND-ESPA STUDY)

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