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?

L. Lojo¹, B. Sánchez Marugán¹, C. Plasencia², L. Cebrian¹, M. A. Matias de la Mano¹, E. Calvo Aranda¹, M. T. Navío Marco¹. ¹Hospital Universitario Infanta Leonor, Madrid, Spain; ²Hospital Universitario La Paz, Madrid, Spain

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.

Disclosure of Interests: None declared

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AB0702

THE FREQUENCY OF INFLAMMATORY BOWEL DISEASES IN PATIENTS WITH ANKYLOSING SPONDYLITIS

G. Lukina¹, P. Kulakova¹, N. Savenkova¹, E. Volnukhin¹, A. Kovshik¹, E. Alexandrova¹, A. Novikov¹. ¹The Loginov Moscow Clinical Scientific Center of Moscow Healthcare Department (The Loginov MCSC MHD), Moscow, Russian Federation

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 $\mu\text{g/g}$.

References:

- [1] Bernstein CN, Blanchard JF, Rawsthorne P, Yu N. The prevalence of extraintestinal diseases in inflammatory bowel disease: a population-based study. *Am J Gastroenterol*. 2001 Apr;96(4):1116-22.
- [2] Klingberg, E., Strid, H., Stahl, A. et al. A longitudinal study of fecal calprotectin and the development of inflammatory bowel disease in ankylosing spondylitis. A longitudinal study of fecal calprotectin and the development of inflammatory bowel disease in ankylosing spondylitis. *Arthritis Res Ther* 2017. 19(1):21
- [3] Cyper H, Varkas G, Beekman S, et al. Elevated calprotectin levels reveal bowel inflammation in spondyloarthritis. *Annals of the Rheumatic Diseases*. 2016. 75:1357-1362
- [4] Arzu Duran, Senol Kobak, Nazime Sen, et al. Fecal calprotectin is associated with disease activity in patients with ankylosing spondylitis. *Bosnian Journal of Basic Medical Sciences*. 2016. 16 (1):71-4

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AB0703

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

K. Maatallah¹, W. Triki¹, H. Ferjani¹, D. Kaffel¹, W. Hamdi¹. ¹Mohamed Kassab National Institute of Orthopedics, Rheumatology, La Mannouba, Tunisia

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

S. Maguire¹, P. Gallagher², F. B. O'shea¹. ¹St James' Hospital, Rheumatology, Dublin, Ireland; ²St Vincents Hospital, Rheumatology, Dublin, Ireland

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