Optimal cut-off point ≤0

Optimal cut-off point ≤2

**Background:** Patients with spondyloarthritis (SpA) suffer not only from pain or physical disability, but they are also affected in multiple facets of life due to this condition (disease impact). Recently, the ASAS group has proposed a new way of capturing the impact that SpA have on patients’ lives, based on the principles proposed by the International classification of functioning, disability and health (ICF). The tool obtained (ASAS-health index or ASAS-HI) includes 17 items that cover most ICF domains.

**Objectives:** To analyze the performance of the ASAS-HI in real clinical practice, by comparing it with other standard measures of evaluation of SpA. To assess whether ASAS-HI is able to identify disease activity states in these patients.

**Methods:** This cross-sectional study included 111 consecutive patients with SpA (ASAS criteria). The correlation (Spearman’s rho) between ASAS-HI, BASDAI, ASDAS, and BASFI was analyzed. ROC curves were constructed to analyze ASAS-HI values that determined BASDAI inactive disease, ASDAS inactive disease, and ASDAS low activity. A logistic regression was made to determine the ASAS-HI items with greater capability to discriminate the state of remission / inactive disease.

**Results:** Seventy-four men and 37 women were included, mean age of 43.3 ± 10.6 years. The average duration of illness was 7.6 ± 6.8 years. Sixty percent of the series was under biological therapy, HLA-B27 was positive in 79.3%. The average value of ASAS-HI was 5.4 ± 3.8. There were significant correlations between ASDAS and BASDAI (rho: 0.89, p < 0.0005), BASDAI and BASFI (rho: 0.86, p < 0.0005), BASFI and ASDAS (rho: 0.78, p < 0.0005), BASDAI and ASAS-HI (rho: 0.77, p < 0.0005), ASDAS and ASAS-HI (rho: 0.70, p < 0.0005). The optimal cut-off point of ASAS-HI for BASDAI remission (Table 1) corresponded to a value ≤ 2. As for the value of ASAS-HI to define ASDAS inactive disease (Table 2), this was ≤ 0. For ASDAS low activity, the value was ≤ 6 (area under the ROC curve 0.82 (95% CI: 0.73-0.89), Sen: 89.5%, Spe: 66.1%). In the multivariate regression, the two ASAS-HI items associated with BASDAI remission was ≤ 18, less involvement of enthesis (OR = 3.51, IC95% [1.01; 11.21]; p = 0.024), positive HLA B27 (OR = 4.22, IC95% [1.25; 14.18]; p = 0.02) or sacroilitis on MRI (OR = 3.34, IC95% [1.04; 10.76]; p = 0.043) independently associated with the final diagnosis of SpA.

**Conclusion:** The results of this pragmatic study suggest that the Modified AMOR criteria with ASAS MRI reading can be used to rule out axial spondyloarthritis (NPV = 97%). However, the use of an MRI ASAS reading alone creates a risk of false positives because of the greater impact on ASAS criteria compared to AMOR or ESAS criteria. Further international studies are needed to decrease the rate of false positives in suspected cases of axial spondyloarthritis in routine practice.

**References:**


**Disclosure of Interests:** None declared.

**DOI:** 10.1136/annrheumdis-2020-eular.2351
Table 1. Comparative characteristics of Group 1 and Group 2 AS patients.

<table>
<thead>
<tr>
<th></th>
<th>Group 1 (n=220)</th>
<th>Group 2 (n=9)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age, M, y.</td>
<td>49.13±14.64</td>
<td>47.63±12.48</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>CRP, mg/L</td>
<td>6 (3.0–11.0)</td>
<td>4 (0.5–6.0)</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>ESR, mm/h</td>
<td>24 (12.0–44.0)</td>
<td>11 (7.5–20.5)</td>
<td>&gt;0.05</td>
</tr>
</tbody>
</table>

**Background:** Anemia is a frequent hematological disorder in patients with rheumatic diseases. The main pathogenetic variants of anemia are anemia of chronic disease (ACD), iron deficiency anemia (IDA), and anemia of chronic disease with iron deficiency (ACD/IDA). The presence of systemic inflammation hinders to diagnose absolute iron deficiency, because standard tests of iron status are affected by it. Soluble transferrin receptors (sTfR) measurement and the calculation of the sTfR log ferritin index (sTfR index) are recommended, but data about diagnostically significant levels of these indicators in patients with spondylarthropathies (SpA) is currently limited.

**Objectives:** To assess the diagnostic significance of sTfR and the sTfR index for detecting absolute iron deficiency in patients with SpA and anemia.

**Methods:** Complete blood count, standart iron metabolism parameters, C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) were evaluated in 68 patients with SpA. Serum concentration of sTfR was measured with enzyme-linked immunosorbent assay (ELISA) using sTfR ELISA kit («Monobind Inc.», USA). The sTfR index was calculated by the formula sTfR/log ferritin. Anemia was defined using the World Health Organization criteria. Depending on the serum ferritin concentration, transferrin saturation, and CRP level, ACD, IDA, or combined anemia (ACD/IDA) were diagnosed.

**Result:** Disease activity was determined by the BASDAI (Bath Ankylosing Spondylitis Disease Activity Index) and ASDAS-CRP (Ankylosing Spondylitis Disease Activity Score based on CRP) scales. Receiver operating characteristic (ROC) analysis was performed with MedCalc.

**Conclusions:** In a large unselected series of IBD, we study the OM and assess; a) epidemiological, clinical features, b) the relationship with extraintestinal manifestations.

**Disclosure of Interests:** None declared

**References:** Management of patients with SpA requires constant monitoring of side effects of therapy, in particular induced by the non-steroidal anti-inflammatory drugs. Use of sTfR and the sTfR index can improve the detection of IDA. A significant advantage of these indicators is their independence from systemic inflammation.

**Disclosure of Interests:** None declared

**DOI:** 10.1136/annrheumdis-2020-eular.3209