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THU0382

ARTICULAR MANIFESTATIONS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASES TREATED WITH ANTI-TNFA

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Background: Articular manifestations are the most frequent extra-digestive manifestations of Inflammatory Bowel Disease (IBD). Anti-TNF have proved to be as effective on articular symptoms as on IBD's ones, but have been suspected to induce paradoxical articular manifestations.

Objectives: The aims of this study were to describe the frequency, the type and the management of all articular manifestations occurring in patients treated with anti-TNF for IBD and to look for factors associated with their occurrence.

Methods: In this retrospective monocentric study, we included all patients who received an anti-TNF for an IBD in our tertiary hospital referent for inflammatory rheumatic and bowel diseases. We searched for all incident articular manifestations occurring during treatment with anti-TNF, including new or recurrent articular manifestations. Characteristics of patients with paradoxical articular manifestations (defined as inflammatory articular symptoms occurring while IBD was in remission, without immunization against anti-TNF) were compared to that of patients without articular manifestations to identify factors associated with their occurrence.

Results: Through a systematic search of all IBD patients seen in our tertiary hospital between February 2013 and May 2017, we identified 442 patients (36.2±15 years, 50.5% men) who had ever received an anti-TNF for IBD: Crohn's disease (n=277), ulcerative colitis (154) and undetermined colitis (n=11). 74 (16.7%) had already a history of inflammatory articular manifestations including 37 patients with a diagnosis of spondyloarthritis (SpA) made before anti-TNF's beginning.

Among them, 115 (26%) patients developed a new articular manifestation after a mean of 20 (±22) months of treatment: mechanical in 56 (12.6%) and inflammatory in 59 (13.3%). Within patients with new inflammatory articular manifestations: 39% were paradoxical, 27% were concomitant of an IBD flare, 27% were associated to an immunization against anti-TNF, 3% were induced lupus, 2% were chondrocalcinosis and 2% were polymyalgia rheumatic. Articular manifestations associated to an immunization were linked to a loss of efficiency of the treatment for 62%, with (42%) or without (20%) associated digestive symptoms and 38% were due to delayed hypersensitivity reaction. Among paradoxical articular manifestations, 83% were new articular symptoms, including 35% of SpA de novo, and 17% were recurrence of known articular manifestations. The only predictive factor of paradoxical articular manifestation was a previous diagnosis of SpA (21.7% vs 6.8%; p=0.02). Paradoxical manifestations improved in 17 patients despite continuation of anti-TNF, methotrexate was added in 2 and anti-TNF was discontinued in only 4 patients.

Conclusion: Inflammatory articular manifestations occurred in about 13% of patients treated with anti-TNF for IBD. More than a quarter were linked to an immunization against anti-TNF, which has to be searched in this situation. Less than half of them (39%) were paradoxical. In most of cases, they were transitory and did not require anti-TNF's discontinuation. The only predictive factor of paradoxical articular manifestations was having a history of SpA.

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THU0383

GENDER DIFFERENCES IN NONRADIOGRAPHIC AXIAL SPONDYLOARTHRITIS: FROM CLINICAL CHARACTERISTICS TO EFFECTIVENESS OF TNF INHIBITORS

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Background: While a male predominance is found in radiographic axial spondyloarthritis (r-axSpA), an equal male to female distribution was repeatedly reported for the nonradiographic disease form (nr-axSpA). Some important differences in clinical manifestations and response to treatment with tumor necrosis factor inhibitors (TNFi) between the sexes have been delineated for r-axSpA. It remains unclear, whether comparable sex differences can be assumed for nr-axSpA. Indeed, existing data on gender differences in nr-axSpA is limited to subgroups and is particularly scarce regarding effectiveness of treatment.

Objectives: To investigate sex differences with regard to demographics, clinical manifestations and response to TNFi in nr-axSpA after exclusion of patients with co-morbid fibromyalgia (FM).

Methods: Response to a first TNFi was assessed in 85 women and 78 men with nr-axSpA and without concomitant FM in the Swiss Clinical Quality Management Cohort. The primary outcome was the proportion of patients achieving a 40% improvement in the Assessment of Spondyloarthritis international Society criteria (ASAS40) at 1 year. Additional response outcomes were evaluated as secondary outcomes. Patients having discontinued TNFi were considered non-responders. Logistic regression analyses were adjusted for baseline differences (Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Maastricht ankylosing spondylitis enthesitis score (MASES), diagnostic delay, body mass index (BMI)).

Results: Baseline characteristics of women and men are shown in Table 1. Significant differences were restricted to diagnostic delay, BASDAI, MASES and BMI. An ASAS40 response was achieved by 17% of women and 38% of men (OR 0.34, 95% CI 0.12; 0.93, p=0.02). A lower response rate in women was confirmed in the adjusted analysis (OR 0.19, 95% CI 0.05; 0.62, p=0.009) as well as for the other outcomes assessed (Table 2).

Table 1. Baseline characteristics of women and men with nr-axSpA starting a first TNFi (after exclusion of patients with co-morbid FM).

Parameter	N 163	Men N = 78	Women N = 85	p
Age, years	163	35.6±10.8	39.1±11.4	0.10
Age at onset, years	162	27.9±8.6	28.1±8.5	0.66
Diagnostic delay, years	162	4.1±7.6	7.8±9.9	0.005
HLA-B27 positive, %	149	75.7	68.0	0.36
Prior MRI sacroiliitis, %	154	70.8	68.3	0.86
BASDAI	148	5.3±2.0	6.3±1.6	0.003
ASDAS	140	3.3±1.0	3.4±0.7	0.29
Elevated CRP, %	154	42.5	38.3	0.62
BASFI	148	3.6±2.4	3.8±2.5	0.54
BASMI	141	1.2±1.1	1.4±1.2	0.42
EQ-5D	141	54.8±22.8	55.8±18.3	0.79
Peripheral arthritis, %	159	41.6	52.4	0.20
Enthesitis, %	158	80.5	85.2	0.53
MASES	157	2.3±2.5	3.9±3.3	0.002
csDMARDs ever, %	163	34.6	42.4	0.34
Taking NSAIDs, %	150	92.9	86.2	0.29
Current smoking, %	139	28.3	22.8	0.55
BMI	160	25.9±4.2	24.0±4.4	<0.001