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OP0080

CENTRAL SENSITIZATION AND ILLNESS PERCEPTIONS SHOULD BE TAKEN INTO ACCOUNT WHEN INTERPRETING DISEASE ACTIVITY IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS

S. Kiese Kamp¹, D. Paap^{1,2}, M. Carbo¹, F. Wink³, R. Bos³, H. Bootsma¹, S. Arends^{1,3}, A. Spoorenberg^{1,3}. ¹University Medical Center Groningen, Rheumatology and Clinical Immunology, Groningen, Netherlands; ²University Medical Center Groningen, Rehabilitation Medicine, Groningen, Netherlands; ³Medical Center Leeuwarden, Rheumatology, Leeuwarden, Netherlands

Background: Up to 40% of ankylosing spondylitis patients report persistently high pain scores of >4 (scale of 0-10) even after responding to long-term TNF-alpha blocking therapy.[1] In other rheumatic diseases, nociplastic pain (due to altered functioning of the nervous system leading to peripheral and central sensitization) is common.[2] In axial spondyloarthritis (axSpA), patient illness and pain perceptions were shown to influence disease outcome.[3] Therefore, we hypothesized that central sensitization and patients' illness perceptions are associated with persistently high disease activity in axSpA.

Objectives: To investigate to what extent central sensitization, pain catastrophizing and patients' perceptions play a role in axSpA and to explore associations with disease activity.

Methods: Between April and September 2019, consecutive outpatients from the Groningen Leeuwarden axSpA (GLAS) cohort,[4] an ongoing large prospective cohort, were included in this study. Besides the standardized assessments, patients filled out three additional questionnaires: Central Sensitization Inventory (CSI), Pain Catastrophizing Scale (PCS) and Revised Illness Perception Questionnaire (IPQ-R). Univariable and multivariable linear regression analyses were used to investigate the association of CSI, PCS and each of the eight subscales of the IPQ-R, and disease activity assessments ASDAS-CRP, BASDAI, and CRP. We corrected for the following potential confounders: gender, symptom duration, BMI, educational level, smoking status and HLA-B27 status.

Results: Of 171 included patients, 58% were male, 79% were HLA-B27 positive, median symptom duration was 21 (IQR 10-32), mean ASDAS-CRP 2.1 ± 1.0, mean BASDAI 3.9 ± 2.2 and median CRP 2.9 (IQR 1.2-6.3). Mean CSI score was 37.8 ± 14.1 (scale of 0-100), and 44% of patients scored ≥40 on the CSI.[5] Median PCS score was 15 (IQR 7-22) (scale of 0-52), median IPQ-R illness identity subscore 3 (IQR 2-4) (scale of 0-14) and mean IPQ-R treatment control subscore 18.1 ± 3.4 (scale of 5-25). In univariable regression analysis, CSI and PCS scores and IPQ-R subscores all showed significant associations

with ASDAS-CRP, and all except the IPQ-R subscale personal control showed significant associations with BASDAI. Only IPQ-R treatment control was significantly associated with CRP. Central sensitization, two IPQ-R subscales (perceived treatment control and the number of symptoms patients attributed to their axSpA: illness identity) and BMI were independently associated with disease activity assessments BASDAI ($R^2=0.46$) and ASDAS-CRP ($R^2=0.36$) (Figure 1).

Figure 1. Results of multivariable regression analyses for ASDAS-CRP and BASDAI.

ASDAS-CRP: Ankylosing Spondylitis Disease Activity Score with C-reactive protein; BASDAI: Bath Ankylosing Spondylitis Disease Activity Score; CSI: Central Sensitization Inventory; IPQ-R: Revised Illness Perception Questionnaire; BMI: Body Mass Index.

Conclusion: In this axSpA population with long-term disease, 44% scored above the CSI cutoff point of 40, indicating a high probability of central sensitization. CSI score, illness identity and treatment control were independently associated with disease activity assessments.

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OP0081

THE IMPACT OF AXIAL SPONDYLOARTHRITIS ON PATIENTS' SEXUAL LIFE: RESULTS FROM THE EUROPEAN MAP OF AXIAL SPONDYLOARTHRITIS (EMAS)

M. Garrido-Cumbrera^{1,2}, C. Bundy³, D. Poddubnyy^{4,5}, S. Makri⁶, R. Mahapatra⁷, S. Sanz-Gómez¹, L. Christen⁸, C. J. Delgado-Domínguez¹, V. Navarro-Compán⁹ on behalf of EMAS Working Group. ¹Health & Territory Research (HTR), Universidad de Sevilla, Sevilla, Spain; ²Spanish Federation of Spondyloarthritis Associations (CEADE), Madrid, Spain; ³Cardiff University, Cardiff, United Kingdom; ⁴Charité – Universitätsmedizin Berlin, Berlin, Germany; ⁵German Rheumatism Research Centre, Berlin, Germany; ⁶Cyprus League Against Rheumatism, Nicosia, Cyprus; ⁷Axial Spondyloarthritis International Federation (ASIF), London, United Kingdom; ⁸Novartis Pharma AG, Basel, Switzerland; ⁹University Hospital La Paz, IdiPAZ, Madrid, Spain

Background: Axial Spondyloarthritis (axSpA) involves a great degree of functional limitation in daily activities and psychological health, which can impact patients' sexual life.

Objectives: To study the determinants of reduced frequency of sexual activity and intimacy since disease onset in axSpA patients.