Background: The ASAS Health Index (ASAS-HI) questionnaire, a tool that measures the impact of the disease in the patient with SpA, has been recently validated. However, there are still no studies evaluating the utility of this questionnaire for the early detection of SpA/IBD that has been validated by a multicenter study group.

Methods: The DETAIL instrument is a 6-item questionnaire developed through a Delphi method. From October 2018 to March 2019, consecutive adult patients with IBD, Crohn’s disease (CD) or ulcerative colitis (UC), filled out independently the DETAIL in the outpatient waiting room. Thereafter, within 2 weeks a blinded rheumatologist assessed all the patients, irrespectively of the DETAIL results, with IBD, Crohn’s disease (CD) or ulcerative colitis (UC), filled out independently the DETAIL in the outpatient waiting room. Thereafter, within 2 weeks a blinded rheumatologist assessed all the patients, irrespectively of the DETAIL results, and classified them as affected or not by SpA according to ASAS criteria. The performance of the DETAIL was evaluated trough Bayesian analysis, defining for each item of the questionnaire the sensitivity, specificity, positive (LR+) and negative (LR-) likelihood ratios.

Results: Overall, 418 IBD patients filled out the DETAIL questionnaire. Upon rheumatological evaluation, 102 (24.4%) patients received a diagnosis of SpA. Of the six questions, the best performances were found in item 6 (LR+ 3.77), reporting inflammatory back pain at night, and in item 3 (LR- 3.31), exploring Achilles enthesitis. The presence of back pain lasting more than three months (LR+ 2.91), of back pain with inflammatory features (LR+ 2.55) and a history of dactylitis (LR+ 2.55), showed also a fairly good performance, whereas a history of peripheral synovitis was slightly worse (LR+ 2.16). The combination of at least three items answered affirmatively yielded a post-test probability of SpA of 75% or more. The presence of alternative diagnoses, such as osteoarthritis and fibromyalgia, represented a minor confounder.

Conclusion: The DETAIL questionnaire is the first screening tool for the early detection of SpA/IBD that has been validated by a multicenter study group.

Acknowledgments: We would like to acknowledge the Società Italiana di Gastro-Reumatologia (SIGR) for its help and assistance in the constitution of the multidisciplinary network.

Disclose of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.3726

FRIO321

UTILTY OF THE ASAS HEALTH INDEX QUESTIONNAIRE AS A TOOL FOR HEALTH ASSESSMENT IN PATIENTS WITH SPONDYLOARTHRITIS AND ITS ASSOCIATION WITH DISEASE ACTIVITY, FUNCTIONALITY, MOBILITY, AND STRUCTURAL DAMAGE

M. A. Puche Larribia1, C. López-Medina1,2, M. D. C. Castro Villegas1, R. Ortega Castro1, M. Ladehesa Pineda1, P. S. Laura1, G. G. Ignacio1, J. M. SequíSabater1, M. D. C. Abalos-Aguilera1, I. C. Aranda-Valera1, G. C. Juan Luis1, A. Escudero Contreras1, E. Collantes-Estevez1. Reina Sofia University Hospital, Rheumatology Service/IMIBIC/Cordoba University, Cordoba, Spain; 2Cochin Hospital, Rheumatology Service, Paris, France

Background: The ASAS Health Index (ASAS-HI) questionnaire, a tool that measures the impact of the disease in the patient with Spondyloarthritis (SpA), has been recently validated. However, there are still no studies evaluating the utility of this questionnaire in the daily clinical practice.

Objectives: The objective of this study is to evaluate the association of ASAS-HI with disease activity, functionality, mobility, and structural damage in patients with SpA.

Methods: This is an observational, cross-sectional and single-center study in which 126 consecutive patients with SpA were included. Sociodemographic data, scores related to disease activity (BASDAI and ASDAS), functionality (BASFI), structural damage (cervical, lumbar and total mSASSS), mobility (BASMI and UCOASMI), quality of life (ASAS-HI) and the presence of concomitant fibromyalgia (evaluated with the FIRST questionnaire) were obtained from all patients. The ASAS-HI questionnaires were considered as the main outcome (scale from 0 to 17). Pearson’s correlation coefficient was used to evaluate the association of the different continuous variables with each other. Student’s t-test was used to compare the ASAS-HI between different subgroups of patients (men vs. women, ASDAS≥2.1 vs. ASDAS≤2.1 and fibromyalgia + vs. fibromyalgia-). Finally, a multivariate linear regression was performed to determine which factors explain the variability of ASAS-HI in these patients. Results: Among the 126 patients included, 83 (65.9%) were men, with a mean age of 45.1±12.3 years and a mean disease duration of 18.7±14.5 years. The mean ASAS-HI score in all patients was 4.7±4.0, showing a “strong” positive linear correlation (r=0.40 to 0.60) with BASDAI and BASFI, and “moderate” positive (r=0.60 to 0.80) with Global Vas and ASDAS (Figure 1). Patients with fibromyalgia showed a significantly higher ASAS-HI score compared with patients without fibromyalgia (9.5±3.2 vs 3.7±3.4, respectively). In addition, patients with high disease activity (ASDAS≥2.1) showed a higher mean score in ASAS-HI compared with those with low activity (ASDAS≤2.1) (5.8 ± 3.8 vs 2.0 ± 2.4, p<0.001).

Figure 1. Simple linear correlation (Pearson’s r) between the different variables studied.

Finally, multiple linear regression showed that 57.4% (R2=0.574) of the ASAS-HI variability is explained by the presence of concomitant fibromyalgia (β = 2.23, 95%IC 0.73 to 3.80, p=0.004), BASDAI (β = 0.62, 95%IC 0.25 to 0.97, p=0.001) and BASFI (β = 0.57, 95%IC 0.26 to 0.88, p<0.001).

Conclusion: In our study, the impairment of the quality of life in patients with SpA was mainly associated with a high disease activity (BASDAI), worsening functionality (BASFI) and with the presence of concomitant fibromyalgia. Neither mSASSS nor UCOASMI was associated with a change in ASAS-HI; thus, in our patients neither structural damage nor mobility seem to influence the quality of life. In a patient with a high ASAS-HI we must evaluate the presence of concomitant fibromyalgia.

Acknowledgments: The authors wish to thank all patients who participated in the study.

Disclosure of Interests: María Ángeles Puche Larribia: None declared, Celmintina López-Medina: None declared, María del Carmen Castro Villegas: None declared, Rafaela Ortega Castro: None declared, MLoudres Ladehesa Pineda: None declared, Pérez Sánchez Laura: None declared, Gómez García Ignacio: None declared, José Miguel Sequí-Sabater: None declared, María del Carmen Abalos-Aguilera: None declared, Immaculada Concepcion Aranda-Valera: None declared, Garrido Castro Juan Luis: None declared, Alejandro Escudero Contreras: None declared, Cresnitas Grant/research support from: ROCHE and Pfizer, Speakers bureau: ROCHE, Lilly, Bristol and Celgene., Eduardo Collantes-Estevez: None declared

DOI: 10.1136/annrheumdis-2020-eular.5640

FRIO322

INSULIN RESISTANCE IN NON-DIABETES PATIENTS WITH SPONDYLOARTHRITIS

J. C. Quevedo-Abeledo1, F. Genre2, J. Rueda-Gotor3, A. Corrales4, V. Hernández-Hernández5, N. Faharías-Rodriguez2, B. Lavin-Gómez2, D. F. Esmeralda2, A. De Vera-González2, A. Delgado-González6, L. De Armas-Pillo7, M. T. García-Unzueta2, M. A. González-Gay2, I. Ferraz-Amaro3, 1Division of Rheumatology, Hospital Doctor Negrin, Las Palmas de Gran Canaria, Spain, Las Palmas de Gran Canaria, Spain; 2Epidemiology, Genetics and Atherosclerosis Research Group on Systemic Inflammatory Diseases, Hospital Universitario Marqués de Valdecilla, IDIVAL, Santander, Spain; 3Division of Rheumatology, Hospital Universitario Marqués de Valdecilla, Santander, Spain; 4Hospital Universitario de Canarias, Division of Rheumatology, Santa Cruz de Tenerife, Spain; 5Division of Endocrinology, Hospital Universitario Marqués de Valdecilla, Santander, Spain; 6Division of Central Laboratory, Hospital Universitario de Canarias, Tenerife, Spain, Santa Cruz de Tenerife, Spain; 7Universidad Europea de Canarias, Santa Cruz de Tenerife, Spain

Background: Insulin resistance (IR) is a state in which a given concentration of insulin is associated with a subnormal glucose response. IR constitutes a major underlying abnormality driving cardiovascular disease in the general population.