and preliminarily validated a self-administered screening questionnaire, called DETection of Arthritis in Inflammatory boweL diseases (DETAIL)¹.

Objectives: To validate the DETAIL questionnaire in a multicenter cohort of IBD patients enrolled at ten Gastroenterology and Rheumatology Units in Italy.

Methods: The DETAIL instrument is a 6-item questionnaire developed through a Delphi method¹. 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, and classified them to be 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.

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FRI0321

UTILITY 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

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Background: The ASAS Health Index (ASAS-HI) questionnaire, a tool that measures the impact of the disease on the health in patients with Spondyloarthritis (SpA), has been recently validated. However, there are still no studies evaluating the utility of this questionnaire in 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 questionnaire was 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>0.60) with BASDAI and BASFI, and "moderate" positive

(r=0.40 to 0.60) 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 ($\beta = 2.23$, 95%IC 0.73 to 3.80, p=0.004), BASDAI ($\beta = 0.62$, 95%IC 0.25 to 0.97, p=0.001) and BASFI ($\beta = 0.57$, 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.

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FRI0322

INSULIN RESISTANCE IN NON-DIABETES PATIENTS WITH SPONDYLOARTHRITIS

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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