<0.05). The groups did not differ in terms of activity indicators and the presence of extra-axial manifestations.

Table 1. Characteristics of patients with axSpA at the time of inclusion in the study who had PRC after 24 months of observation.

Parameters	ΔBASRI hip=0 n=33	ΔBASRI hip >0 n = 44	p
Sex (m/w), n	22/11	32/12	>0,05
The duration of the disease, m., Me [25;75%]	36 [19;132]	48 [24;84]	>0,05
Age, years, Me [25;75 %]	30 [26;34]	28 [24;34]	>0,05
BASDAI, Me [25;75 %]	4,3 [3,1;5,8]	4,7 [3,8;6,3]	>0,05
BASFI, Me [25;75 %]	3,4 [0,6;5,6]	2,1 [1,1;4,2]	>0,05
ASDAS (SRP), Me [25;75 %]	2,6 [1,6;3,9]	3,2 [2,3;4,2]	>0,05
ESR, mm/h, Me [25;75 %]	15 [7;30]	23,0 [12;35]	>0,05
SRP, mg/l, Me [25;75 %]	12,8 [1,8;31,0]	17,8 [5,6; 50,3]	>0,05
Peripheral arthritis, n %	26 (79%)	32 (73%)	>0,05
US synovitis n%	19 (58%)	44 (100%)	<0,05*
Pain in HJ n%	28 (85%)	38 (86%)	>0,05

Conclusion: X-ray progression of coxitis is associated with ultrasound synovitis and does not depend on the activity of the disease.

Disclosure of Interests: None declared.

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AB0499

PHYSICAL ACTIVITY ASSESSMENT IN TUNISIAN PATIENTS WITH SPONDYLOARTHRITIS: THE IPAQ EVALUATION

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Background: The occurrence of Spondyloarthritis (SpA) often conditions patients' quality of life and hinders their well-being. Physical activity (PA) is associated with various health-related benefits among adults with chronic inflammatory rheumatism but may be insufficiently performed.

Objectives: This study aimed to assess PA in patients with SpA and explore its associated factors.

Methods: This is a single-center cross-sectional study, involving patients with SpA, visiting our outpatient hospital over eight weeks. Patients responded to the International Physical Activity Questionnaire-Short form (IPAQ-S).

Results: Sixty patients were included (39M/21 F) with an average age of 45.8 years [25-78]. The mean duration of SpA was 13.2 years [1-25]. About 80% of patients were from an urban setting. Sixty-three percent of patients had a professional activity, while 13.3% were retired. Twenty-nine patients (48.3%) had axial and peripheral form, 18 patients (30%) had SpA with enteropathic arthritis, 8 (13.3%) with psoriatic arthritis, 3 patients (5%) had axial spondyloarthritis, and only 2 patients (3.3%) with SAPHO-Syndrom. About 23% of patients had hip arthritis and only 5% had uveitis. Fifty-eight patients were on TNF-inhibitor (21/58 Adalimumab, 15/58 Infliximab, 14/58 Etanercept, 8/58 Golimumab). The average BASDAI was 2.7/10. The average ASDAS_{CRP} was 2.1/10. The average BASFI was 3.3/10. IPAQ results were distributed as follows: 78.3% of patients were in the « low physical activity » category, 21.7% were in the « moderate physical activity » while none of the patients were in the « high physical activity ». Patients without employment had lower levels of physical activity (29.7%) but no association was observed between those two items (p=0.082). Disease activity objectified with BASDAI was related to low physical activity (p=0.045) whereas no association was observed with ASDAS_{CRP} (p=0.870) or BASFI (p=0.056). Otherwise, TNF-inhibitor treatment was not related to different levels of PA (p=0.09).

Conclusion: Tunisian patients with SpA don't perform enough physical activity. Except for high disease activity, the different levels of PA did not appear to be explained by other disease-related variables. Thereby, physical activity should be encouraged in SpA.

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AB0500

IMPACT OF COVID-19 PANDEMIC IN OVERALL HEALTH AND FUNCTIONING IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS: RESULTS FROM THE REUMAVID STUDY (PHASE 1)

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Background: Evidence on the impact of the COVID-19 pandemic on the overall health and functioning in patients with axial spondyloarthritis (axSpA) is scarce.

Objectives: To analyse the impact of the COVID-19 pandemic on the overall health and functioning in patients with axSpA.

Methods: Data from axSpA patients participating in the first phase of the REUMAVID study were analysed. REUMAVID is a cross-sectional, observational study collecting data through an online questionnaire of unselected patients with rheumatic and musculoskeletal diseases (RMDs), recruited by patient organizations. The survey was disseminated during the beginning of the COVID-19 pandemic (April-July 2020) in seven European countries (Cyprus, France, Greece, Italy, Portugal, Spain, and the United Kingdom). Patients with axSpA who completed the ASAS health index (ASAS-HI) questionnaire were included in this analysis. Descriptive analyses were used to present socio-demographic and clinical characteristics, as well as daily habits. Overall health and functioning were defined according to the ASAS-HI (0-17), as follows: good health (ASAS-HI ≤5), acceptable health (ASAS-HI 6-11), and poor health (ASAS-HI ≥12). As secondary outcomes, well-being (WHO-5), self-perceived health status, and HADS for anxiety and depression were assessed.

Results: Out of 670 axSpA patients, 587 (87.6%) completed ASAS-HI. Of these, 70.4% were female, 72.6% were married or in a relationship, 46.7% had university studies and 37.6% were currently employed. Mean age was 49.9±12.8 years and mean BMI was 26.7±5.5. Regarding extraarticular manifestations, 13.6% had psoriasis, 12.1% inflammatory bowel disease and 18.7% uveitis. Before the COVID-19 pandemic, 50.9% were receiving biological drugs, 46.3% NSAIDs, 26.4% painkillers, 24.7% conventional DMARDs, and 11.9% oral corticosteroids. According to the ASAS-HI, 19.6 % of patients were classified as having poor health, with the most affected aspects being pain (92.0%), movement (86.5%), maintenance of body position (80.6%), energy (79.0%) and sleep (75.3%). Regarding self-perceived health status, 14% reported their health status as "bad" or "very bad", and 46.8% reported worsening health during the pandemic (Table 1). A distribution of the results of the total ASAS-HI scores can be seen in Figure 1.

Table 1. Overall health and well-being, disease activity, and mental health.

Primary Outcome (ASAS-HI)	Mean ± SD or n (%)
ASAS-HI (0-17), n=587	8.0 (±3.9)
ASAS-HI	
<5 (good health)	159 (27.1)
5-12 (acceptable health)	313 (53.3)
≥12 (poor health)	115 (19.6)
Secondary Outcomes	
WHO-5	
WHO-5 (0-100), n=584	46.3 (±23.1)
WHO-5 Poor wellbeing WHO-5 ≤50	330 (56.5)
Self-perceived health status, n=585	
Very good	33 (5.6)
Good	214 (36.6)
Fair	256 (43.8)
Bad	69 (11.8)
Very bad	13 (2.2)
Change in health status during lockdown, n=587	
Much worse than before	54 (9.2)
Moderately worse	220 (37.6)
Same as before	270 (46.0)
Moderately better	35 (6.0)
Much better than before	6 (1.0)
HADS	
HADS Anxiety (0-21), n=587	8.4 (±4.1)
HADS Anxiety	
No case (0-7)	248 (42.7)
Borderline case (8-10)	151 (26.0)
Case (11-21)	182 (31.3)
HADS Depression (0-21), n=587	7.0 (±4.3)
HADS Depression	
No case (0-7)	329 (56.6)
Borderline case (8-10)	134 (23.1)
Case (11-21)	118 (20.3)