well as to previous biological therapies. The HRQL variables would be additional clinical results that make it possible to achieve a better management of biological therapies in spondyloarthritis patients.

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AB0503

DISEASE CONTROL IN ANKYLOSING SPONDYLITIS PATIENTS WITH PERIPHERAL ARTHRITIS IN REAL CLINICAL PRACTICE IN SPAIN: MIDAS STUDY RESULTS

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Background: MIDAS study assessed disease activity in patients (pts) with ankylosing spondylitis (AS) treated in clinical practice in Spain.

Objectives: This subanalysis compared disease activity status between AS pts with and without peripheral arthritis (PA).

Methods: Observational, non-interventional, cross-sectional, multicenter study. Pts ≥18 years with ≥6 months diagnosis, fulfilling ASAS and modified New York criteria; undergoing treatment ≥3 months. Disease activity was measured by BASDAI and ASDAS-CRP. The number of painful and swollen joints was recorded in AS pts according to the OMERACT recommendations.¹

Results: 313 AS pts included: 251 (80.2%) without PA and 62 (19.8%) with PA (Table 1). The most frequently involved painful joints in pts with PA were knees (29.0%) and hips (25.8%), while the swollen ones were proximal interphalangeal joints of the hands (17.7%), knees (9.7%) and wrists (8.1%). According to BASDAI (Figure 1A), pts with PA showed a higher score 4.2 (2.4) and a lower percentage 58.1% had disease activity controlled (BASDAI<4) than total AS pts (3.1 [2.2] and 64.5%, respectively) and pts without PA (2.8 [2.1] and 70.1%, respectively). According to ASDAS-CRP (Figure 1B), mean (SD) score was 1.9 (1.1) for AS pts, 2.4 (1.1) for pts with PA and 1.8 (1.1) for pts without PA, while 29.4% AS pts, 14.5% pts with PA and 33.1% pts without PA had inactive disease (ASDAS-CRP<1.3). By combining both indices (ASDAS-CRP and BASDAI), 51.8% AS pts showed adequate control (inactive disease/remission) of disease activity, 29.0% of pts with PA and 57.4% of pts without PA.

Table 1. Baseline demographic and clinical characteristics of the AS pts

	AS (n=313)	AS without PA (n=251)	AS with PA (n=62)
Age (years), mean (SD)	50.4 (12.0)	50.1 (11.9)	51.5 (12.5)
Sex (male), n (%)	237 (75.7%)	193 (76.9%)	44 (71.0%)
Time since diagnosis (years), mean (SD)	15.5 (11.6)	15.4 (11.4)	16.0 (12.6)
Time from onset of symptoms to diagnosis (years), mean (SD)	5.0 (7.2)	4.9 (7.1)	5.6 (7.6)
Presence of HLA-B*27+, n (%)	245 (78.5%)	197 (78.8%)	48 (77.4%)
Family history of AS, n (%)	66 (21.1%)	55 (21.9%)	11 (17.7%)
Family history of psoriasis, n (%)	43 (13.7%)	34 (13.5%)	9 (14.5%)
Pts previously treated with bDMARD, n (%)	99 (31.6%)	79 (31.5%)	20 (32.3%)
Swollen joint count (0-66), mean (SD)	0.1 (0.9)	0.0 (0.0)	0.7 (1.9)
Painful joint count (0-68), mean (SD)	0.6 (2.4)	0.0 (0.0)	3.0 (4.7)
CRP levels (mg/l), mean (SD)	5.1 (8.2)	4.7 (7.6)	6.7 (10.3)
Active disease, n (%) ^a			
BASDAI ≥4	111 (35.5%)	26 (41.9%)	75 (29.9%)
ASDAS-CRP ≥2.1	133 (42.4%)	93 (37.1%)	40 (64.5%)
BASFI, mean (SD)	3.4 (2.7)	3.1 (2.6)	4.5 (2.8)
MASES index, mean (SD)	0.2 (0.8)	0.2 (0.7)	0.4 (1.2)
SPARCC index, mean (SD)	0.4 (1.1)	0.3 (1.0)	0.6 (1.4)
Pts perceived disease control (PASS), n (%)	270 (86.3%)	221 (88.0%)	49 (79.0%)
ASAS-HI, mean (SD)	5.8 (4.4)	5.4 (4.2)	7.6 (4.6)

^aRefers to the percentage of pts with active disease according to BASDAI≥4 and ASDAS-CRP ≥2.1.

Figure 1. Disease status according to peripheral joints involvement (A) Disease control according to BASDAI (B) Disease activity according to ASDAS-CRP

Conclusion: Patients of the MIDAS study with peripheral disease showed higher disease activity and worse physical function, suggesting a severe and complex phenotype more than the one of the AS pts without PA.

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AS, ankylosing spondylitis; ASDAS-CRP, Ankylosing Spondylitis Disease Activity Score- C-reactive protein; BASDAI, Bath Ankylosing Spondylitis Disease Activity Index; PA, peripheral arthritis.

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AB0504

TOPOGRAPHY OF 18F-FDG PET/CT INFLAMMATORY SITES IN SPONDYLOARTHRITIS IN COMPARISON TO POLYMYALGIA RHEUMATICA AND TO PATIENTS WITHOUT INFLAMMATORY RHEUMATIC DISEASE

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Background: Spondyloarthritis (SpA) is a common inflammatory rheumatism, characterized by axial and/or peripheral enthesitis. The positron emission tomography (PET/CT) allows the detection of inflammation.

Objectives: Our objective was to study the rhizomelic fixation with 18F-FDG (18-Fluorine deoxyglucose) PET/CT in SpA, compared to a Polymyalgia Rheumatica (PMR) group and to a control without rheumatological manifestations

Methods: Monocentric and retrospective study, including patients who have benefited from PET/CT. 2 groups of patients, with SpA on the one hand, and PMR on the other hand, fulfilling standard diagnostic criteria. A third group of controls (CN) benefiting from PET/CT in the context of assessment of a neoplasia. The rhizomelic fixations were evaluated according to the average of semi-quantitative scores. This in different rhizomelic sites, articular (gleno-humeral, coxo-femoral) and extra-articular (sub acromial (BSAD), trochanteric bursitis).

Results: 147 patients were included: 44 SpA, 50 PMR, and 53 CN. The rhizomelic fixations were significantly lower in SpA compared to PMR: on the pelvic girdle [0.31(0.7)