vs 1.15(1.04), $p=1.2^{*}10^{-10}$], the scapular girdle [0.15(0.44) vs. 1.35(1.2), $p=7.09^{*}10^{-15}$], the hip joints [0.27(0.62) vs. 1.16(1.16), $p=1.6^{*}10^{-5}$], glenohumeral joints [0.18(0.49) vs. 1.71(1.04), $p=4.75^{*}10^{-12}$], the trochanteric bursae [0.36(0.77) vs. 1.14(0.91), $p=3.54^{*}10^{-6}$], BSADs [0.11(0.38) vs. 0.98(1.24), $p=4.63^{*}10^{-5}$], or overall rhizomelic fixation [0.23(0.59) vs. 1.26(1.14), $p=4.47^{*}10^{-24}$]. The fixation was also significantly lower for SpA compared to CN, in trochanters [0.36(0.77) vs. 0.58(0.68), $p=3.54^{*}10^{-6}$], at the glenohumeral joints [0.18(0.49) vs. 0.58(0.66), $p=3.27^{*}10^{-5}$], pelvic girdle [0.31(0.7) vs. 0.49(0.67), $p=0.0028$] and scapular girdle [0.15(0.44) vs. 0.41(0.66), $p=7.09^{*}10^{-15}$] and on the global overall rhizomelic fixation [0.23(0.59) vs. 0.49(0.67), $p=1.22^{*}10^{-6}$].

Conclusion: Our study is the first to study the rhizomelic fixations with 18F-FDG in SpA, compared to another rheumatism inflammatory and controls. We found a lower fixation in SpA compared to PMR, confirming the major and specific rhizomelic fixation of PMR. We found a lower fixing of SpA compared to CN, without anatomical, articular or extra-articular systematization. SpA seems to be a condition with low uptake on 18F-FDG PET/CT, particularly at the rhizomelic level, compared to PMR and controls.

Disclosure of Interests: None declared.

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AB0505

DISEASE FEATURES ASSOCIATED WITH A HIGH DISEASE IMPACT IN AXIAL SPONDYLOARTHRITIS: POST HOC ANALYSIS OF A SINGLE-CENTER CROSS-SECTIONAL STUDY

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Background: Currently available information on disease factors associated with a high life impact on axial spondyloarthritis (axSpA) is still very limited. Therefore, information on disease factors associated with a high life impact is crucial for the optimal management of this condition.

Objectives: To define disease factors associated with a high disease impact (HDI) in axSpA.

Methods: Post hoc analysis of a cross-sectional observational study conducted in 111 consecutive patients diagnosed with axSpA¹. We defined the Assessment of SpondyloArthritis international Society-Health Index (ASAS HI) functioning and health status groups thresholds using the Ankylosing Spondylitis Disease Activity Score (ASDAS) as external anchor. To establish the ASAS HI cut-off, receiver operating characteristic (ROC) curves of the different activity categories of the ASDAS were constructed. A multivariate analysis was carried out to evaluate the disease factors associated with HDI.

Results: Median ASDAS was 2.1 (IQR: 1.5-2.7). Average score for ASAS-HI was 5.4 ± 3.8 (IQR: 3-8). ASAS HI values > 6 , area under the ROC curve 0.86 (95%CI: 0.78-0.92), identified the patients belonging to the groups of high-very high disease activity. Among the study population, 69 patients had an ASAS HI ≤ 6 while 42 showed an ASAS HI > 6 (Table 1). In the multivariate regression model, HLA-B27 [OR 0.15 (95%CI: 0.05-0.48), $p=0.001$], NSAID intake [OR 5.4 (95%CI: 1.2-23.3), $p=0.023$], and a family history of SpA [OR 3.1 (95%CI: 1.01-10.6), $p=0.043$] were independently related to HDI.

Table 1. Disease features among patients with and without high disease impact

Feature	ASAS HI ≤ 6 (n: 69)	ASAS HI > 6 (n: 42)	P-values
Age, yrs (SD)	42.7 (11.2)	44.3 (9.8)	NS
Disease duration, yrs (SD)	7.6 (7.5)	7.8 (5.2)	NS
Men, n (%)	49 (71)	25 (59.5)	NS
Women, n (%)	20 (29)	17 (40.5)	NS
AS, n (%)	47 (68.1)	27 (64.3)	NS
Family history, n (%)	6 (8.7)	10 (23.8)	0.040
HLA-B27, n (%)	62 (89.9)	26 (61.9)	0.001
Education level:			
-Primary, n (%)	25 (36.2)	18 (42.9)	NS
-Secondary, n (%)	20 (29)	14 (33.3)	
-University, n (%)	24 (34.8)	10 (23.8)	
CVRF:			
-Smoking, n (%)	25 (36.2)	19 (45.2)	NS
-Obesity, n (%)	8 (11.6)	10 (23.8)	
-Diabetes, n (%)	3 (4.3)	3 (7.1)	
-HBP, n (%)	9 (13)	5 (11.9)	NS
-Dyslipidemia, n (%)	17 (24.6)	9 (21.4)	
Radiographic features:			
-Bilateral SI, n (%)	57 (82.6)	30 (71.4)	NS
-Squaring, n (%)	13 (18.8)	9 (21.4)	
-Syndesmophytes, n (%)	12 (17.4)	9 (21.4)	
SpA-associated features:			
-Enthesitis, n (%)	7 (10.1)	1 (2.4)	NS
-Anterior uveitis, n (%)	12 (17.4)	2 (4.8)	0.045
-IBD, n (%)	2 (2.9)	4 (9.5)	NS
Fibromyalgia, n (%)	0 (0)	3 (7.1)	0.052
Depression, n (%)	2 (2.9)	6 (14.3)	0.032
Treatments:			
-NSAID, n (%)	50 (72.5%)	39 (92.9)	0.013
-DMARDs, n (%)	4 (5.8%)	2 (4.8)	NS
-Biologic therapy, n (%)	40 (58)	27 (64.3)	NS

ASAS HI: Assessment of SpondyloArthritis international Society-Health Index, yrs: years, SD: standard deviation, AS: ankylosing spondylitis, HLA: human leukocyte antigen, CVRF: cardiovascular risk factors, HBP: high blood pressure, SI: sacroiliitis, SpA: spondyloarthritis, IBD: inflammatory bowel disease, NSAID: non-steroidal anti-inflammatory drugs, DMARDs: disease modifying antirheumatic drugs.

Conclusion: In this study, patients with regular NSAID intake and those with a positive family history of SpA were more likely to be in a high-impact category according to the ASAS HI. On the other hand, HLA-B27 carriers reduced that possibility by 85%. Our data may contribute to providing more personalized attention focused on patients' needs.

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AB0506

PREVALENCE AND CLINICAL CHARACTERISTICS OF SPONDYLOARTHRITIS IN CENTRAL AMERICA AND CARIBBEAN (PRECAES)

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Background: Spondyloarthritis (SpA) is a group of interrelated disorders: axial spondyloarthritis (Ankylosing Spondylitis [AS]/Non Radiographic Axial Spondyloarthritis [Nr-AxSpA]), psoriatic arthritis (PsA), reactive arthritis (ReA), inflammatory bowel disease-associated arthritis (IBD), and undifferentiated SpA (USpA).¹

Objectives: The objectives of this study were: a) to examine the epidemiology, disease subsets, and clinical characteristics of patients with SpA in Central America and the Caribbean region; and b) to describe the natural history of these conditions in their acute and chronic forms, to determine clinical sub-types and severity.

Methods: PRECAES is a cross-sectional observational study, including patients from private rheumatology clinics in three Central American countries (Guatemala, Honduras and Panama) and one in the Caribbean (Dominican Republic). Patients were enrolled between April 25th, 2018 and July 31st, 2019. Inclusion criteria: SpA diagnosis fulfilling ASAS classification criteria, age 18 - 45 years, sign informed consent and willing to perform protocol procedures during a single visit. Exclusions: any other rheumatic diseases, malignancy or HIV.

Results: Each center identified 50 consecutive patients with SpA. The main reason for exclusion from this analysis was not meeting the age requirement (N=94). Therefore, we analyzed 25 from Dominican Republic (DR), 25 from Guatemala, 32 from Honduras and 24 from Panama.

When applying ASAS axial and peripheral SpA definitions, all countries had high number of AS Patients. Subclinical classification by country showed the most frequent diagnosis was AS (64.1%), followed by PsA (16%), ReA (9.4%), Undifferentiated SpA (7.5%), IBD associated arthritis (1.9%) and Nr-AxSpA (0.9%) ($p<0.001$); characteristics of patient population and sub-clinical classification by country, Table 1. When clinical manifestations were classified as axial or peripheral SpA, 70.7% were axial in the four countries.

Table 1. Patient population characteristics and Sub-clinical classification by Country

		Dominican Republic	Guatemala	Honduras	Panama	Total
Age Years	Number patients	25	25	32	24	106
	Mean Age	32.48	32.28	33.66	32.71	
	SD	8.45	7.63	8.91	6.34	
Gender	Female	6	9	13	8	36
	Male	19	16	19	16	70
Place of living	City	1	14	26	20	61
	Rural/outside city	24	11	6	4	45
Scholarity	Elementary	0	3	2	1	6
	High School	7	5	17	4	33
	Middle School	1	1	2	2	6
	University	17	16	11	17	61
Smoking Habit	Yes	2	2	5	1	10
	No	23	23	27	23	96
Sub-clinical classification by country	USpA	1	5	1	1	08 (7.5%)
	ReA	2	6	1	1	10 (9.4%)
	Nr-AxSpA	0	1	0	0	01 (0.9%)
	AS	19	7	26	16	68 (64.1%)
	IBD associated arthritis	1	1	0	0	02 (1.9%)
	PsA	2	5	4	6	17 (16%)

$p < 0.001$

SD or $\pm$ Standard Deviation Undifferentiated SpA (USpA), Reactive Arthritis (ReA), Nonradiographic Axial SpA (Nr-AxSpA), (AS), Inflammatory Bowel Disease-Associated Arthritis (IBD), Psoriatic Arthritis (PsA)