read imaging. Only patients with complete data on diagnosis and imaging at baseline and 2 years were included.
Patients were labelled with a consistent axSpA diagnosis if they had a diagnosis of axSpA at baseline and at two-year follow-up. Those patients whose diagnosis switched from axSpA to no axSpA; or from no axSpA to axSpA were labelled inconsistent axSpA diagnosis.
Results: Over two years, in 295 patients with CBP the diagnostic consistency rate was 84%, of whom 184 patients (62%) had a diagnosis axSpA and 66 (22%) a diagnosis no axSpA at both timepoints. 26 patients changed from axSpA to no axSpA (9%) and 19 patients from no axSpA to axSpA (7%).
The patients who only had an axSpA diagnosis at baseline were more often male and less often HLA-B27 positive compared to the other two groups (Table). Furthermore, both groups with an inconsistent diagnosis had fewer SpA features and a lower level of confidence of the diagnosis (LoC) compared to the group with a consistent diagnosis of axSpA, especially at baseline.

Table 1. Characteristics at baseline and 2-year follow-up of the group with a consistent axSpA diagnosis over 2 years and the groups whose diagnosis (axSpA/no axSpA) changed

	Consistent diagnosis axSpA AxSpA at baseline and 2yrs *(N=184)*		Inconsistent diagnosis AxSpA at baseline only *(N=26)*		Inconsistent diagnosis AxSpA at 2yrs only *(N=19)*	
	Baseline	2-year	Baseline	2-year	Baseline	2-year
Female	45%		15%		42%	
Inflammatory Back Pain	69%	74%	69%	77%	68%	84%
HLA-B27 positive	75%	75%	27%	27%	68%	68%
Sacroiliitis radiographs*	27%	38%	0%	0%	5%	5%
Sacroiliitis MRI*	69%	81%	23%	27%	5%	21%
Number of SpA features, mean (SD)	5 (2)	7 (2)	3 (1)	5 (2)	3 (1)	5 (1)
LoC diagnosis axSpA/no axSpA, mean (SD)	8.1 (2.0)	8.6 (1.8)	5.8 (1.7)	7.5 (1.9)	5.6 (2.2)	6.1 (2.3)

* Based on local reading axSpA, axial Spondyloarthritis; HLA-B27, Human Leucocyte Antigen B27; LoC, Level of Confidence regarding diagnosis; MRI, Magnetic Resonance Imaging; SpA, Spondyloarthritis.

At two-year follow-up the LoC in the group with an axSpA diagnosis at 2 years only was much lower than in the other two groups. In the group that only had an axSpA diagnosis at baseline, the LoC regarding the diagnosis increased most compared to baseline: physicians were more certain of the diagnosis no axSpA at two-year follow-up than they were of the diagnosis axSpA at baseline.
The number of patients with sacroiliitis on radiographs and MRI was much higher in the group with a consistent diagnosis of axSpA. Although the percentage of patients with sacroiliitis on MRI increased in the group with a diagnosis of axSpA at two-year follow-up only, this was still much lower (21%) compared to the patients with a consistent diagnosis (81%). This was in line with a low LoC in this group.
Conclusion: In a cohort of patients with CBP suspected of axSpA the diagnostic consistency rate was high. Interestingly, in the group that only had a diagnosis axSpA at baseline, rheumatologists were more certain about the absence of axSpA at two years than the presence of axSpA at baseline.
REFERENCES:
[1] Rudwaleit et al. (2004). How to diagnose axial spondyloarthritis early. *Ann Rheum Dis*
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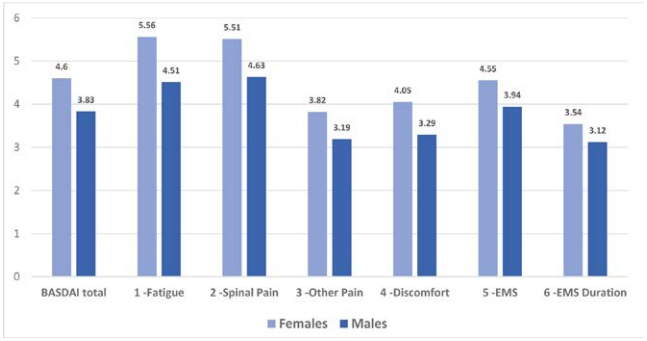
OP0051 LOOKING BEYOND BASDAI TOTAL SCORES: ANALYSIS OF THE BASDAI ON THE BASIS OF SEX

S. Maguire[1,2], P. Gallagher[3], F. B. O'shea[1,2]. [1]*St James' Hospital, Department of Rheumatology, Dublin, Ireland*; [2]*Trinity College Dublin, School of Medicine, Dublin, Ireland*; [3]*St Vincent's Hospital, Department of Rheumatology, Dublin, Ireland*

Background: Females with axial spondyloarthropathy (axSpA) average scores on patient reported outcomes (PROs) than males. However, this does not necessarily correlate to worse clinical findings. The Ankylosing Spondylitis Registry of Ireland (ARSI) is a national registry on patients with axSpA in Ireland and a source of epidemiological data.
Objectives: The purpose of this study was to compare the scores of each sex across the individual components of the BASDAI to understand why females report worse scores than males.
Methods: Analysis of the ASRI was preformed using IBM SPSS version 26. Patients were analyzed on the basis of gender. Comparison of baseline characteristics and mean BASMI, BASFI, HAQ and ASQoL were tested for significance using an independent two tailed t-test and a Mann Whitney U test. Mean total BASDAI score and mean score for each component of the BASDAI were compared and tested for significance with the same statistical tests. A chi-squared test for independence was used to determine significance in variation of HLA-B27 status and radiographic findings.
Results: A total of 857 patients were included in the analysis. Patient population was 24.9% (213) female and 75.1% (644) male with a mean age of 45.9 years and mean disease duration of 19.4 years (means: BASDAI 4.02, BASMI 4, BASFI 3.67, HAQ 0.53, ASQoL 6.48). Females had worse BASDAI(4.6 vs 3.83, p<0.01), HAQ(0.6 vs 0.51, p=0.03) and ASQoL scores (7.62 vs 6.12, p<0.01) than males. BASFI scores were worse in females which did not reach significance (3.89 vs 3.63, p=0.26). However, females had significantly better BASMI scores than males (3.51 vs 4.16, p<0.01). Within the BASDAI, females scored significantly worse than males across all components (Fatigue: 5.56 vs 4.51, p<0.01; Spinal pain: 5.51 vs 4.63, p<0.01; Other pain: 3.82 vs 3.19, p=0.01; Discomfort: 4.05 vs 3.29, p<0.01; EMS: 4.55 vs 3.94, p=0.01), however duration of EMS did not reach significance (3.54 vs 3.12, p=0.07)(graph 1). Within the BASDAI, females recorded highest mean scores for fatigue (5.56), while males recorded highest mean scores for spinal pain(4.63). Lowest mean scores for both genders was for EMS duration (3.54 vs 3.12). Ranking of the BASDAI components by mean scores show similarity in the ranking of discomfort, EMS, other pain and EMS duration(Table 1).



Graph 1. Breakdown of BASDAI scores in Females compared to Males

Table 1. Ranking in order of severity by mean score

	Females	Males
1 -most severe	Fatigue	Spinal pain
2	Spinal Pain	Fatigue
3	EMS	EMS
4	Discomfort	Discomfort
5	Other pain	Other pain
6 -least severe	EMS duration	EMS duration

Conclusion: AxSpA females have consistently worse PROs but have better spinal mobility than males. Despite females recording worse BASDAI scores than males, the pattern of active disease is similar in 4 of the 6 components of the BASDAI. However, fatigue is the most problematic symptom in females with active axSpA while spinal pain is the most problematic symptom for males. This variation by gender should be kept in consideration when evaluating a patient with suspected active axSpA.
References:
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OP0052 FACTORS ASSOCIATED WITH REMISSION AT 5 YEARS OF FOLLOW-UP IN EARLY ONSET AXIAL SPONDYLOARTHRITIS: RESULTS FROM THE DESIR COHORT

L. Pina Vegas[1,2], E. Sbidian[1,3,4], D. Wendling[5,6], P. Goupille[7], S. Ferkal[3,4], P. Le Corvoisier[4,8], B. Ghaleb[9], A. Luciani[10], P. Claudepierre[1,2]. [1]*Université Paris Est Créteil, EpiDermE, Créteil, France*; [2]*Hôpital Henri Mondor, Rhumatologie, Créteil, France*; [3]*Hôpital Henri Mondor, Dermatologie, Créteil, France*; [4]*Hôpital Henri Mondor, INSERM, Centre d'Investigation Clinique 1430, Créteil, France*; [5]*CHRU de Besançon, Rhumatologie, Besançon, France*; [6]*Université de Franche-Comté, EA 4266 « Agents pathogènes et inflammation », Besançon, France*; [7]*CHU de Tours, Rhumatologie, Tours, France*; [8]*Université Paris Est Créteil, Ecole Nationale*