Conclusion: Presence of HLA-B27 in pSpA patients was associated to a higher axial and root joint involvement, an earlier disease onset and presence of AAU, but not to PsA, psoriasis and IBD that were higher in HLA-B27 negative patients.

Table 1.

	HLA-B27+ (N = 118)		HLA-B27- (N = 168)		p
	N/mean	%/SD	N/mean	%/SD	
Obesity (BMI >30)	14	11,9%	44	26,3%	0,003
Men	65	55,1%	83	49,4%	0,344
Family history	44	37,3%	52	31,0%	0,265
Axial involvement	62	52,5%	42	25,0%	<0,001
Radiographic sacroiliitis	30	28,3%	25	16,8%	0,029
Psoriatic arthritis	23	19,5%	112	72,6%	<0,001
Reactive arthritis	5	4,2%	3	1,8%	0,229
IBD arthritis	1	0,9%	8	4,8%	0,098
Mono/oligoarticular pattern	59	54,6%	76	51,0%	0,566
Root joint involvement	52	44,1%	54	32,1%	0,04
Tarsitis	22	18,6%	16	9,5%	0,028
Enthesitis	62	52,5%	69	41,1%	0,056
Dactylitis	31	26,3%	51	30,4%	0,452
Peripheral structural damage	9	7,6%	41	24,4%	<0,001
Psoriasis	21	17,8%	125	74,4%	<0,001
AAU	21	17,8%	7	4,2%	<0,001
IBD	2	1,7%	13	7,7%	0,039
Fibromyalgia	15	13,2%	43	26,7%	0,008
Age (y)	42,7	14,8	52,2	13,4	<0,001
Age onset (y)	33,9	13,7	38,3	14,5	0,013
Dx delay (m)	4,7	8,2	7,7	9,8	0,009
Disease duration (y)	9,06	10,2	14,2	11,6	<0,001
BASDAI	3,9	2,2	4,4	2,4	0,06
CRP	16,9	25,1	12	27,3	0,148
ASDAS-CRP	2,7	1,2	2,7	1,1	0,876
AAU number of episodes	6,8	8,4	2,1	1,7	0,265

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POS0243

WHAT DOES REMISSION IN AXIAL SPONDYLOARTHRITIS MEAN FOR CLINICIANS? AN EXPLORATORY STUDY OF 200 FRENCH RHEUMATOLOGISTS BASED ON A VIGNETTE EXERCISE INCLUDING 36 CASES AND PRIORITY RATINGS

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Background: Treat-to-target in axial spondyloarthritis (axSpA) aims to achieve and maintain clinical remission/inactive disease or alternatively, low disease activity [1]. However, there is no consensual definition of remission in axSpA: the T2T international task force has proposed Ankylosing Spondylitis Disease Activity Score (ASDAS) inactive disease, but this definition is not widely accepted [1, 2].

Objectives: To explore rheumatologists' perception of remission in axSpA, using vignette cases and a priority exercise.

Methods: A steering group of 7 rheumatologists designed a national cross-sectional survey during two face-to-face meetings in 2019-2020. The survey comprised 36 vignette cases: fixed elements included the clinical picture (34 year-old-male with confirmed axSpA, normal C-reactive protein (CRP), without synovitis, enthesitis, dactylitis or extra-articular manifestations) and there were 3 varying parameters (axial pain (0-10) [ranging 2 to 5], fatigue (0-10) [2 to 8], and morning stiffness [<15 minutes, 30 minutes or 1 hour]). For each vignette, the rheumatologist answered binarily: "do you consider this patient in remission: yes/no". The second part of the survey comprised a priority rating (0-10 priority and 4

top items) of elements important to consider for remission, from a list of 12 items (BASDAI, ASDAS, elements of BASDAI and ASDAS including CRP, NSAIDs use, extra-articular manifestations, and other explanations for the symptoms e.g., fibromyalgia). The analysis was descriptive.

Results: Overall, 200 French rheumatologists participated between June and September 2020. Out of 2,400 vignette evaluations (mean of 66 evaluations per vignette), 463 (19%) were classified as remission by rheumatologists. Six vignette cases constituted 56% of all remission cases (Figure 1): these comprised a short duration of morning stiffness (<15 minutes), a low VAS axial pain (2 or 3) but with varying levels of VAS fatigue. When the duration of morning stiffness increased from 15 to 30 minutes and VAS axial pain increased from 2-3 to 4-5 independently, classification as remission decreased from 42% to 12% and from 28-33% to 5-11%, respectively. However, when VAS fatigue increased, it impacted less remission.

In priority ratings, 4 items were selected as important by 68-75% of rheumatologists: morning stiffness and axial pain (both included in the vignettes), as well as extra-articular manifestations and NSAID use, whereas only 18% selected fatigue. BASDAI was cited as the 1st priority criteria by 24% of rheumatologists and ASDAS as the 2nd by 16% of rheumatologists.

Figure 1. Frequencies of the declared remission states by rheumatologists for each of the 36 vignette cases

Conclusion: Morning stiffness, axial pain, NSAIDs use, and extra-articular manifestations seem to impact the physicians' perception of remission in axSpA, whereas fatigue has less impact on remission for rheumatologists. Consensus is needed on remission in axSpA.

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POS0244

PATIENT JOURNEY WITH AXIAL SPONDYLOARTHRITIS: CRITICAL ISSUES FROM THE PATIENT PERSPECTIVE. RESULTS FROM THE EUROPEAN MAP OF AXIAL SPONDYLOARTHRITIS (EMAS)

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