Background: The journey of axial spondyloarthritis (axSpA) for most patients is slow and arduous.

Objectives: The goal of this analysis is to describe the journey to diagnosis and further management in axSpA patients.

Methods: 2,846 unselected patients participated in EMAS, a cross-sectional study (2017-2018) across 13 European countries. Descriptive analysis of socio-demographic factors, insurance scheme, diagnostic journey and post diagnosis healthcare utilization was performed. Mann-Whitney test was used to analyse possible differences between BASDAI (>4 v ≤ 4) and the number of visits to healthcare professionals and follow-up tests undertaken.

Results: Mean age was 43.9 years, 61.3% were female, 48.1% university educated, 67.9% married, 53.9% employed and 81.7% had public health insurance. Mean age at symptoms onset was 26.6 (11.1), while mean age at diagnosis was 33.7 (11.5) and mean diagnostic delay was 7.4 years. Over 50% had a diagnostic delay of ≥ 4 years. Prior to receiving a diagnosis, patients visited on average 2.6 specialists. The most commonly performed diagnostic tests were x-rays (72.3%), HLA B27 tests (65.4%) and MRIs (64.3%). 78.4% were diagnosed by a rheumatologist while 14.9% received their diagnosis by a GP. Patients who experienced a diagnostic delay of more than a year ($n=2,208$) undertook a considerable number of visits to specialists and medical tests in the year prior to participating in EMAS, which increased with disease activity. Patients with active disease (BASDAI >4) reported a higher number of visits to rheumatologists (3.7 ± 3.5 vs 2.9 ± 2.6), general practitioners (6.6 ± 10.0 vs 3.5 ± 4.1), physiotherapists (19.3 ± 25.0 vs 11.7 ± 17.0), and psychologists/psychiatrists (3.4 ± 10.7 vs 1.9 ± 7.7). Patients with active disease also undertook more x-rays (1.8 ± 2.8 vs 1.3 ± 1.9), MRI scans (0.9 ± 1.2 vs 0.6 ± 1.1), and blood tests (4.7 ± 4.4 vs 3.6 ± 3.2). However, one in five patients visited the rheumatologist only once in the year prior to EMAS (21.1%).

Conclusion: Diagnostic delay continues to be a key challenge in the axSpA patient journey, with patients waiting an average of 7.4 years and visiting multiple doctors prior to diagnosis. Once diagnosed, disease management presents a further challenge, as patients with higher disease activity reported more healthcare professional visits as well as medical tests. Safeguarding health and controlling healthcare utilization requires effective disease management, greater education for non-specialists, rapid referral routes for diagnosis and collaborative care between specialists and non-specialists.

Figure 1. axSpA Patient journey according to EMAS

Acknowledgements: This study was supported by Novartis Pharma AG. The authors would like to thank all participants who participated in this study.

Disclosure of Interests: Marco Garrido-Cumbrera: None declared, Denis Podubnyy Consultant of: Abbvie, BMS, Celgene, Janssen, Lilly, MSD, Novartis, Pfizer, Roche, and UCB, Grant/research support from: Abbvie, MSD, Novartis and Pfizer, Christine Bundy Consultant of: Abbvie, Celgene, Janssen, Lilly, Novartis, and Pfizer, Laura Christen Employee of: Novartis Pharma AG, Raj Mahapatra: None declared, Souzi Makri: None declared, Carlos Jesús Delgado-Domínguez: None declared, Sergio Sanz-Gómez: None declared, Pedro Plazuelo-Ramos: None declared, Victoria Navarro-Compán Grant/research support from: Abbvie, BMS, Lilly, MSD, Novartis, Pfizer, Roche, and UCB

DOI: 10.1136/annrheumdis-2021-eular.2426

POS0245

PERFORMANCE OF STANDARDIZED SCORES FOR DISEASE ASSESSMENT AND PAIN IN PATIENTS WITH SPONDYLOARTHRITIS AND FIBROMYALGIA

X. Baraliakos¹, S. Tsiampi¹, P. Dukatz¹, M. C. Gkelaki¹, U. Kiltz¹, J. Braun¹. ¹Ruhr-University Bochum, Rheumazentrum Ruhrgebiet, Herne, Germany

Background: The pathogenesis of spondyloarthritis (SpA) including axial SpA (axSpA) and psoriatic arthritis (PsA) differs from fibromyalgia (FM). However, symptoms partially overlap and both patient groups suffer from pain and stiffness. In addition, SpA patients may also develop a secondary form of FM. Classification criteria for SpA and diagnostic criteria for FM are used to differentiate between these subsets. Patient reported outcomes (PRO) often generated by questionnaires are used to assess severity and other disease features.

Objectives: To study whether PROs developed for axSpA, PsA, and related physician-based information behave in a similar way in patients diagnosed with FM without an additional chronic inflammatory rheumatic disease (CIRD) as in patients with a primary diagnosis of SpA without or with secondary FM.

Methods: Patients were consecutively recruited. The main inclusion criterion was a clinical diagnosis of FM (without CIRD), axSpA or PsA (without or with secondary FM) and the indication for a treatment adaptation (escalation or change within the same class) for any reason, based on the judgement of experienced rheumatologists. Standardized assessment tools and lab parameters (BASDAI, ASDAS-CRP, DAPSA, patient's and global assessment (NRS), CRP, BASFI, Fibromyalgia Impact questionnaire (FIQ), Leeds Enthesitis Index (LEI), Maastricht Ankylosing Spondylitis (MASES) and SpA Research Consortium of Canada (SPARCC) Enthesitis Score were assessed and compared between subgroups.

Results: The baseline demographics of 300 recruited patients (100 FM, 100 axSpA and 100 PsA) are shown in Table 1. All patients with FM (primary or secondary to SpA) showed the highest scores in almost all assessments, and this was independent of the main diagnosis (Table 2). In comparison, patients with axSpA or PsA without secondary FM showed significantly lower scores in all PROs as compared to those with primary and secondary FM, with exception of (i) scores of ASDAS-CRP and (ii) duration of morning stiffness (Question 6 of BASDAI), which were not affected by the presence of secondary FM (Table 2).

Conclusion: Secondary FM is leading to significantly higher levels of SpA-specific scores. ASDAS-CRP was the only score that was not influenced by the presence of secondary FM in patients with axSpA even though it was also increased in patients with primary FM, while similar results were found for the duration but not the level of morning stiffness. On the other hand, FM-specific questionnaires also showed high scores in patients with axSpA and PsA with concomitant FM but not in those without.

Table 1. Baseline characteristics of all diagnosis subtypes and comparison (p-values) to primary FM diagnosis. '+': diagnosis with concomitant FM, '-': diagnosis without concomitant FM

Table 1	FM	axSpA-	p-value	axSpA+	p-value	PsA-	p-value	PsA+	p-value
Age	56.4±10.2	53.5±14.2	0.086	48.7±13.5	0.026	56.0±13.2	<0.001	58.5±10.4	0.962
Male	2%	67%	<0.001	0%	---	38%	<0.001	6%	0.322
HLA B27 pos.	0%	84%	---	71%	---	16%	---	50%	---
CRP (mg/dl)	0.3±0.5	1.1±2.1	0.001	0.5±0.3	0.035	1.4±3.0	0.001	0.5±0.5	0.031
NRS pain	7.5±1.6	6.1±2.4	<0.001	7.7±1.8	0.768	6.4±2.2	<0.001	7.3±1.1	0.223

Table 2. Mean values (±standard deviation) of the assessed disease-specific indices and comparison (p-values) to primary FM diagnosis.

Table 2	FM	axSpA-	p-value	axSpA+	p-value	PsA-	p-value	PsA+	p-value
BASDAI	6.9±1.4	5.2±2.0	<0.001	6.9±1.4	0.858	---	---	---	---
BASDAI Q1: Fatigue	7.4±1.9	5.7±2.6	<0.001	7.8±1.2	0.667	---	---	---	---
ASDAS-CRP	3.3±0.6	3.1±1.0	0.086	3.7±1.2	0.208	---	---	---	---
BASFI	6.4±2.1	5.4±2.5	0.005	7.1±1.8	0.41	---	---	---	---
DAPSA	43.0±17.8	---	---	---	---	32.0±18.6	<0.001	46.5±19.7	0.37
FIQ	66.5±13.5	53.9±21.2	<0.001	72.3±13.7	0.352	57.2±18.3	<0.001	68.5±11.6	0.978
LEI	4.0±1.6	1.5±1.7	<0.001	3.3±1.4	0.179	2.4±2.0	<0.001	3.6±2.0	0.625
MASES	8.6±3.0	3.4±3.3	<0.001	8.2±2.9	0.642	4.2±3.8	<0.001	7.1±3.6	0.101
SPARCC	9.4±3.4	3.5±3.4	<0.001	7.7±3.8	0.139	5.1±3.7	<0.001	8.1±3.9	0.412

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3139

Clinical vasculitis

POS0246

THE WORLDWIDE INCIDENCE AND PREVALENCE OF ANCA VASCULITIS: A SYSTEMATIC REVIEW AND META-ANALYSIS OF EPIDEMIOLOGICAL STUDIES

R. Redondo Rodríguez¹, N. Mena-Vázquez¹, A. M. Cabezas-Lucena¹, F. Godoy-Navarrete¹, M. Morales-Águila¹, S. Manrique Arijá¹. ¹Instituto de Investigación