Results: There were 93 patients, 47 with radiographic sacroiliitis (RSPA) and 46 patients without but all - these 46 - had magnetic sacroiliitis. This population is Afro-Caribbean for 98%. Mean age at onset of clinical signs is 38.5 ± 15.0 years and median age is 37.0 (13-77). An evocative family history is noted in 37%. All these 93 patients suffer from rachialgia.

But the axial complaint is often secondary to the peripheral involvement. 3 patients have a mechanical spinal complaint. All the others have intermittent inflammatory complaint evolving by flares affecting all the spinal stages. 15/93 patients have isolated axial complain without peripheral disease. Enthesopathies are seen in 70%.

Peripheral inflammatory joint complain is observed in 78 patients (84%), it is a bilateral and symmetrical chronic polyarticular pattern affecting (70/78) the small joints of the hands, forefeet and wrists. Ankle bi-arthritis is almost systematic and is observed in 71/78 patients; 8 patients with RSPA had no polyarthritis but oligo (6) or monoarthritis (2). Peripheral inflammatory joint is more frequent in NRSPA than in RSPA (98% vs 70%). Ultrasound individualises grade II synovitis (78/78), rarely with a Doppler effect (5/78). On average, more painful and swollen joints are observed in NRSPA than in RSPA. Extra articular and immunological aspects and activity scores are in table 1.

Good sensitivity of peripheral arthritis to NSAIDs and MTX is noted in 94 and 91%.

Conclusion: NRSPA are not uncommon in the Afro-Caribbean population, but are distinct from Caucasian SpA by several points: female predominance, rarity of B27 and syndesmophytes, frequency of polyalgic pattern, frequency of peripheral arthritis, rarity of extra-articular manifestations, more frequent but less marked inflammation, good response of arthritis to NSAIDs and MTX. Appropriate classification criteria for Afro-descendant populations is an urgent unmet need.

REFERENCES:

[1] (López-Medina C, et al. RMD Open 2019;5:e001108).

Table 1. Extra articular manifestations, activity scores and immunological aspects of the patients.

Item	Results (%) NRSPA n=46	Results (%) RSPA n=47
Dactylitis	11 (23 %)	13 (27 %)
Uvéitis	5 (11 %) (p 0.02)	15 (32%)
Psoriasis	1 (2 %)	1 (2 %)
IBD	4 (9 %) (p 0.02)	10 (21 %)
Balanitis	0	0
Non gonococcal urethritis	0	0
Non gonococcal cervicitis	0	0
High CRP (at least 2 measure)	21 (45%) (p 0.03)	30 (63%)
Mean CRP mg/l	6 ± 4	17 ± 7
BASDAI	4.1 ± 0.2	4 ± 0.2
EVA pain	4.5 ± 0.4	4.5 ± 0.2
HAQ	0.6 ± 0.3	0.5 ± 0.2
EVA Global	4.9 ± 0.8	4.8 ± 0.8
EVA Spine	5 ± 0.5	4.1 ± 0.9
FIRST score >5	5 / 46 patients (10.9%)	6 / 47 patients (12.5%)
HLA B27 presence	4/46 (8.7%) (p 0.01)	14/47 (29.8%)
Sexe	male 10 (21.3%) (p 0.001)	male 19 (51.3%)
ACPA	0	0
Latex Waaler-Rose	1 (low titer, > 65 years)	1 (low titer, > 65 years)
ANA	2 (low titer, < 1/320°)	3 (low titer, < 1/320°)

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.260

POS0946

DISTRIBUTION OF COMORBIDITIES IN SPONDYLOARTHRITIS WITH REGARD TO THE PHENOTYPE AND THE PRESENCE OF PSORIASIS: DATA FROM THE ASAS-COMOSPA STUDY

M. Á. Puche Larrubia¹, M. L. Ladehesa Pineda¹, F. U. Pilar², A. Moltó³, C. López-Medina^{1,3}, E. Collantes-Estevez¹. ¹Reina Sofía University Hospital, Rheumatology, Córdoba, Spain; ²University of Cordoba, Rheumatology, Córdoba, Spain; ³Cochin Hospital, Rheumatology, Paris, France

Background: Comorbidities have been reported to be more prevalent in patients with Spondyloarthritis (SpA) compared to the general population. Previous studies have suggested that patients with peripheral phenotypes exhibit a higher prevalence of traditional cardiovascular risk (CV) factors compared to those with a predominantly axial phenotype. However, the role of psoriasis in such differences has not been deeply studied.

Objectives: To compare the prevalence of comorbidities (CV, malignancies and osteoporosis (vertebral or peripheral fracture, or low bone mineral density)) between patients with axial and peripheral phenotypes and to evaluate the role of psoriasis in such comorbidities in the whole spectrum of SpA (including psoriatic arthritis).

Methods: Patients from the cross-sectional ASAS-COMOSPA study were classified as having either axial (presence of sacroiliitis on x-ray or MRI) or peripheral phenotype (absence of sacroiliitis AND presence of arthritis, enthesitis or dactylitis). Patients with each phenotype were divided into two groups depending on the presence or history of psoriasis. Pair-wise comparisons among the four groups (axial and peripheral with psoriasis/without psoriasis phenotypes) were conducted through univariate logistic regressions and generalized linear mixed models using disease duration and country as fixed and random effects, respectively. Multivariate analysis using were used to evaluate whether psoriasis and the phenotype are independently associated with each comorbidity.

Results: A total of 3291 patients were included in this analysis (mean age 43.6 years, 65% males). The peripheral phenotype with psoriasis showed the highest prevalence of hypertension (44.9%), dyslipidaemia (34%) and diabetes (8.8%), while axial phenotype without psoriasis exhibited the lowest prevalence of dyslipidaemia (14.2%), diabetes (4.1%) and stroke (0.9%) (Table 1). Among patients with psoriasis, the axial phenotype showed a significantly [OR, 95%CI] lower prevalence of hypertension [OR 0.5, 0.4-0.8] and lower Framingham score [OR 0.97, 0.95-0.99] compared to peripheral patients even after adjusting for disease duration and country. Among patients with axial phenotype, patients with psoriasis showed higher prevalence of hypertension [OR 1.8, 1.4-2.2], dyslipidaemia [OR 2.0, 1.7-2.5], diabetes [OR 2.1, 1.4-3.0] and Framingham score [OR 1.0, 1.0-1.1] than non-psoriatic patients. Multivariate analysis confirmed that hypertension, dyslipidaemia and the Framingham score are independently associated with both the psoriasis and the peripheral phenotype.

Prostatic cancer and colon cancer were independently associated with the presence of psoriasis but not with the phenotype. No differences were found across groups concerning osteoporosis.

Conclusion: Both a peripheral phenotype and the presence of psoriasis were independently associated with an increased CV risk. Psoriasis seems to be associated with a higher prevalence of some malignant diseases, while osteoporosis do not seem to be associated with either phenotype or the presence of cutaneous involvement.

Table 1. Description of comorbidities across the four groups.

	Psoriatic axial N = 460 n (%)	Non-psoriatic axial N = 2541 n (%)	Psoriatic peripheral N = 147 n (%)	Non-psoriatic peripheral N = 136 n (%)	p-value*
BMI, mean (SD)	27.4 (5.5)	25.5 (5.5)	27.3 (5.7)	26.6 (5.3)	<0.001
Hypertension	135 (29.5)	487 (19.2)	66 (44.9)	25 (18.4)	<0.001
Dyslipidemia	113 (24.8)	359 (14.2)	50 (34)	23 (17)	<0.001
Diabetes	37 (8.1)	104 (4.1)	13 (8.8)	7 (5.2)	<0.001
Ischemic heart disease	16 (3.5)	51 (2)	5 (3.4)	2 (1.5)	0.162
Stroke	11 (2.4)	22 (0.9)	3 (2)	2 (1.5)	0.028
Framingham score, mean (SD)	9.6 (8.7)	6.6 (7.5)	11.8 (8.8)	5.8 (6)	<0.001
Prostatic cancer	5 (1.8)	5 (0.3)	0 (0)	0 (0)	0.006
Breast cancer	1 (7)	3 (0.4)	1 (1.4)	0 (0)	0.181
Colon cancer	4 (0.9)	4 (0.2)	1 (0.7)	1 (0.7)	0.046
Basal cell carcinoma	6 (1.3)	9 (0.4)	1 (0.7)	4 (3)	<0.001
Lymphoma	0 (0)	4 (0.2)	3 (2)	0 (0)	<0.001

*ANOVA or chi-square for continuous and qualitative variables, respectively.

Acknowledgements: This study was conducted under the umbrella of the International Society for Spondyloarthritis Assessment (ASAS).

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.306

POS0947

PSORIATIC ARTHRITIS WITH HYPERURICEMIA: MORE PERIPHERAL, DESTRUCTIVE AND CHALLENGING TO TREAT

L. Widawski¹, T. Fabacher², J. E. Gottenberg³, L. Spielmann¹, P. M. Duret¹, J. Sibilia³, L. Messer¹, R. Felten³. ¹Hôpitaux Civils de Colmar, Rheumatology, Colmar, France; ²Nouvel Hôpital Civil - Hôpitaux Universitaires de Strasbourg, Epidemiology and Public Health, Strasbourg,