intra-articular gas and diffuse idiopathic skeletal hyperostosis (DISH) lesions for each region. Quantitative variables are expressed as mean $\pm$ standard deviation, qualitative variables as numbers and percentages. Wilcoxon rank-sum test was used to determine factors associated with a higher CT score.

Results: A total of 66 patients were included. Mean (SD) age was 65.10 ± 10.59 with a mean (SD) duration of disease of 22.87 ± 14.95 years. 60.29% were male, and 87.04 % were HLA-B27 positive. 40.30% had a bamboo spine. CT findings are described in Table 1. The vast majority of patients have a positive JSN score but significant erosions are found in only a minority of cases. This is partly explained by the fact that 55.9% of the patients had at least one complete bilateral ankylosis (and therefore no erosions) on one of the three slices studied. Bilateral ankylosis was associated with a longer duration of disease ($p < 0.001$) and presence of bamboo spine ($p < 0.001$). Also noteworthy is the low proportion of DISH compared to the general population in this age group, which is 15-25%. Factors associated with a higher total CT score were male sex ($p = 0.017$), longer duration of disease ($p < 0.001$), tobacco use ($p = 0.033$), presence of bamboo spine ($p = 0.004$), absence of DISH ($p = 0.045$) and absence of intra-articular gas ($p < 0.001$). The distribution of lesions appeared to be homogenous over all 24 regions studied (Figure 1).

Conclusion: CT findings in AS patients over 50 years of age are mostly represented by changes in joint space, with bilateral ankylosis present in half of the patients. AS appears to be a protective factor for DISH.

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Table 1. Sacro-iliac CT findings using a score modified from Diekhoff et al.

Mean total score (range 0-108)	70.36 $\pm$ 38.90
Presence of joint space narrowing	58 (85.29 %)
Presence of erosion	20 (29.41 %)
Presence of sclerosis	15 (22.06 %)
Presence of Intra-articular gas	22 (32.35 %)
Presence of DISH	3 (4.41 %)

Figure 1. Mean scores per region in the anterior, central and posterior SI slices (JSN: joint space narrowing (0-4), Ero: erosions (0-3), Scl: sclerosis (0-2)).

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POS0968

ARE THERE CLUES FOR THE SCREENING OF SPONDYLOARTHRITIS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASES?

B. Farisoğulları¹, O. Keskin², B. Usta³, G. K. Yardımcı¹, E. Parlak², T. Kav², O. Karadağ¹, U. Kalyoncu¹. ¹Hacettepe University, Faculty of Medicine, Department of Internal Medicine, Division of Rheumatology, Ankara, Turkey; ²Hacettepe University, Faculty of Medicine, Department of Internal Medicine, Division of Gastroenterology, Ankara, Turkey; ³Hacettepe University, Faculty of Medicine, Department of Internal Medicine, Ankara, Turkey

Background: SpA is the most frequent extra-intestinal manifestation in patients with IBD (1). Questioning IBD patients in terms of SpA and referring patients to the rheumatology clinic is important for early diagnosis and treatment management.

Objectives: We aimed to diagnose SpA early by using the DETAIL questionnaire to IBD patients and to compare it with the study validated for each question (2).

Methods: In the Hacettepe University Gastroenterology Clinic, patients with IBD were questioned for musculoskeletal symptoms between March 2019 and September 2020. For this purpose, a validated DETAIL questionnaire consisting of 6 questions was asked. Patients with at least 1 positive out of 6 questions were consulted in the rheumatology clinic, and patients were evaluated for SpA by physical examination, laboratory, and imaging. For each question in the detection of arthritis in inflammatory bowel diseases (DETAIL) questionnaire, sensitivity, specificity, positive predictive value, negative predictive value, and likelihood ratio (LR) were calculated.

Results: 217 IBD patients were included in the study. Twenty patients with previously known rheumatologic diseases were excluded from the study. 49 (24%) of the remaining 197 patients had a positive answer to at least one question in the DETAIL query. 39 (20%) of these patients were evaluated in the rheumatology clinic, and 16 (8.1%) of them were diagnosed with SpA (spondylitis: 9, peripheral arthritis: 7) (Figure 1). In the DETAIL questionnaire, two patients answered 5/6 yes, five patients answered 4/6 yes, eleven patients answered 3/6 yes, ten patients answered 2/6 yes, and eleven patients answered 1/6 yes. In the six items of DETAIL, the best performances in discriminating patients affected by SpA were found in the second and fourth questions (LR + 2.9 and 1.57, respectively) (Table 1).

Conclusion: 41% of IBD patients who answered yes to at least one question in the DETAIL questionnaire were diagnosed with SpA. Especially those with sausage fingers or low back pain for at least 3 months seem more likely probability to be diagnosed with SpA. Unlike the validated study, the probability of having diagnosis of SpA was not observed in questions five and six, which questioning the inflammatory back pain parameters. The DETAIL questionnaire may be used as a useful screening tool for the detection of SpA.

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Figure 1. Flow chart of IBD patients in the study

Table 1. Sensitivity, specificity, positive and negative predictive values, likelihood ratios of the DETAIL questionnaire both in our study and in the other study

DETAIL questionnaire													
Questions	Sensitivity (%)		Specificity (%)		Positive predictive value (%)		Negative predictive value (%)		Positive likelihood ratio		Negative likelihood ratio		
	Current study	Other study	Current study	Other study	Current study	Other study	Current study	Other study	Current study	Other study	Current study	Other study	
1. Have you ever had a finger or a toe and/or another joint swollen and painful for no apparent reason?	68.8	69.6	34.8	67.7	42.3	41	61.5	87.3	1.05	2.16	0.9	0.45	
2. Occasionally, has an entire finger or toe becomes swollen, making it look like a 'sausage'?	12.5	27.4	95.7	89.2	66.7	45.1	61.1	79.2	2.9	2.55	0.91	0.81	
3. Have you had pain in your heels?	43.6	45.1	56.5	86.3	41.2	51.6	59.1	82.9	1.01	3.3	0.99	0.64	
4. Have you ever had back pain lasting at least 3 months that was not injury related?	75	77.4	52.2	73.4	52.2	48.4	75	90.9	1.57	2.9	0.48	0.31	
5. Do you have low back pain in the morning and/or after resting that improves with exercise?	43.6	82.3	56.5	67.7	41.2	45.1	59.1	92.2	1.01	2.5	0.99	0.26	
6. Do you wake up at night because of low back pain?	18.8	54.9	78.3	85.4	37.5	54.9	58.1	85.4	0.87	3.7	1.04	0.53	

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POS0969

UNVEILING AXIAL INVOLVEMENT IN PSORIATIC ARTHRITIS: AN ANCILLARY ANALYSIS OF THE ASAS-PerSpA STUDY

D. Benavent¹, C. Plasencia¹, D. Poddubnyy², M. Kishimoto³, F. Proft², H. Sawada⁴, C. López-Medina^{5,6}, M. Dougados^{5,7}, V. Navarro-Compán¹.

¹Hospital Universitario la Paz-IdiPaz, Rheumatology Service, Madrid, Spain; ²Charité Universitätsmedizin Berlin, Department of Gastroenterology, Infectiology and Rheumatology, Berlin, Germany; ³Kyōrin University School of Medicine, Department of Nephrology and Rheumatology, Tokyo, Japan; ⁴Juntendo University School of Medicine, Department of Internal Medicine and Rheumatology, Tokyo, Japan; ⁵Hôpital Cochin. Assistance Publique- Hôpitaux de Paris, Rheumatology Department, Paris, France; ⁶Reina Sofia University Hospital, IMIBIC, University of Córdoba, Rheumatology Department, Córdoba, Spain; ⁷INSERM U1153, Clinical Epidemiology and Biostatistics, Paris, France

Background: Heterogeneity in psoriatic arthritis (PsA) is a current matter of discussion, especially concerning axial involvement.

Objectives: To determine the profile of axial PsA (axPsA) in a worldwide setting. Secondly, to identify predictive factors associated with the development of axial involvement in patients with PsA.

Methods: Data from 3684 patients with axial spondyloarthritis (axSpA) or PsA from the ASAS-PerSpA study were analysed. The ASAS-PerSpA is an observational, cross-sectional study that recruited consecutive patients with SpA from 68 centers worldwide. For this analysis, 367 PsA patients ever presenting axial involvement according to their rheumatologist were defined as axPsA and compared with 2651 axSpA patients, using logistic regression to later identify predictive factors for rheumatologist diagnosis of axPsA. In addition, the axPsA patients were also compared with 666 PsA patients without axial involvement (pPsA) and the characteristics associated with axial manifestations were determined by logistic regression analysis.

Results: Among all patients, 2651 were identified as axSpA and 1033 patients as PsA. Among those with axial involvement, 2651 were identified as axSpA (100% of axSpA) and 367 as axPsA (35.5 % of PsA). In comparison with axSpA, axPsA patients were less frequently males, older, less frequently HLA-B27 positive and had a higher body mass index (Table 1). Additionally, while patients with axPsA had more peripheral manifestations and psoriasis, concomitant IBD and uveitis were higher in axSpA. In the multivariable analysis, older age at diagnosis (OR= 1.04), peripheral arthritis (OR= 7.32) and dactylitis (OR= 2.82) were significantly associated with a diagnosis of axPsA. However, uveitis (OR= 0.22), IBD (OR= 0.12) or HLA-B27 carriage (OR= 0.26) were inversely associated with axPsA diagnosis as compared to axSpA. Furthermore, axial involvement in patients with PsA was significantly associated with male gender (OR= 1.68), elevated CRP (OR= 2.87), and the absence of psoriasis (OR= 0.33).

Conclusion: In this worldwide setting, axPsA was defined by rheumatologists as a unique phenotype, with disease features lying between axSpA and pure pPsA. Male gender, elevated CRP and the absence of psoriasis were associated with axial involvement in patients with PsA.

Table 1. Demographic and disease characteristics of patients with axial involvement included in the ASAS PerSpA study. Results shown as absolute numbers (percentages) or as the mean ± standard deviation

	axSpA n= 2651	axPsA n= 367	p-value
Sex (male)	1816 (68.5)	196 (53.4)	<0.001
Age at study visit	42.1 (13.0)	50.0 (12.7)	<0.001
Body Mass Index	25.9 (5.1)	27.4 (5.7)	<0.001
Family history of SpA	944 (35.6)	135 (36.8)	0.684
Past history or current symptoms of back pain	2625 (99.0)	358 (97.5)	0.04
Inflammatory back pain (ASAS definition), n/N(%)	2500/2632 (94.9)	317/362 (87.6)	<0.001
Sacroiliitis on imaging, n/N (%) by:			
xRay mNY criteria	1997/2586 (77.2)	185/298 (62.1)	<0.001
MRI-SIJ, ASAS definition	1449/1757 (82.4)	141/225 (62.6)	<0.001
mNY criteria or ASAS definition	2446/2634 (92.9)	243/339 (71.7)	<0.001
HLA B27 positive	1674 /2126 (78.7)	54/182 (29.6)	<0.001
Elevated CRP (>5 mg/dL)	1863/2569 (72.5)	274/356 (76.9)	0.2
Classification criteria			
ASAS criteria	2339 (88.2)	185 (50.4)	<0.001
CASPAR criteria	123 (4.6)	274 (74.4)	<0.001
Peripheral Arthritis	946 (35.7)	318 (86.6)	<0.001
Enthesitis	1086 (41.0)	198 (54.0)	<0.001
Dactylitis	155 (5.8)	125 (34.1)	<0.001
Psoriasis	185 (7.0)	324 (88.3)	<0.001
IBD	129 (4.9)	3 (0.8)	<0.001
Uveitis	576 (21.7)	13 (3.5)	<0.001
csDMARD (ever)	1359 (51.3)	339 (92.4)	<0.001
bDMARD (ever)	1585 (59.8)	263 (71.7)	<0.001
Specific drug for axial involvement			
NSAIDs	2465 (98.6)	317 (96.1)	0.002
csDMARD	828 (33.1)	187 (56.7)	<0.001
bDMARD	1288 (51.5)	180 (54.4)	0.32

axSpA: axial spondyloarthritis; axPsA: axial psoriatic arthritis; IBD: Inflammatory Bowel Disease; CRP: C-Reactive Protein; mNY: modified New York; csDMARDs: conventional synthetic DMARDs; bDMARDs: biological DMARDs; NSAID: Non-steroidal anti-inflammatory drugs

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