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POS0970

ASSESSMENT OF THE ASSOCIATION BETWEEN ESTIMATED CARDIOVASCULAR RISK AND MASEI INDEX IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS

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Background: It has been shown that the cardiovascular risk (CV) in spondyloarthritis (SpA) patients is higher than that of the general population. Furthermore, an association has recently been described between structural damage at the axial level and an increase in estimated CV risk¹.

Objectives: To evaluate the association between the estimated cardiovascular risk (CV) and the presence of subclinical atherosclerosis with the MASEI index (Madrid Sonographic Enthesis Index) in patients with axial spondyloarthritis (Ax-SpA) as an expression of peripheral enthesitis.

Methods: Cross-sectional study performed in 103 patients with ax-SpA from the Córdoba AxSpA Task force, Registry and Outcomes (CASTRO), in which patients undergoing treatment with biological therapy and with a previous history of CV event were excluded. Clinical data, disease activity data and factors related to CV risk were collected, as well as the presence of persistently elevated CRP levels in the five years prior to the study visit. The SCORE index was calculated, as well as the thickness of the carotid intima media (CIMT) and the MASEI index, both measured by ultrasound. The association between MASEI-SCORE and MASEI-atheroma plaques was evaluated using generalized linear models (GLM), adjusted for time of evolution of the disease, disease activity and smoking.

Results: Of the patients included, 35 were men (34.0%), with a mean age of 45.2 (±12.1) years and time of evolution of the disease of 18.5 (±13.0) years. The mean MASEI score was 13.6 (±9.1), and the mean SCORE score was 8.1 (±8.9). The GLM regressions showed that the MASEI was independently associated with the SCORE (coefficient β 0.22; 95% CI 0.02-0.43) adjusted for the duration of the disease, smoking, and the presence of persistent CRP (Table 1A). The MASEI index was also significantly associated with the CIMT, although these differences disappeared when the model was adjusted for other factors (Table 1B).

Table 1. A. Association between MASEI and SCORE adjusting for disease duration, smoking status and CRP.

Crude model		Adjusted for disease duration		Adjusted for disease duration and smoking		Adjusted for disease duration, smoking and CRP		
β coef- ficient (95%CI)	p-value	β coef- ficient (95%CI)	p-value	β coef- ficient (95%CI)	p-value	β coef- ficient (95%CI)	p-value	
MASEI	0.37 (0.20-0.55)	<0.001	0.25 (0.08-0.42)	0.006	0.25 (0.09-0.42)	0.004	0.22 (0.02-0.43)	0.039

Conclusion: In patients with ax-SpA, peripheral enthetic damage measured by the MASEI index is associated with an increase in estimated CV risk independently of the time of evolution, smoking and levels of CRP.

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Table 1. B. Association between MASEI and intima media thickness (IMT) adjusting for disease duration, smoking status and CRP.

Crude model		Adjusted for disease duration		Adjusted for disease duration and smoking		Adjusted for disease duration, smoking and CRP		
β coefficient (95%CI)	p-value	β coefficient (95%CI)	p-value	β coefficient (95%CI)	p-value	β coefficient (95%CI)	p-value	
MASEI	0.01 (0.00-0.01)	0.041	0.003 (-0.01-0.004)	0.178	0.002 (-0.001-0.004)	0.149	0.002 (-0.001-0.005)	0.226

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POS0971

HOW DO CLINICAL AND SOCIOECONOMIC FACTORS IMPACT ON WORK DISABILITY IN EARLY AXIAL SPONDYLOARTHRITIS? FIVE-YEAR DATA FROM THE DESIR COHORT

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Background: There remains substantial unmet need to study work disability (WD) in early axSpA. Previous studies suggest that treatment interventions alone do not improve work outcomes and that socioeconomic (SE) as well as clinical factors may play an important role.

Objectives: To investigate the occurrence of WD and the impact of clinical and SE factors on WD in early axial spondyloarthritis (axSpA).

Methods: Patients with a clinical diagnosis of axSpA from the DESIR cohort up to 5 years of follow-up (6-month visits in the first 2 years, followed by annual visits) were studied. Time to WD and potential baseline and time-varying predictors were explored, with a focus on SE variables: age, gender, smoking status since last visit, ethnicity (Caucasian vs other), job type based on 'collar' (blue vs white), educational status (low vs high -university), marital status (married vs not) and parental status (number of children); and clinical factors: disease activity (ASDAS/BASDAI), function (BASFI), mobility (BASMI), at each time point. The incidence of WD was calculated as the number of WD events over the total number of person-days under observation. Univariable analyses, followed by collinearity and interaction tests, guided subsequent multivariable Cox survival analyses.

Results: A total of 704 axSpA patients with work-related data, mean (SD) age 33.8 (8.6), were studied. The estimated incidence of WD amongst those at risk and across the five years of DESIR, was 0.05 (95% CI 0.03, 0.06) per 1000 days (total person-days of observation of 999,999). Mean (SD) time to WD was 976 days (SD 476), (min 163, max 2021 days). In people who developed WD, 25% did so at 595 days; 50% and 75% at 1050 and 1433 days, respectively. Significant differences in age, level of education, marital and parental status as well as disease activity, function and mobility, all at baseline, were seen between those developing WD vs those who never did. In multivariable models (Table 1), older age, higher ASDAS and BASFI all strongly predicted more WD ($p < 0.005$). In separate models adjusted for age, gender and education, BASFI and BASMI both predicted WD. SE factors, including education attained, were not associated with a risk for WD. There were no relevant interactions between clinical variables and SE factors.

Table 1. Univariable and multivariable model analyses with WD as outcome.

Type of analysis	Univariable	Multivariable model	Multivariable model
		Focus on ASDAS	Focus on BASFI/BASMI
	HR (95% CI)	HR (95% CI) (N=653)	HR (95% CI) (N=639)
Explanatory variables			
Age	1.07 (1.04, 1.11)	1.06 (1.02, 1.10)	1.03 (0.99, 1.08)
Male gender	0.68 (0.37, 1.23)	1.10 (0.58, 2.08)	1.00 (0.50, 2.02)
High education	0.25 (0.14, 0.48)	0.57 (0.29, 1.11)	0.42 (0.19, 0.90)
Parental status	1.36 (1.09, 1.70)	NS	NS
ASDAS (CRP)	2.40 (1.77, 3.26)	1.79 (1.27, 2.54)	Not tested
BASFI, 0-10	1.54 (1.36, 1.75)	1.42 (1.22, 1.65)	1.53 (1.29, 1.81)
BASMI, 0-10	2.13 (1.65, 2.75)	NS	1.49 (1.10, 2.00)
Symptom duration	0.79 (0.56, 1.12)	NS	NS
HLA B27 positive	0.64 (0.36, 1.13)	NS	NS
Hip involvement (baseline) vs not	1.98 (1.02, 3.82)	NS	NS
Comorbidity count	2.33 (1.68, 3.21)	NS	NS
NSAID use last 6m (vs no use)	1.01 (1.00, 1.02)	NS	NS
Oral Corticosteroid use (vs no)	2.72 (1.27, 5.83)	NS	NS
csDMARD use last 6m (vs no)	2.20 (0.90, 5.41)	NS	NS
TNFi use	2.15 (1.19, 3.87)	NS	NS

NS=Not significant

Conclusion: In this early axSpA cohort, WD was an infrequent event. Nevertheless, clinical factors are amongst the strongest predictors of WD, over SE factors,