Background: Clinical characteristics of nonradiographic axial spondyloarthritis (nr-ax-SpA) are highly variable across patients, and may potentially vary across patient populations, particularly due to differing distributions of human leukocyte antigens (HLA) and other genetic factors. The majority of nr-ax-SpA studies have been conducted in Europe, the United States, and small studies are reported from Asia [1].

Objectives: To delineate clinical characteristics of patients with nr-ax-SpA in Asian countries in comparison to other areas of the world.

Methods: Utilizing the ASAS-COMOSPA data, an international cross-sectional observational study of SpA patients, we analyzed information on demographics, disease characteristics, comorbidities, and risk factors. Patients were classified by region: Asia (China, Japan, Singapore, South Korea, and Taiwan), and non-Asian countries (Europe, Americas, and Africa); patient characteristics, including diagnosis and treatment, were compared.

Results: Among 3984 SpA patients included in the study, 1094 were from centers in Asian countries, and 2890 from other regions. 112/780 (14.4%) of axial SpA patients in Asian countries were nr-ax-SpA, substantially less than in other countries (486/1997, 24.3%). Nr-ax-SpA patients in Asian countries compared to nr-ax-SpA in other countries were more likely male (75.9 vs 47.1%), have onset (22.8 vs 27.8 years) and diagnosis (27.2 vs 34.5 years) at younger age, and experience less diagnostic delay (1.88 vs 2.92 years) (Table 1). Nr-ax-SpA patients in Asian countries have higher prevalence of positive HLA-B27 (90.6% vs 61.9%) and fewer peripheral signs such as arthritis, enthesitis, or dactylitis (53.6% vs 66.3%) but have similar rate of extra-articular manifestations (psoriasis, IBD, or uveitis) and co-morbidities. Disease activity, functional impairment, and inflammation on MRI were less in nr-ax-SpA patients in Asian countries. NSAIDs response was higher and use of methotrexate and b-DMARDs were lower among nr-ax-SpA in Asian countries.

Conclusion: Among axial SpA patients, substantially lower frequency of nr-ax-SpA was observed in Asian countries compared to other regions of the world. Nr-ax-SpA patients in Asian countries were predominantly male, and had younger disease onset with higher HLA-B27 positivity rate and less peripheral signs, and better response to NSAIDs. These results offer an opportunity to improve both early diagnosis and treatment of nr-ax-SpA patients in Asian countries.

Table 1. Characteristics of nonradiographic axial SpA in Asia versus non-Asian regions

Variables	Asia	non-Asian regions	p value
N	112	486	
Age at disease diagnosis, yrs	27.2 [21.1, 39.6]	34.5 [27.7, 41.7]	<0.001
Diagnostic delay, yrs	1.88 [0.27, 5.56]	2.92 [0.59, 9.58]	0.011
Male (%)	85 (75.9)	229 (47.1)	<0.001
Sacroiliitis on MRI among tested (%)	49 (67.1)	341 (82.2)	0.005
HLA B27 positivity among measured (%)	96 (90.6)	273 (61.9)	<0.001
Inflammatory Back Pain (%)	107 (95.5)	478 (98.4)	0.076
Arthritis, enthesitis, or dactylitis (%)	60 (53.6)	322 (66.3)	0.016
Psoriasis (%)	12 (10.7)	82 (16.9)	0.142
Uveitis (%)	20 (17.9)	81 (16.7)	0.870
Inflammatory bowel disease (%)	5 (4.5)	27 (5.6)	0.817
Elevated CRP (%)	37 (33.0)	213 (43.8)	0.048
Physician global assessment (0-10)	2.0 [1.0, 5.0]	2.0 [1.0, 4.0]	0.741
Patient global assessment (0-10)	3.0 [1.0, 6.0]	4.0 [2.0, 6.0]	0.012
ASDAS-CRP	1.40 [0.95, 2.08]	1.97 [1.21, 2.78]	0.001
BASFI	0.8 [0.05, 2.65]	2.9 [0.8, 5.6]	<0.001
Good response to NSAIDs (%)	80 (71.4)	272 (56.0)	0.004
Methotrexate use (%)	18 (16.1)	134 (27.6)	0.016
Biological DMARDs use (%)	27 (24.1)	191 (39.3)	0.004

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POS0976

ANALYSIS OF BIOLOGIC THERAPY RETENTION RATE IN PSORIATIC ARTHRITIS PATIENTS WITH AND WITHOUT AXIAL INVOLVEMENT. DATA FROM CLINICAL PRACTICE

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Background: Limited data are available on retention rates of biologic therapy in psoriatic arthritis (PsA) patients (pts) with axial involvement. It has been shown that in the subset of pts with prevalent axial involvement (AS versus PsA and AxSpA versus PsA) a longer duration of anti-TNF- α therapy was observed as compared to peripheral arthritis [1].

Objectives: To compare retention rates of biologic therapy in PsA pts with and without axial involvement in routine clinical practice.

Methods: 731 pts with PsA according to CASPAR criteria were included in the study. Data were collected from 43 rheumatology clinics over various regions of the Russian Federation. Among the pts, 243 (33.0%) (M/F 132/111) were given biologic therapy. Pts' age 45.9 $\pm$ 12.8 years (yrs), disease duration 8.6 $\pm$ 6.5 yrs. Pts underwent standard clinical examination of PsA activity and were split into two groups (gr.), with and without axial PsA (axPsA): axPsA(+) and axPsA(-). Pts in the axPsA(+) gr. had inflammatory back pain by ASAS criteria and/or radiographic sacroiliitis (SI) (unilateral grade $\geq$ 3 or bilateral grade $\geq$ 2) and/or active MRI SI and/or typical of axPsA changes of the cervical and/or lumbar spine (marginal/paramarginal syndesmophytes, ankylosis of the facet joints). Pts in the axPsA(-) gr. had only peripheral arthritis. The axPsA(+) gr. included 143 (58.8%) pts, the axPsA(-) gr. 100 (41.2%) pts. 163 (67.1%) pts were treated with TNF inhibitors (TNF-i), 80 (32.9%) pts with interleukin inhibitors (IL-i): 55 pts with Ustekinumab, 25 pts with Secukinumab. During the TNF-i treatment courses Infliximab was given to 34 pts, Adalimumab to 53 pts, Etanercept to 36 pts, Golimumab to 27 pts and Certolizumab Pegol to 8 pts. The observation period lasted 12 months. Treatment retention rates were analyzed using Kaplan-Meier curves and the log-rank test.

Results: Analysis of the treatment retention rates revealed statistically significant differences between the axPsA(+) and the axPsA(-) grs. After 12 months of observation, 72.9% of pts in the axPsA(-) gr. continued receiving biologic therapy, while in the axPsA(+) gr. only 53.1% of pts (p=0.0027) received it. The same kind of differences in anti-TNF therapy were found between the axPsA(-) gr. and the axPsA(+) gr.: 82.2% and 62.3% pts respectively (p=0.011) continued receiving TNF-i after 12 months. However no statistically significant differences were found between the two grs. in the treatment retention rates of IL-i therapy: after 12 months of observation 55.5% of axPsA(-) pts and 37% of axPsA(+) pts (p=0.086) continued receiving IL-i.

Conclusion: In routine clinical practice, retention rates of biologic therapy were found to be worse in PsA pts with axial involvement. In clinical practice, TNF-i are prescribed twice as often than IL-i. However, considering the need of personalized therapy, in case of axPsA the use of IL-i is preferable because their treatment retention rates don't depend on axial involvement.

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Retention rates of biologic therapy. Differences between axSpA(+) and axSpA(-) pts are statistically significant ($p=0.00265$, log rank test).

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POS0977

CARDIOVASCULAR AND DISEASE RELATED FEATURES IN AXIAL SPONDYLITIS WITH AND WITHOUT CONCOMITANT PSORIASIS. A MULTICENTER STUDY WITH 882 PATIENTS

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Background: Patients with axial spondyloarthritis (axSpA) may present with concomitant psoriasis (Ps) in approximately 10% of cases. As with axSpA, Ps is also associated with an accelerated atherosclerosis process¹. However, it is unknown whether the presence of Ps confers an increased cardiovascular (CV) risk in patients with axSpA.

Objectives: To compare factors related to the disease, CV risk factors, atherosclerotic burden, and CV events in patients with axSpA with and without Ps.

Methods: Cross-sectional analysis of the AthespAin cohort, a Spanish multicenter cohort designed for the study of atherosclerosis in axSpA. We compared axSpA patients with and without concomitant psoriasis, focusing mainly on CV risk characteristics. Background information on CV risk factors, CV events, and disease-related factors was reviewed, and data on maximum body index, blood pressure, lipid profile, and disease status at the time of the study were also obtained. Carotid ultrasound (US) was performed in all patients at the time of the study, including measurement of carotid intima-media wall thickness (cIMT) and plaque detection according to the Mannheim consensus criteria.

Results: A set of 882 axSpA patients were included. 786 (89.1%) of them had no concomitant Ps, which was present in 96 (10.9%) patients. Although the mean age was similar, male sex was more prevalent in axSpA patients with Ps (79.1% Vs 66.5%, $p=0.01$) (Table 1).

Furthermore, it was found that axSpA with Ps had a more frequent history of synovitis (50% vs 33%, $p=0.001$), dactylitis (13% vs 6%, $p=0.011$) and concomitant inflammatory bowel disease (13% vs 6%, $p=0.01$). AxSpA patients with Ps had a non-significant trend towards a higher prevalence of asymmetric sacroiliitis (23 vs 16%, $p=0.064$) and had a lower frequency of

positive HLA-B27 status (56% vs 72%, $p=0.003$). Regarding the management of the disease, prednisone (23% vs 12%, $p=0.02$), methotrexate (30% vs 15%, $p=0.000$) and anti-TNF α therapy (50% vs 34%, $p=0.002$) were more commonly used in the group with Ps.

Regarding CV risk characteristics, no differences were observed either in the prevalence of traditional CV risk factors (Table 1), nor in the total serum level, HDL and LDL, blood pressure and body mass index at that time of the study. However, axSpA patients with Ps showed a higher prevalence of CV events (9% vs 4%, $p=0.05$), including ischemic heart disease (6% vs 3%, $p=0.042$) and ischemic stroke (4% vs 1%, $p=0.016$) (Table 1). The subclinical atherosclerotic burden was also more severe in the group with Ps, with a higher prevalence of carotid plaques (39% vs 31%, $p=0.098$), and higher values of cIMT (0.664 ± 0.170 mm vs 0.642 ± 0.142 mm, $p=0.16$), although the differences did not reach statistical significance.

Table 1. Main sociodemographic and cardiovascular differences among axSpA patients with and without psoriasis.

	axSpA without psoriasis (n=786)	axSpA with psoriasis (n=96)	p
Men/Women, n	523/268	76/20	0.010
Mean age (years) $\pm$ SD at the time of study	49 $\pm$ 13	49 $\pm$ 13	0.81
AS/Nr-AxSpA	625/166	77/19	0.79
History of CV risk factors			
Current smokers	267 (34)	30 (31)	0.60
Obesity	174 (22)	26 (27)	0.29
Dyslipidemia	262 (33)	35 (36)	0.48
Hypertension	211 (27)	28 (29)	0.57
Diabetes Mellitus	56 (7)	8 (8)	0.65
Chronic Kidney Disease	19 (2)	3 (3)	0.72
History of cardiovascular events, n (%)			
Ischemic heart disease	33 (4)	9 (9)	0.023
Congestive heart failure	20 (3)	6 (6)	0.042
Ischemic stroke	2 (0)	1 (1)	0.29
Peripheral artery disease	6 (1)	4 (4)	0.016
CV data at the time of study			
Carotid plaques	244 (31)	38 (39)	0.098
IMT mm	0.642 ± 0.142	0.664 ± 0.170	0.16
IMT ≥ 900 mm	40 (5)	6 (6)	0.66

Abbreviations: AS = ankylosing spondylitis. AxSpA = axial spondylitis. CV = cardiovascular. IMT = intima-media wall thickness. Nr-axSpA = no-radiographic axial spondylitis.

Conclusion: The presence of Ps may confer additional CV risk to axSpA patients and is associated with particular disease related factors.

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POS0978

DISEASE CONTROL IN PSORIATIC ARTHRITIS PATIENTS WITH OR WITHOUT AXIAL MANIFESTATIONS IN REAL CLINICAL PRACTICE IN SPAIN: RESULTS FROM THE MIDAS STUDY

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Background: MIDAS study assessed the disease activity in psoriatic arthritis (PsA) patients treated in clinical practice in Spain.

Objectives: This sub-analysis compared disease activity between PsA patients with or without axial manifestations.

Methods: MIDAS is an observational, non-interventional, cross-sectional, multicenter study conducted in Spain. Patients included were ≥ 18 years old with ≥ 6 months since diagnosis, were classified by CASPAR criteria and had initiated treatment ≥ 3 months. Disease activity was measured by Disease Activity in Psoriatic Arthritis (DAPSA) and Minimal Disease Activity (MDA). Axial involvement was defined according to the presence of inflammatory back pain assessed by rheumatologist.

Results: 312 evaluable PsA patients were included in this analysis, 12.2% of which presented with axial involvement. PsA patients with axial manifestations reported longer time from onset of symptoms to diagnosis and disease duration, higher presence of concomitant diseases, HLA-B*27+ status, C-reactive protein