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Background: Axial spondyloarthritis (axSpA) is a chronic inflammatory condition often associated with impaired working participation¹ not only translating to devastating outcomes for patients (pts) but also increased economic and social burden due to a significant amount of indirect costs. Data on the different work participation domains in axSpA pts with access to biologic therapies are limited.

Objectives: To characterise the different domains of work participation [presenteeism, absenteeism, sick leave, unemployment, disability pensions] in axSpA pts and their associations with demographic and clinical confounders.

Methods: Pts with confirmed clinical diagnosis of axSpA were enrolled in a multicenter, observational ATTENTUS survey conducted across Germany (Nov-2019 to Jul-2020). To ensure high data quality, inclusion criteria was verified by external monitoring, followed by evaluation of the domains of impaired work participation, including absenteeism and presenteeism (WPAI). Demographics, clinical parameters and patient related outcomes (PROs) were collected via tablet. This analysis included working age (18–65 years) pts; and excluded students and retired pts. Pts without absenteeism (value=0) and presenteeism $\leq 20\%$ were defined as no impairment at work.

Results: A total of 787 axSpA pts were enrolled in the survey. Seven students, 68 retired pts and 17 pts not fulfilling the inclusion criteria were excluded from this analysis, leaving 695 pts with complete data sets. Baseline data are outlined in Table 1. 50 pts received disability pensions, 29 pts received unemployment benefits, 590 (84.9%) pts reported paid work [part-time: n=132 (22.4%); full-time: n=458 (65.9%)], with 242 (41.0%) pts having no impairments at work. 379 (64.2%) employed pts took sick leave within the previous 12 months (mo) (<3 mo: n=351; 3–6 mo: n=17; >6 mo: n=11). Absenteeism and presenteeism occurred in 140 (23.7%) and 496 (84.1%) pts, respectively. Pts without impairments were mostly of young age, male sex, well-educated, with low disease activity, less fatigue and shorter duration of morning stiffness, and preserved global and physical functioning. No apparent differences between pts with and without impairment of work participation were observed in terms of biologic treatment, disease duration and BMI.

Table 1. Descriptive characteristics of the study population

Mean (SD), unless specified	Impaired WP (n=453)	Full WP (n=242)	p-value	Total (n=695)
Age (yrs)	46.7 (11.1)	42.8 (10.1)	<0.001	45.3 (10.9)
BMI	28.5 (14.0)	27.0 (6.8)	0.146	28.0 (12.0)
Male, n(%)	246 (54)	177 (73)	<0.001	423 (61)
Disease duration (yrs)	12.7 (11.3)	12.4 (10.2)	0.813	12.6 (11.0)
University-Education, n(%)	104 (23.0)	82 (33.9)	0.001	186 (26.8)
In a committed relation, n(%)	310 (68.4)	159 (65.7)	0.464	469 (66.6)
ASAS-HI	8.0 (3.3)	3.7 (3.0)	<0.001	6.5 (3.8)
BASDAI	4.8 (1.9)	2.1 (1.6)	<0.001	3.9 (2.2)
BASDAI > 4, n(%)	286 (63.1)	28 (11.6)	<0.001	314 (45.2)
Fatigue [BASDAI #1]	5.8 (2.1)	2.8 (2.1)	<0.001	4.7 (2.5)
Duration morning stiffness [BASDAI #6]	3.5 (2.4)	1.6 (1.8)	<0.001	2.8 (2.4)
BASFI	4.2 (2.3)	1.5 (1.5)	<0.001	3.3 (2.4)
Biologic treatment, n(%)	230 (50.8)	134 (55.4)	0.390	364 (52.4)
Full time employment, n(%)	256 (56.5)	202 (83.5)	<0.001	458 (65.9)
Absenteeism	179 (32.1)	0	-	10.6 (26.2)
Presenteeism	48.6 (21.00)	9.6 (8.3)	-	32.6 (25.6)

ASAS-HI, Assessment of SpondyloArthritis International Society-Health Index; BASDAI, Bath Ankylosing Spondylitis Disease Activity Index; BASFI, Bath Ankylosing Spondylitis Functional Index; BMI, basal metabolic index; n, number of pts; SD, standard deviation; WP, work productivity; years, yrs

Conclusion: There was a substantial impact on work participation for axSpA pts, despite numerous available therapeutic options. Pts with impaired work participation compared to pts with no impairment, reported increased fatigue, longer duration of morning stiffness, decreased functional capacity, female sex and a lower level of education.

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POS0984

PREVALENCE OF AXIAL SPONDYLOARTHRITIS AMONG YOUNG PEOPLE CONSULTING BECAUSE OF CHRONIC LOW BACK PAIN IN A UNIVERSITY HOSPITAL IN ARGENTINA

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Background: Axial spondyloarthritis (SpA) is an umbrella term encompassing a number of inflammatory conditions involving the axial skeleton. A substantial delay between disease onset, diagnosis and treatment often occurs, related in part to under-recognition of SpA symptoms. Although several studies have investigated since the publication of the ASAS classification criteria in 2009, the prevalence and incidence of axial SpA in the general population and in patients with SpA-related conditions, the actual prevalence of SpA in many countries (including Argentina) is unknown.

Objectives: To estimate the prevalence of axial SpA and the amount of undiagnosed axial SpA in people under 45 years of age that contacted the health care system for chronic low back pain.

Methods: The setting was a university hospital-based health management organization with a population distribution similar to that of Buenos Aires. All electronic medical records of patients < 45 years of age at the time of onset of symptoms (as per the ASAS 2009 criteria) and chronic low back pain for 3 or more months seen at the university hospital-based health management organization between 2009 and 2019, were reviewed. If the patient fulfilled the ASAS criteria, was classified as having axial SpA [ankylosing spondylitis (AS) or non-radiographic axial SpA (nr-axSpA)]. Among this group, if the diagnosis was already established in the medical records by the treating physicians, these patients were also classified as diagnosed with axial SpA; if not, they were classified as undiagnosed with axial SpA. We are reporting the results of descriptive analysis.

Results: A total of 796 patients were included (Table 1), 426 were women (53.52%, 95% CI 50.1-57) with a median age of 34 years (IQR 29-40) at initiation of low back pain with a median follow up of 77.7 months (IQR 35.7-136.4). The prevalence of axial SpA among patients with chronic low back pain was 5.78% (n= 46, 95% CI 4.2-7.4). 22 patients had AS (2.76%, 95% CI 1.6-3.9) with a median lag time between the onset of low back pain and diagnosis of 58.7 months (IQR 33.5 - 92). All AS cases were already diagnosed. 24 patients had nr-axSpA (3.02%, 95% CI 1.8 - 4.2). Of those, 14 were diagnosed by treating physicians with a lag time median of 23.2 months (IQR 13.1 - 36.5) between the onset of low back pain and diagnosis. Ten patients fulfilled the ASAS criteria (41.7%, CI 95% 22 - 61.4) but were not diagnosed by the treating physicians (22%, 95% CI 9.82-33.66) among the patients with axial SpA.

Table 1. Demographic, clinical features and therapeutic characteristics of patients with chronic low back pain stratified by diagnosis

	Axial spondyloarthritis N=46	Ankylosing spondylitis N=22	Diagnosed nr-axSpA N=14	Undiagnosed nr-axSpA N=10	Other diagnosis N=749
Female, n (% , CI)	18 (39.13%, 25.04-53.23)	4 (18.18%, 2.06-34.29)	10 (71.42%, 47.76-95.09)	4 (40%, 9.63-70.36)	407 (54.34, 50.77-57.9)
Age at chronic LBP initiation, years, median (IQR)	36 (29.25-40)	32 (32-40)	38 (22-36.75)	39 (35.25-41.5)	34 (29-40)
Follow up, median months (IQR)	88 (33.43-148.66)	33.67 (23.38-90.34)	16.73 (7.64-24.02)	64.77 (11.21-164.7)	77.69 (35.83-135.32)
Inflammatory chronic LBP by any criteria n(%)	44 (95.7)	21 (95.5)	13 (92.8)	10 (100)	58 (7.5, 5.6-9.4)
Seen by a Rheumatologist, n(%)	42 (91.3)	22 (100)	14 (100)	6 (60)	36 (5.1)
Lag time between first LBP to SpA diagnosis, months, median (IQR)	34.6 (22.6-63.2)	58.7 (33.5 - 92)	23.1 (13.1-36.5)	-	-
bDMARDs treatment n, (% , CI)	15 (33; 19.5-48)	10 (45; 24.4-67.8)	5 (36; 13-64.9)	-	-
Lag time between NSAIDs failure and first bDMARDs, months, median (IQR)	2.66 (2.05-4.63)	2.76 (2.07-11.3)	2.66 (2.04-3.25)	-	-

CI: 95% confidential interval, IQR: interquartile range, bDMARDs: biologic disease modifying anti-rheumatic drugs, LBP: low back pain

Conclusion: In our cohort, 5.78% of the patients < 45 years with chronic low back pain had axial SpA (AS: 2.76%; and nr-axSpA: 3.02%). Approximately, one in every five patients had undiagnosed axial SpA. *Original manuscript made in collaboration with Novartis Argentina S.A*

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POS0985

DISEASE CONTROL PERCEPTION BY PHYSICIANS AND PATIENTS WITH ANKYLOSING SPONDYLITIS AND PSORIATIC ARTHRITIS IN REAL CLINICAL PRACTICE IN SPAIN: MIDAS STUDY RESULTS

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Background: There are few published data regarding physician' and patient' perception of the disease control for ankylosing spondylitis (AS) and psoriatic arthritis (PsA).

Objectives: To evaluate the relationship between physician' and patient' disease control perception compared to clinical outcomes for controlled disease (BASDAI<4 in AS or DAPSA≤14 in PsA).

Methods: MIDAS is an observational, non-interventional, cross-sectional, multicenter study. Patients ≥18 years with ≥6 months AS or PsA diagnosis according to ASAS and modified New York criteria or CASPAR criteria, respectively, undergoing treatment ≥3 months before inclusion. The endpoint of this analysis was the relationship between disease control perception by physicians and patients and disease control (BASDAI<4 in AS or DAPSA≤14 in PsA).

Results: 313 AS patients included: 75.7% male, 78.5% HLA-B*27+, a mean (SD) age of 50.4 (12.0) years, a mean (SD) disease duration of 15.5 (11.6) years and a mean (SD) CRP of 5.1 (8.2) mg/l. 313 PsA patients included: 54.3% male, 17.95% HLA-B*27+, a mean (SD) age of 54.1 (12.2) years, a mean (SD) disease duration of 10.5 (9.0) years and a mean (SD) CRP of 4.91 (7.3) mg/l. AS group: in 95.5% of AS patients with BASDAI<4, physician's perception matched the clinical evaluation, while only 42.3% of the patients with BASDAI≥4 matched physician's perception. Positive Predictive Value (PPV) was 75.1%, Negative Predictive Value (NPV) was 83.9% and precision was 76.7%. Patients perceived their own disease as controlled in 95.0% of cases with BASDAI scores <4 and as not controlled in 29.7% of cases with BASDAI score ≥4. PPV was 71.1%, NPV was 76.7% and precision was 71.9%. The same trend was observed when assessing disease control through ASDAS-CRP index. PsA group: in 96.2% of patients with DAPSA≤14, physician's perception matched the clinical evaluation, while only 47.6% of patients with DAPSA>14 matched the physician's perception. PPV was 73.1%, NPV was 89.6% and precision was 76.4%. Patients perceived their own disease as controlled in 93.5% of the cases with DAPSA scores ≤14 and as not controlled in 32.3% of the cases with DAPSA>14. PPV was 66.8%, NPV was 77.4% and precision was 68.4%. The same trend was observed when assessing disease control through the MDA criteria (Table 1).

Table 1. Physician's and patient's perception of the disease control related to disease control variables in AS and PsA

		Controlled disease by physician's perception?			Controlled disease by patient's perception?		
		Valid N	Yes N (%)	No N (%)	Valid N	Yes N (%)	No N (%)
AS	Disease control (BASDAI)	Controlled (BASDAI<4)	202 (100%)	193 (95.5%)	202 (100%)	192 (95.0%)	10 (5.0%)
		Not controlled (BASDAI≥4)	111 (100%)	64 (57.7%)	111 (100%)	78 (70.3%)	33 (29.7%)
	Disease activity (ASDAS-CRP)	Inactive (ASDAS-CRP<1.3)	92 (100%)	90 (97.8%)	92 (100%)	91 (98.9%)	1 (1.1%)
		Active (ASDAS-CRP≥1.3)	221 (100%)	167 (75.6%)	221 (100%)	179 (81.0%)	42 (19.0%)
PsA	Disease control (DAPSA)	Controlled (DAPSA≤14)	186 (100%)	179 (96.2%)	185 (100%)	173 (93.5%)	12 (6.5%)
		Not controlled (DAPSA>14)	126 (100%)	66 (52.4%)	127 (100%)	86 (67.7%)	41 (32.3%)
	Active disease (MDA)	Inactive (MDA criteria ≥5)	161 (100%)	154 (95.7%)	160 (100%)	152 (95.0%)	8 (5.0%)
		Active (MDA criteria <5)	151 (100%)	91 (60.3%)	152 (100%)	107 (70.4%)	45 (29.6%)

AS, ankylosing spondylitis; ASDAS-CRP, Ankylosing Spondylitis Disease Activity Score-C-reactive protein; BASDAI, Bath Ankylosing Spondylitis Disease Activity Index; DAPSA, Disease Activity in Psoriatic Arthritis; MDA, Minimal Disease Activity; PsA, psoriatic arthritis.

Conclusion: A higher agreement between physician's and patient' perception with the current clinical evaluation was observed when patients were controlled. MIDAS study showed that in real clinical practice in Spain, physicians perceived more disease control than the patients

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POS0986

GENDER DIFFERENCES IN DISEASE CONTROL AND HEALTH STATUS IN PATIENTS WITH ANKYLOSING SPONDYLITIS IN CLINICAL PRACTICE IN SPAIN: RESULTS OF THE MIDAS STUDY

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Background: Data on disease activity status and health status (HS) in clinical practice in Spain for patients with ankylosing spondylitis (AS) are scarce. The MIDAS study assessed the disease activity and the relationship with the reported HS in patients with AS treated in clinical practice in Spain.