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.