Table 1. Regression analysis for variables explaining being on permanent sick leave or disability (n=1,657)

Qualitative variables	Univariable logistic analysis		Multivariable logistic analysis	
	OR	95% CI ³	OR	95% CI ³
Gender ¹	1.57	1.34, 1.83	1.24	0.97, 1.57
Educational level ²	1.71	1.46, 2.00	1.08	0.86, 1.35
Member of a patient organisation. Yes	1.96	1.67, 2.29	1.54	1.23, 1.94
Smoking. Yes	1.28	1.08, 1.51	1.22	0.96, 1.55
Difficulty finding job due to axSpA. Yes	3.71	2.89, 4.77	2.52	1.83, 3.47
Work choice determined by axSpA. Yes	1.69	1.43, 1.99	1.38	1.09, 1.75
Anxiety diagnosis. Yes	1.27	1.07, 1.51	0.98	0.72, 1.34
Depression diagnosis. Yes	1.58	1.33, 1.89	1.25	0.92, 1.69
Sleep disorder diagnosis. Yes	1.33	1.13, 1.56	0.95	0.73, 1.23
Quantitative variables	OR	95% CI³	OR	95% CI³
Age. Years	1.04	1.03, 1.04	1.03	1.01, 1.04
BASDAI (0-10)	1.18	1.13, 1.24	1.06	0.98, 1.13
Functional limitation (0-54)	1.03	1.02, 1.03	1.01	1.00, 1.02
Spinal stiffness (3-12)	1.25	1.20, 1.29	1.09	1.03, 1.15
Diagnostic delay	1.01	1.01, 1.02	0.98	0.96, 0.99
Disease duration	1.04	1.03, 1.05	1.03	1.01, 1.04

¹Male vs Female; ²No university studies vs university studies. ³95% CI for test H_0 : OR=1

Conclusion: One third of patients reported being on permanent sick leave or having a recognised disability. They were more likely to have higher spinal stiffness scores, were older in age, experiencing difficulty finding a job, and belonged to a patient organisation. Increased efforts in relation to early access to effective treatments and the creation of flexible working environments are essential for axSpA patients to continue working and remain active, which benefits their quality of life.

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POS0990

FACTORS ASSOCIATED WITH ENGAGING IN PHYSICAL ACTIVITY IN AXIAL SPONDYLOARTHRITIS. RESULTS FROM THE EUROPEAN MAP OF AXIAL SPONDYLOARTHRITIS (EMAS)

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Background: Physical activity is an essential component in axial spondyloarthritis (axSpA) care, improving physical and mental well-being.

Objectives: This analysis aims to identify factors associated with engaging in physical activity among axSpA patients.

Methods: Data from 2,424 unselected patients participating in EMAS (N=2,846), a cross-sectional study (2017-2018) across 13 European countries, were analysed. Engaging in physical activity was assessed by the following item: "Do you do any physical or sporting activity?" for which participants could report at least 1 physical activity or that they did not do any physical activity. BASDAI (0-10), spinal stiffness (3-12), functional limitation (0-54), and mental health using General Health Questionnaire GHQ-12 (0-12) were assessed. Mann-Whitney and Pearson's χ^2 tests were used to analyse relationships between engaging in physical activity and sociodemographic factors, patient-reported outcomes, employment, lifestyle and comorbidities. Univariable and multivariable binary logistic regression were used to analyse variables possibly explaining engagement in physical activity.

Results: Mean age was 43.9±12.3 years, 61.3% were female, 48.1% had a university degree and 67.9% were married. 81.8% (n= 2,329) engaged in at least one kind of physical activity. Those physically active were typically male (85.3% vs 79.7% female, p<0.001), university educated (86.0% vs 78.0%, p<0.001), married (83.1% vs 79.2% unmarried, p=0.046), and members of a patient organisation (86.4% vs 78.9% non-member, p<0.001). 25.1% of obese patients (n=533) did not engage in physical exercise (v. 16.6% not obese, p<0.001). Those not engaging in physical activity reported greater disease activity (6.0 vs 5.4 BASDAI, p<0.001), functional limitation (21.6 vs 20.2, p=0.010), spinal stiffness (8.3 vs 7.6, p<0.001), and poorer mental health (5.9 vs 4.8 GHQ-12, p<0.001). Furthermore, 83.9% of those employed (n=1,457) were physically active, versus 73.7% unemployed (n=205; p<0.001). In the multivariable binary logistic regression, the qualitative variables associated with engaging in physical activity were belonging to a patient organisation (OR= 1.91), not being obese (OR= 1.58), being university educated (OR= 1.54), and being male (OR= 1.39). The quantitative variables associated with engaging in physical activity were lower spinal stiffness (OR=0.90), better mental health (OR=0.96), and one-year age increase (OR=1.02). (Table 1).

Table 1. Regression analysis for variables explaining engagement in physical activity (n=2,424)

Qualitative variables	Univariable logistic analysis		Multivariable logistic analysis	
	OR	95% CI ⁷	OR	95% CI ⁷
Gender. Male ¹	1.48	1.21, 1.81	1.39	1.06, 1.82
Educational level. University ²	1.73	1.42, 2.11	1.54	1.18, 2.00
Marital Status. Married ³	1.73	1.06, 1.58	1.18	0.91, 1.54
Patient organization. Member ⁴	1.71	1.39, 2.10	1.91	1.43, 2.55
Body Mass Index. Not Obese ⁵	1.69	1.35, 2.12	1.58	1.17, 2.13
Employment status. Employed ⁶	1.28	1.06, 1.56	1.00	0.76, 1.32
Quantitative variables	OR	95% CI⁷	OR	95% CI⁷
Age	1.01	1.00, 1.02	1.02	1.01, 1.03
BASDAI (0-10)	0.86	0.82, 0.91	0.96	0.89, 1.04
GHQ-12 (0-12)	0.94	0.92, 0.96	0.96	0.93, 0.99
Functional Limitation (0-54)	0.99	0.99, 1.00	1.00	0.99, 1.01
Spinal Stiffness (3-12)	0.90	0.86, 0.94	0.90	0.84, 0.95
Proportion of life with axSpA (0-1)	2.83	1.50, 5.35	2.00	0.91, 4.39

¹Male vs Female; ²University vs no university; ³Married vs unmarried; ⁴Member vs not; ⁵Not obese (underweight, normal and overweight) vs obese; ⁶Employed vs not (unemployed, sick leave, retirement, housework and student); ⁷95% CI for test H_0 : OR=1

Conclusion: These results show that increasing age, being male, university educated, member of a patient organisation, not obese, having lower spinal stiffness, and better mental health increase the probability of engaging in physical activity. Physical activity is an important part of axSpA care and patient organizations play a critical role in enhancing access to and participation in physical activity.

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THE IMPACT OF AXIAL SPONDYLOARTHRITIS ON PATIENTS' SEXUAL LIFE: RESULTS FROM THE SPANISH ATLAS

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Background: Axial Spondyloarthritis (axSpA) can impact patients' sexual life.

Objectives: The aim is to assess the prevalence of functional limitation in sexual activity in axSpA patients in Spain and its associated factors.