Conclusion: One out of five patients with axSpA in Spain were not diagnosed by rheumatologists. Patients diagnosed by non-rheumatologists were more likely male and older, suggesting that the suspicion of axSpA in females and younger patients is low among these healthcare professionals. Beside the rheumatologist, it is essential to educate other HCPs on axSpA diagnostic criteria in order to facilitate correct referrals to rheumatologists and shorten the time to diagnosis and effective treatment.

Acknowledgements: This study was supported by Novartis Spain. The authors would like to thank all patients who participated in the study

Disclosure of Interests: Marco Garrido-Cumbrera: None declared, Victoria Navarro-Compán Grant/research support from: Abbvie, BMS, Lilly, MSD, Novartis, Pfizer, Roche, and UCB, Jordi Gratacos-Masmitja Grant/research support from: Abbvie, BMS, Lilly, MSD, Novartis, Pfizer, Roche, and UCB, Pedro Zarco-Montejo: None declared, José Correa-Fernández: None declared, Carlos Sastré Employee of: Novartis Farmacéutica Spain, Pedro Plazuelo-Ramos: None declared, Eduardo Collantes-Estevez Grant/research support from: Abbvie, BMS, Lilly, MSD, Novartis, Pfizer, Roche, and UCB. DOI: 10.1136/annrheumdis-2021-eular.2551

POS0995

EFFECT OF SEX IN CO-EXISTENT FIBROMYALGIA AND ENTHESITIS IN SPONDYLOARTHRITIS: ANCILLARY ANALYSIS OF THE ASAS-PerSpA STUDY

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Background: Enthesitis is a common feature of axial spondyloarthritis (axSpA) and psoriatic arthritis (PsA). Up to 25% of individuals with axSpA and PsA have a co-existing diagnosis of fibromyalgia syndrome (FMS). The anatomic overlap between tender points in FMS and sites of entheses is a challenge when differentiating between active SpA and FMS. Literature investigating the co-existence of enthesitis and FMS in individuals with SpA is sparse, in particular the effect of sex. The ASAS Peripheral involvement in Spondyloarthritis (PerSpA) study aims to characterize peripheral musculoskeletal in individuals with SpA across the world.

Objectives: (1) To characterise the co-existence of enthesitis and FMS in individuals with SpA.

(2) To explore the effect of sex on the presence of FMS and enthesitis.

Methods: All individuals from the cross-sectional multinational ASAS-PerSpA study with a diagnosis of axSpA, peripheral SpA (pSpA) or PsA according to their rheumatologist were included. The Fibromyalgia Rapid Screening Tool (FIRST) was used to make the diagnosis of FMS. The baseline descriptive and clinical differences between sexes were performed using T-tests and crosstabs. Sex-stratified comparisons within the following categories were conducted using chi-square analysis and ANOVA as appropriate: (1) enthesitis & fibromyalgia; (2) enthesitis only; (3) fibromyalgia only; (4) neither.

Results: Baseline characteristics of the 4465 included patients are outlined in Table 1, stratified by sex. Enthesitis occurred in 44% (n=1984) of the population and was more common in females than males (48% vs 42%, p<0.01). The majority affected had intermittent episodes of enthesitis (55%, n=1088), with the Achilles tendon and plantar fascia the two most common sites in both sexes. Enthesitis was more often confirmed on imaging in females than males (44% v 35%, p<0.01). The most common treatment for enthesitis was non-steroidal anti-inflammatories (97%, n=1318), with no difference when stratified by sex. FMS occurred in 19% (n=775) of patients and was more common in females than males (28% vs 13%, p<0.01).

Table 1. Participant characteristics, stratified by sex. Values are mean (SD), median (25th, 75th) or n (%). P-values are independent T-tests or Mann-Whitney as appropriate.

Variable	Total	Male	Female	P value
N	4465	2724	1741	
Age, years	45 (14)	43 (14)	46 (13)	<0.01
Disease duration, years	11 (6, 20)	12 (6, 21)	11 (5, 19)	0.01
Delay to diagnosis, years	3 (1, 9)	3 (1, 9)	3 (1, 10)	0.11
HLA-B27 positive	2066 (66)	1457 (73)	609 (54)	<0.01
Radiographic sacroiliitis	2517 (61)	1788 (70)	729 (46)	<0.01
Sacroiliitis on MRI	1817 (65)	1128 (68)	689 (60)	<0.01
axSpA ASAS criteria	2910 (65)	1953 (72)	957 (55)	<0.01
pSpA ASAS criteria	555 (12)	250 (9)	305 (18)	<0.01
CASPAR criteria	1043 (23)	508 (19)	535 (31)	<0.01
BMI, kg/m ²	26 (23, 29)	26 (23, 29)	26 (23, 30)	0.24
Axial involvement	3428 (76.8)	2243 (82.3)	1185 (68.1)	<0.01
Peripheral involvement	2541 (56.9)	1404 (51.5)	1137 (65.3)	<0.01
Enthesitis	1984 (44.4)	1149 (42.2)	835 (48.0)	<0.01
Uveitis	738 (17)	482 (18)	256 (15)	0.01
Psoriasis	1212 (27)	615 (23)	597 (34)	<0.01
Inflammatory bowel disease	275 (6)	150 (6)	125 (7)	0.02

Enthesitis and FMS occurred together in 10% of the cohort, was more common in women than men (see Figure 1) and was associated with a significantly (p<0.01) longer delay to diagnosis of 1.8 years and a higher BMI of 2.1 kg/m² than people with enthesitis only. Objective confirmation of enthesitis was similar in those with and without FMS (38% vs 38%, p=0.92).

The presence of FMS added to the burden of disease in those with enthesitis as assessed by BASDAI (6.4 vs 3.6, p<0.01) and ASDAS-CRP (3.5 vs 2.5, p<0.01), with no difference between sexes (p>0.05).

Conclusion: In this large cross-sectional multinational analysis, FMS affected 19% of individuals with SpA. The co-existence of enthesitis and FMS occurred in 16% of females compared to 6% of males. The presence of FMS increased the burden of disease in those with enthesitis, as assessed by BASDAI and ASDAS-CRP, with no difference between men and women.

Figure 1: Prevalence of co-existent enthesitis & FMS in individuals with SpA, stratified by sex. P<0.01 denotes significant difference between sex.

Disclosure of Interests: Gillian Fitzgerald: None declared, Sinead Maguire Grant/research support from: Recipient of Gilead Inflammation Fellowship, Finbar Barry O'Shea: None declared, Clementina López-Medina: None declared, Maxime Dougados: None declared, Nigil Haroon Speakers bureau: Received honorarium from AbbVie, Eli Lilly, Janssen, Novartis, UCB, Consultant of: AbbVie, Eli Lilly, Janssen, Novartis, UCB, Grant/research support from: AbbVie, Eli Lilly, Janssen, Novartis, UCB.

DOI: 10.1136/annrheumdis-2021-eular.2556

POS0996

SIX-YEAR RESULTS FROM THE ESPERANZA COHORT: EVALUATION OF CLINICAL FEATURES, DISEASE ACTIVITY MEASURES AND TREATMENT ASPECTS IN AXIAL AND PERIPHERAL EARLY SPONDYLOARTHRITIS

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Background: Esperanza was a multicenter national health program developed to facilitate an early diagnosis of patients with Spondyloarthritis (SpA) in Spain.