positive inflammatory assessment with very high activity indices, with a mean of 4.6. 64.66% of the patients received NSAIDs, of which 11% responded well. 57% were treated with csDMARDs, and 17.86% were treated with biologics. At the time of our study, the mean visual analog scale was 5.84 ± 1.7 out of 10 (2-9). The mean Epworth score was 8.38 ± 5.2 (0-21). 56.1% of patients had no sleep debt, 33.3% had a sleep deficit, and only 10.6% had signs of drowsiness. For the overall Pittsburgh score, the mean was 7.02 ± 3.6 (1-18). The mean of "subjective quality of sleep" was 1.12, "sleep latency" was 1.22, "duration of sleep" was 1.06, "usual sleep efficiency" was 0.74, "Sleep disturbance" of 1.28, "use of a sleep medication" of 0.54, and the average of the component concerning "poor shape during the day" was 1.03 out of 3. The LEQUESNE index went from an average of 6 to 8, which corresponds to an average handicap ($P = 0.2$) over a period of 3 years. 68% of the patients had an alteration in the quality of sleep, starting on average three years after the onset of symptoms. 11% reported having experienced anxiety and depressive symptoms, and reported having used antidepressants or anxiolytics in the past 5 years.

Conclusion: Our study showed the negative impact of SpA on the duration and overall quality of sleep. The degree of pain as well as functional impairment can cause and worsen sleep disturbances in SpA. We have shown that the Pittsburgh score increases significantly with the increase of pain. The Lequesne score and that the Epworth score increase with disease activity [1].

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POS0999 HIGH CORRELATIONS BETWEEN QUESTION 1 & 2 OF THE BASFI: AN OPPORTUNITY TO STREAMLINE THE BASFI

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Background: The Bath Ankylosing Spondylitis Functional Index (BASFI) is a useful tool to quantitatively characterise functional ability in a patient with axial spondyloarthritis (axSpA). Whether first presentation, decompensated, or routine follow-up, BASFI can help establish a more accurate understanding of disease progression, or response. As with any questionnaire, relevance and absence of redundancy is required. This analysis questions the redundancy of the first two questions of the BASFI:

- 1) How difficult is it to put socks on your feet?
- 2) How difficult is it to pick a pen up off the floor?

Objectives: To compare variation in reporting of questions one and two of the BASFI, to establish redundancy or exclusivity of these questions.

Methods: IBM SPSS version 26 was used for data analysis. Data from axSpA patients who attended the Rheumatology department during the study period were included in the analysis where BASFI scores were available. Both variables (pen scores and sock scores) were assessed with a Shapiro-Wilk's test for normal distribution. The variables were also assessed for the presence of a monotonic relationship by visual inspection of a scatterplot of the variables. Once a monotonic relationship was established a Spearman's rank order correlation between the sock score and pen scores for each participant was analysed.

Results: In total data from 82 axSpA patients were included in this analysis. Population was made up of 28% (23) females, 72% (59) males with mean BASDAI score 4.33 and mean BASFI score 3.88 (Table 1). Both variables were not normally distributed as assessed by Shapiro-Wilk's test ($p < 0.05$) necessitating a Spearman's rank-order correlation for analysis. Preliminary analysis variables demonstrated the relationship between the variables to be monotonic as determined by visual inspection of the scatterplot (graph 1) with no outliers detected. There was a statistically significant, strong positive correlation between sock scores and pen scores in this axSpA population, $r_{\text{partial}}(80) = 0.809$ significant at the $p < 0.01$ level.

Table 1. Descriptive output of data

	% (n)
n	82
Females	28% (23)
Males	72% (59)
Age	45.03
BASDAI	4.33
BASFI	3.88
Pen score	3.93
Sock score	2.88
Sock score greater	7.3% (6)
Pen score greater	50% (41)
Same scores	42.7% (35)

Conclusion: There is a strong positive correlation between sock (question 1) and pen scores (question 2) as captured by the BASFI. It appears that both questions are capturing a similar functional limitation in patients with axSpA. In order to minimise redundancy and improve the relevance of the BASFI our results support the removal of one of these questions to simplify the BASFI. From a practical perspective, putting on socks (question 1) would be a more commonly encountered daily activity than picking up a pen from the floor (question 2). As such, we would suggest removal of question 2 from the BASFI.

Table 1 & Figure 1

Graph 1. Spread of Data points demonstrating a monotonic relationship with no outliers

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POS1000 COMORBIDITIES ASSOCIATED TO SPONDYLOARTHRITIS

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Background: In contrast to other chronic rheumatic diseases such as rheumatoid arthritis, comorbidities associated to spondyloarthritis (SpA) and their impact on disease outcomes are less well studied.

Objectives: The aim of our study was to investigate the prevalence of comorbidities among SpA patients and to determine factors influencing their appearance.

Methods: We conducted a retrospective study including patients meeting the Assessment of SpondyloArthritis International Society (ASAS) criteria between 2000 and 2020.

The following comorbidities were collected: cardiovascular pathologies and their risk factors (smoking, arterial hypertension, diabetes, dyslipidemia and obesity), neoplasms, osteoporosis, depression, infections, gastrointestinal and pulmonary disorders.

Results: We included 138 patients. Sixty-eight per cent of them were males. The mean age was 45.73 ± 12.66 years. The mean age at the disease onset was 28.89 ± 12.54 years. The mean CRP was 33.38 ± 39.65 mg/dL. The mean BASDAI and ASDAS-CRP were 4.21 ± 2.23 and 3.06 ± 1.26 , respectively. The mean BASFI was 4.77 ± 2.58 .

Sixty patients had at least one comorbidity (43.5%): 53 patients had one comorbidity (38.4%), 21 accumulated two types of comorbidities (15.2%) and 7 patients accumulated three types or more (5%).

Osteoporosis was the most frequent comorbidity, it was present in 23.1% of the cases ($n=32$), followed by tuberculosis 8.7% ($n=12$), stomach ulcers 5.1% ($n=7$), pulmonary superinfection 2.9% ($n=4$), neoplasia 2.2% ($n=3$) and then depression 1.4% ($n=2$).

Cardiovascular risk factors were noted in 44 patients (31.9%): hypertension (15.9%), diabetes (12.3%), dyslipidemia (9.4%) and obesity (8.7%).

Thirty-seven per cent of our patients were smokers. SpA patients with comorbidities were significantly older than those without (50.2 ± 11.07 versus 42.3 ± 12.8 years, $p < 0.0001$).

The presence of comorbidities was significantly associated to a higher disease activity evaluated by BASDAI ($p=0.005$) and ASDAS-CRP ($p=0.002$). Furthermore, BASFI was significantly higher among patients with comorbidities (5.47 ± 2.38 versus 4.31 ± 2.62 , $p=0.028$).

However, no association was found between presence of comorbidities and smoking or CRP.

Conclusion: Our results show that more than 40% of our SpA patients presented with at least one comorbidity. Remarkably, the presence of comorbidities