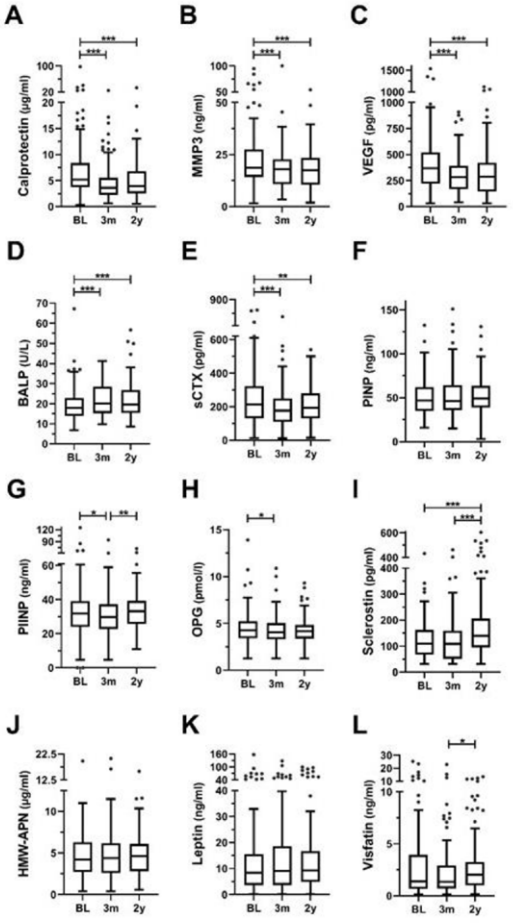

Figure. Levels of markers of inflammation (A-C), bone turnover markers (D-I) and adipokines (J-L) under treatment with TNF inhibitors: serum levels at baseline (BL; before start of TNFi), after 3 months (3m) and 2 years (2y) of treatment. Wilcoxon Signed Rank Test: * p value <0.05; ** p value <0.01; *** p value <0.001

Acknowledgements: Dr. Judith Rademacher is participant in the BIH-Charité Clinician Scientist Program funded by the Charité –Universitätsmedizin Berlin and the Berlin Institute of Health.

Disclosure of Interests: Judith Rademacher: None declared, Mark Siderius: None declared, Laura Gellert: None declared, Freke Wink Consultant of: AbbVie, Maryna Verba: None declared, Fiona Maas: None declared, Lorraine M Tietz: None declared, Denis Poddubnyy: None declared, Anneke Spoorenberg Consultant of: Abbvie, Pfizer, MSD, UCB, Lilly and Novartis, Grant/research support from: Abbvie, Pfizer, UCB, Novartis, Suzanne Arends Grant/research support from: Pfizer.

DOI: 10.1136/annrheumdis-2021-eular.3059

POS1003 CATASTROPHIZING IN PATIENTS WITH SPONDYLOARTHRITIS

B. Coste[1], C. Traverson[1], E. Filhol[1,2], C. Lukas[2,3], S. Laurent-Chabalier[4], J. Morel[3,5], B. Combe[3,5], C. Daien[3,5], C. Hua[1,2], C. Gaujoux-Viala[1,2]. *[1]Nîmes University Hospital, Rheumatology, Nîmes, France*; *[2]University of Montpellier, IDESP, UMR-INSERM, Montpellier, France*; *[3]CHU Lapeyronie, Rheumatology, Montpellier, France*; *[4]Nîmes University Hospital, BESPIM, Nîmes, France*; *[5]University of Montpellier, -, Montpellier, France*

Background: Catastrophizing is a negative cognitivo-affective response to an anxiety-provoking stimulus, especially anticipated or actual pain. It can be assessed quickly using a validated questionnaire: the Pain Catastrophizing Scale (PCS)[1]. Catastrophizing plays a role in maintaining chronic pain and is associated with several pain-related outcomes in osteoarthritis and low back pain. There is a lack of knowledge about catastrophizing in axial spondyloarthritis (AS) with only one study[2] so far.

Objectives: To assess the prevalence of catastrophizing and associated factors in spondyloarthritis.

Methods: We performed an observational, prospective, bi-centric study. All patients aged 18 or over with AS fulfilling the 2009 Assessment in Spondyloarthritis International Society (ASAS) criteria were consecutively included. Sociodemographic data, information on the disease and its treatments were collected as well as questionnaires regarding disease activity (BASDAI), function (HAQ, BASFI), quality of life (SF12, EQ5D), anxiety and depression (HADS, GAD7), fibromyalgia (FiRST), insomnia (ISI) and catastrophizing scores (PCS). Statistical analysis included a samples t-test, one-way variance analysis, Spearman's correlation coefficient, the Chi^2 test, Fisher's exact test, the Wilcoxon test, multivariate linear regression (considering catastrophizing as a continuous variable) and multivariate logistics regression (considering catastrophizing as a categorical variable: PCS ≥ 20 = high level catastrophizing).

Results: From September 2019 to March 2020, 168 AS patients were included: 48.5% were women, the median age was 48.5 years and 100 patients (60.2%) were professionally active. Almost all patients (95.8%) had a disease lasting for more than 2 years; 110 (72%) were HLA-B27+; 84 (50%) had MRI sacroiliitis and 62 (37.6%) radiographic sacroiliitis. In all, 166 (98.8%) had axial involvement, 99 (58.9%) had peripheral involvement and 44 (26.2%) had enthesitic involvement. The median BASDAI score was 6.30 [Q1-Q3 4.65-6.30].

The prevalence of a PCS score ≥20 was 45.5% [38.0;53.0]. The median PCS score was 18 [7-27]. In multivariate logistics regression, high-level catastrophizing was significantly associated with the HADS anxiety score (OR=1.54 [1.22-2.0]), HADS depression score (OR=1.25 [1.10-1.43]) and disease activity (BASDAI OR=1.14 [1.01-1.26]). In multivariate linear regression, catastrophizing was also significantly associated with anxiety (p<0.0001), depression (p<0.0001) and disease activity (p=0.0008).

Conclusion: Almost half the patients with AS were high catastrophizers. Catastrophizing is linked to anxiety, depression, and disease activity. It may be interesting to detect catastrophizing in order to improve the management of our patients.

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Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.3171

POS1004 BOTH SPONDYLOARTHRITIS AND PSORIATIC ARTHRITIS PATIENTS HAVE STRONG FAMILY HISTORIES

G. K. Yardımcı[1], B. Farisoğulları[1], E. C. Bolek[1], E. Bilgin[1], E. Duran[1], G. Ayan[1], Z. Özsoy[1], G. Sandal Uzun[1], L. Kılıç[1], A. Akdoğan[1], O. Karadag[1], Ş. A. Bilgen[1], A. İ. Ertenli[1], U. Kalyoncu[1], S. Kiraz[1]. *[1]Faculty of Medicine; Hacettepe University, Rheumatology, Ankara, Turkey*

Background: Family history is one of the hallmarks of spondyloarthritis (SpA) and psoriatic arthritis (PsA) [1, 2]. Some patients have a strong family history that more than 2 relatives have spondyloarthritis related diseases. The effects of strong family history on SpA features were not known very well.

Objectives: The aim of this study is to evaluate the effects of family history in SpA and PsA patients.

Methods: HUR-BIO (Hacettepe University Biologic Registry) is a prospective, single center database of biological treatments since 2005, and to date 3071 SpA and 526 PsA patients have been recorded. Demographic, clinical characteristics, disease activity parameters, a detailed family history of SpA and SpA features (presence of SpA including PsA, psoriasis, inflammatory bowel disease and uveitis) and laboratory data before anti-TNF treatments of the patients were noted.

Results: 2807 SpA (53.6% male) and 506 PsA (31.4% male) patients' family history were available and analysed. A positive family history was noted in 27.6% of the SpA and 31.0% of the PsA patients (ns). 7.4% of the SpA patients and 8.9% of the PsA patients had family history in more than one relative (Table 1). In SpA patients with a family history, uveitis was more frequent than patients without (14.4% vs 10.6%, p=0.006). Except for a higher male predominance and uveitis (53% vs 32% p=0.006 and 9% vs 2% p=0.003 respectively) in patients with ≥2 relatives with SpA features, there were no differences in PsA patients regarding family history. The presence of family history and HLA-B27 (63.7% vs 37.6%, p<0.001) positivity were associated in SpA patients but not in PsA patients (31.2% vs 20.0, p=0.13).

Conclusion: Family history was present in about one third of the patients of PsA and SpA. It is not uncommon for two or more family members to have a SpA feature. Presence of family history may be associated with some clinical conditions, such as uveitis.

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Table 1. Family history in PsA and SpA patients

	PsA (n=506)	SpA (n=2807)
≥ 1 family history, n (%)	157 (31.0)	774 (27.6)
≥1 first-degree relative, n (%)	114 (22.5)	489 (17.4)
≥2 first-degree relatives, n (%)	21 (4.2)	77 (2.7)
≥2 relatives (both first- and second-degree), n (%)	45 (8.9)	208 (7.4)
Family history		
➢Psoriasis, n (%)	120 (23.7)	155 (5.5)
➢Psoriatic arthritis, n (%)	14 (2.8)	9 (0.3)
➢Spondyloarthritis, n (%)	38 (7.5)	643 (22.9)
➢Inflammatory bowel disease, n (%)	1 (0.2)	10 (0.4)
➢Uveitis, n (%)	0	2 (0.1)