CATASTROPHIZING IN PATIENTS WITH SPONDYLOARTHRITIS

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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).

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 Chi² 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 sacroiliac and 62 (37%) radiographic sacroiliac. In all, 166 (98.8%) had axial involvement, 99 (58.9%) had peripheral involvement and 44 (26.2%) had enthesis involvement. The median BASDAI score was 6.30 (IQR 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.

REFERENCES:

Disclosure of Interests: None declared.

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Table 1. Family history in PsA and SpA patients

<table>
<thead>
<tr>
<th>Family History</th>
<th>PsA (n=506)</th>
<th>SpA (n=2807)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥1 family history, n (%)</td>
<td>157 (31.0)</td>
<td>744 (26.6)</td>
</tr>
<tr>
<td>≥1 first-degree relative, n (%)</td>
<td>114 (22.5)</td>
<td>489 (17.4)</td>
</tr>
<tr>
<td>≥1 second-degree relative, n (%)</td>
<td>21 (4.2)</td>
<td>77 (2.7)</td>
</tr>
<tr>
<td>≥2 relatives (both first- and second-degree), n (%)</td>
<td>45 (8.9)</td>
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PsA (n=506) SpA (n=2807)

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Discrimination of Interests: None declared.
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**POS1006**

**ASSESSMENT OF DAREA AND MODIFIED DAREA IN AN ARGENTINIAN-GUATEMALAN REACTIVE ARTHRITIS COHORT**


**Background:** Reactive Arthritis (ReA) is an inflammatory joint disease and, as in rheumatoid or psoriatic arthritis, composite indices are the most useful tools to measure disease activity. The Disease Activity Index for Reactive Arthritis (DAREA) is the only developed index for ReA, which requires a 66/68 joint count and CRP for its assessment, the latter being difficult to acquire in our setting.

**Objectives:** 1) To evaluate the DAREA and the DAREAm in a cohort of patients with diagnosis of ReA and post-infectious arthritis 2) To assess the correlation of the DAREA and DAREAm with several clinical variables, functional capacity and quality of life in a cohort of patients with ReA.

**Methods:**

1. Patients with diagnosis of ReA (Calin+) and post-infectious arthritis were included. Demographic data were collected, patient’s pain and global assessment were evaluated through a visual analog scale (VAS) and a 3-point scale (no pain = 0, mild = 1, moderate = 2, severe = 3), physician’s global assessment, morning stiffness (MS) and VAS fatigue. Functional capacity was assessed through HAQ and quality of life according to EuroQol-5 dimensions (EQ-5D), and the activity indices DAS28, DAREA and DAREAm were calculated. Statistical analysis: a descriptive analysis of the variables and correlation between numerical variables with Spearman rank correlation were performed.

**Results:**

57 patients were included, 53 with diagnosis of ReA, the majority post urogenital (63%) and gastrointestinal (17%), and 4 with diagnosis of post-infectious arthritis. Fifty-six percent were male, mean age: 40 years old (SD ± 14) and median ReA duration: 16 months (IQR 2-45). The number of painful and tender joints in a 66/68 joint count showed a median of 2 (IQR 0-3) and 1 (IQR 1-2) respectively. Median VAS pain 43 (IQR 15-70), patient’s disease activity 40 (IQR 20-60) and physician’s 40 (IQR 20-60), MS 10 (IQR 0-50) and fatigue 30 (IQR 0-80). Median DAS28 3.6 (IQR 2.3-4.3), DAREA 7.4 (IQR 4.6-12.7), HAQ 0.625 (IQR 0.125-1). The dimensions with the greatest compromise in the EQ-5D were pain/discomfort (63%) and anxiety/ depression (51%), and the median VAS EQ-5D was 60 (IQR 2.5-10.6), DAREAm 8.6 (IQR 4.6-12.7), HAQ 0.625 (IQR 0.125-1). The dimensions related with the onset of CVD although the P-values did not reach significant.

**Conclusion:** Our data indicates aberrant expansion of Th17 cells in AS with CVD patients. Moreover, age, hypertension, diabetes, and increased level of TH1 in PBMC and DD are single independent risk factors for the presence of CVD in AS. The mechanisms of atherogenesis in AS may associate with the elevations in TH1 and TH17 cells. Immobility of TH1/TH2 and TH17/Treg may be shared etiologic pathways of AS and CVD, providing attractive targets for the prevention and therapy of CVD development in AS patients.

REFERENCE:


**Figure 1.** Compared with AS group, AS with CVD group exhibited significant increases in the number of TH1 cells (P<0.001) and Treg cells (P=0.046). The ratio of TH1/TH2 was also increased (P<0.085), while the ratio of TH17/Treg was also increased (P<0.001) and frequency (P<0.001) of TH1 cells, as well as the ratio of TH1/TH2 (P<0.001) and TH1/Treg (P=0.004) were also present in AS with CVD patients, compared to those without CVD.

**Disclosure of Interests:** None declared.

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**POS1007**

**OPTIMIZING A REFERRAL STRATEGY FOR PATIENTS WITH A HIGH PROBABILITY OF AXIAL SPONDYLOARTHRITIS: THE ROLE OF AGE AND SYMPTOM DURATION**

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**Background:** One of the most important prerequisites for a timely diagnosis of axial spondyloarthritis (axSpA) is the early referral of a patient with back pain to a rheumatologist. In the past years a number of referral strategies has been proposed.