Conclusion: SpA is an independent CVS risk factor. Anti-TNF drugs were associated with a reduced CVS risk in these patients.

REFERENCES:

Disclosure of Interests: None declared.
DOI: 10.1136/annrheumdis-2021-eular.4133

POST106 ANKYLOSING SPONDYLITIS IN WEST AFRICAN PATIENTS: A SERIES OF 37 CASES REPORTED IN TOGO

P. Houou1, V. E. S. Koffi-Tessio2, S. Oniankitan4, K. Kakpovi1, E. Fianyo2, K. Tagbor2, O. Oniankitan2, M. Mijiyaw2, 1University of Kara, Rheumatology, Kara, Togo; 2University of Lomé, Rheumatolog, Lomé, Togo; 3University of Lomé, Rheumatology, Kara, Togo

Background: Spondyloarthritis (SpA) is generally uncommon in sub-Saharan Africa, in part because of the rarity of HLA-B27 in this region.

Objectives: The aim of our study was to determine the epidemiological, semiological, paraclinical and therapeutic aspects of ankylosing spondylitis in rheumatology in Togo.

Methods: This was a retrospective multicenter descriptive study on the files of patients suffering from ankylosing spondylitis seen in an outpatient setting or hospitalized in one of the four Rheumatology departments of Togo in the period from January 1, 2000 to December 31, 2019. The diagnosis was essentially radio-clinical based on the modified New York criteria.

Results: In 20 years, and out of a population of 35,304 rheumatic patients, we have collected 37 cases of ankylosing spondylitis, meaning a hospital frequency of 0.10% and an annual frequency of 1.85 cases. There was clearly a male preponderance with an M/F ratio of 4.28. The onset of the disease was on average of 29.62 ± 10.27 years and the diagnosis delay on average of 9.45 ± 9.20 years. The clinic was dominated by spinal pain in the form of chronic inflammatory cervical-dorsal-lumbar pain (41.2%) or lumbar pain (29.4%). Common joint injuries were those of the knees (57.69%), ankles (26.9%) and shoulders (23.1%). The most frequent extra-articular manifestations were ocular with conjunctivitis (62.5%) and uveitis (37.5%). Due to the delayed diagnosis, significant spinal deformities including hyperlordosis, straightness and ankylosis were found; the radiography of the spine objectified syndesmophytes (50.0%) with ankylosis and the bamboo column (23.5%) and that of the pelvis objectified sacroiliitis at stage 3 (54.6%) and at stage 4 (273%). The HLA B27 antigen was positive in 10.8% of cases. NSAIDs and sulfasalazine were the most commonly used drugs in management, respectively in 94.3% of symptomatic treatment and 92.6% of background therapy.

Conclusion: Ankylosing spondylitis is relatively rare in Togo, affecting more men and young adults. There are no clinical or paraclinical particularity. The delay in diagnosis reflects the importance of the radiological signs. Treatment is mainly done by NSAIDs and DMARDs in particular sulfasalazine, due to their accessibility.

REFERENCES:

Disclosure of Interests: None declared.
DOI: 10.1136/annrheumdis-2021-eular.4199

POST107 CARDIOVASCULAR RISK IN DIFFERENT CLINICAL VARIANTS OF SPONDYLOARTHRITIS

A. Dadalova1, E. Vasilenko1, R. Samigulina1, V. Mazurov2, 1North-Western State Medical University named after I.I. Mechnikov, Department of Therapy, Rheumatology, Examination of Temporary Disability and Quality of Medical Care named after E.E.Eichwald, St. Petersburg, Russian Federation

Background: Numerous studies have shown that the life expectancy of patients with spondyloarthritis (SpA) is, on average, 5-7 years less compared to the population, and the overall mortality rate is 1.6-1.9 times higher than the population, while mortality from cardiovascular disease increases by 20-40%.

Objectives: of the current study were to assess the cardiovascular risk in pts with ankylosing spondylitis, psoriatic arthritis and psoriatic spondyloarthritis and to compare different cardiovascular risk scales in these pts.

Methods: The study included 54 patients with SpA aged 45 to 65 years. The patients were divided into 3 groups: patients with ankylosing spondylitis (AS) who meet the modified New York criteria for AS (1984) (n = 14), patients with psoriatic arthritis (PsA) who meet the CASPAR criteria (Classification criteria of Psoriatic Arthritis, 2006) (n = 18) and patients with psoriatic spondyloarthritis (PsSpA) meeting the modified New York criteria for AS and CASPAR criteria for PsA (n = 22).

When assessing CVR using various risk assessment scales (RRS, QRISK3, SCORE), the highest values were obtained in the PsSpA group - 574 ± 5.76 years, in the PsA group - 55.0 ± 6.45 years. Men made up 64.3% in the AC group, 50% in the PsA group, and 49% in the PsSpA group.

When assessing CVR using the score QRISK3, the highest values were obtained when calculating the CVR using the scale QRISK3, and the lowest values were obtained when using the scale SCORE.

Table 1. The number of pts corresponding to different degrees of risk depending on the used CVR risk assessment scale, n = 54

<table>
<thead>
<tr>
<th>Degrees of risk</th>
<th>SCORE</th>
<th>RRS</th>
<th>QRISK3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>9</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Medium</td>
<td>32</td>
<td>26</td>
<td>32</td>
</tr>
<tr>
<td>High</td>
<td>12</td>
<td>23</td>
<td>28</td>
</tr>
<tr>
<td>Very high</td>
<td>1</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

When assessing CVR using various risk assessment scales (RRS, QRISK3, SCORE), the highest values were obtained in the PsSpA group.

Disclosure of Interests: None declared.
DOI: 10.1136/annrheumdis-2021-eular.4209
BACKGROUND: Osteoporosis is an increasingly important health problem among patients with spondyloarthritis (SPA). The Measure of Bone Mineral Density BMD is routinely carried out in an anteroposterior (AP) view of the spine. However, the syndesmophytes, ligaments calcifications, and the posterior part of vertebrae affect AP scanning. A lateral spine view is a more sensitive tool in assessing bone loss in trabecular bone.

OBJECTIVES: We aimed to evaluate the association between lateral lumbar DXA and syndesmophyte grading in patients with SPA.

METHODS: We conducted a retrospective study including 75 patients with SPA. Bone density of the hip and lumbar spine was measured with a GE Lunar Prodigy Advance Bone Densitometer equipment. All patients had lumbar lateral, AP, and proximal femur DXA scans. The T-score, which measures the difference between a patient’s BMD and young-normal subjects, was computed and age-matched.

RESULTS: The mean age of the patients was 36±11 years. Male predominance was noted with a sex ratio of 4.76. The mean BMI was 25.5±9.5 kg/m2. Eight percent were obese. Fifty-two percent had vitamin D deficiency. Forty-eight percent of the patients had axial SPA, while 52% had axial and peripheral symptoms.

The mean age of onset was 27.7±7 years. Fifty-two percent of the patients had high inflammatory biomarkers. The BASDAI, ASDAS-VS, and ASDAS-CRP mean levels were respectively 3.5±2.4, 3.1±0.9, and 3±0.8. The mean BASRI and mass were respectively 8.8±5.4 and 16.4±19.4. Analyses of T-score values obtained over the femoral neck revealed osteoporosis in 18.7% of the cases and osteopenia in 32.3% of the cases. On the other hand, analyses of AP, spine views revealed osteoporosis in 25.3% and osteopenia in 45.3% of patients (p<0.028, r=0.562). We detected the highest percentage of osteoporosis in lateral lumbar view and T-scores matched more closely with femoral neck values; osteoporosis in 29.3%, and osteopenia in 22.7% of the patients (p=0.592, r=0.562). BMD measured in AP and lateral views were in good agreement (p<10^-3, p=0.592). Age was inversely but not significantly correlated with bone density. BMD exceeding the AP spine views and femoral neck values. Therefore, structural changes do not affect this measurement.

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.4294

Psoriatic arthritis – treatment

A. M. Orbeli, P. J. Jasse, P. Hellkvist, O. Fitzgerald, M. Biewig, D. Fleischaker, R. Mundayat, P. Young, Johns Hopkins University School of Medicine, Division of Rheumatology, Baltimore, MD, United States of America; Swedish Medical Center/Providence St Joseph Health, Rheumatology Clinical Research Division, United States of America; University of Washington School of Medicine, Rheumatology, Clinical Research Division, Seattle, WA, United States of America; Leeds Institute of Rheumatic and Musculoskeletal Medicine, University of Leeds, Leeds, United Kingdom; Conway Institute for Biomolecular Research, University College Dublin, Dublin, Ireland; College of Medicine, King Saud University Medical City, King Saud University, Division of Rheumatology, Riyadh, Saudi Arabia; Pfizer Inc, Inflammation and Immunology, Groton, CT, United States of America; Pfizer Inc, Inflammation and Immunology, New York, NY, United States of America; Pfizer Inc, Inflammation and Immunology, Collegeville, PA, United States of America

Background: Psoriatic arthritis (PsA), a uniformly diffuse and sometimes painful swelling of the fingers and/or toes.1 Up to 60% of patients (pts) with PsA may experience dactylitis;2 as such, dactylitis is an accepted domain of PsA that should be considered in treatment decisions.2 In PsA, dactylitis typically involves feet more than hands; dactylitis joints more frequently have erosive damage, compared with non-dactylitis joints.2 There remains a need for effective therapies to treat dactylitis in pts with PsA. Improvements in dactylitis have been associated with tofacitinib, an oral Janus kinase inhibitor for the treatment of PsA.3-5

Objectives: To assess the effect of tofacitinib on dactylitis by location (hands/feet) and individual digit involvement in pts with PsA.

Methods: These post hoc analyses used data pooled from two Phase 3 studies (12-month OPAL Broaden [NCT01776683]; 6-month OPAL Beyond [NCT01882438]) in pts with active PsA treated with tofacitinib 5 mg twice daily (BID; approved dose; to Month [M] 6), tofacitinib 10 mg BID (to M6) or placebo (PBO; to M3); pts were treated continuously with a single conventional synthetic disease-modifying antirheumatic drug. Pts were categorised by the presence of dactylitis at baseline (BL) in the hands and/or feet. Endpoints included change in BL, in Dactylitis Severity Score (DSS),8 the number of dactylitic digits and the proportion of pts with dactylitis in individual digits at M1, M3 and M6. Descriptive statistics were generated by visit and treatment arm.

Results: Data were pooled from 373 pts with DSS >0 at BL. BL characteristics, including gender, age, race, body mass index, PsA duration, BL DSS and dactylitis digits count were similar across dactylitis groups and treatment groups, except for pts with dactylitis in both the hands and feet, who had higher DSS compared to those with dactylitis in the hands or feet only, likely due to having more dactylitis digits (data not shown). Regardless of location, pts treated with tofacitinib had cumulative improvements from BL to M6 in DSS (Figure 1a) and in the number of dactylitis digits (Figure 1b); improvements in DSS were greater at M1 and M3, compared with PBO. Pts treated with tofacitinib 10 mg BID typically had numerically greater improvements in DSS, compared with pts treated with 5 mg BID (Figure 1a). Most pts treated with tofacitinib experienced improvement of dactylitis across all fingers and toes (Figure 1c–f); mean dactylitis presence was ≤5% at M6 in pts treated with tofacitinib for all digits. Generally, at M1 and M3, fewer pts treated with tofacitinib had dactylitis in any digit, compared with PBO (Figure 1c–f).

Conclusion: Among pts with pre-existing dactylitis, treatment with tofacitinib resulted in improvements in dactylitis in hands, feet, or both, and in all digits as early as M1, and up to M6.