Background: The patient reported Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) includes the six components fatigue, neck, back or hip pain, pain or swelling in other joints, tenderness, morning stiffness severity and duration on a 0-10 scale.

Objectives: To explore the driving factors for the BASDAI in pregnant patients with axial spondyloarthritis (axSpA).

Methods: Anonymized pooled data of the European Network of Pregnancy Registries in Rheumatology (EUneP) were used. The four participating registries are located in France, Germany, Norway and Switzerland, and collect data of women with child wish, during and after pregnancy prospectively and nationwide on regular time points. For the analysis, women who fulfilled ASAS classification criteria for axSpA and for whom a pregnancy outcome was reported until 12/2019 or 07/2020, depending on the registry, were selected. Mean BASDAI and its components were analysed descriptively.

Results: A total of 332 pregnancies from 304 women with axSpA were eligible. The Norwegian registry contributed half of the pregnancies (50.3%), followed by Germany (26.2%), France (15.4%) and Switzerland (8.1%). Mean maternal age was 31 years, the average disease duration 5 years. Mean BASDAI was 3.0 before conception, 3.4, 3.4 and 3.5 in the 1st, 2nd and 3rd trimester, and 3.4 within 6 months postpartum. The figure shows mean values of the BASDAI and its individual components in the different time periods. Fatigue was higher than the mean score during all phases, and especially elevated in the 1st and 3rd trimester. Furthermore, values for neck, back or hip pain were higher than the mean score, especially from 2nd trimester on. All other components were lower than the mean score, respectively.

Conclusion: The BASDAI is a validated instrument for assessing disease activity in patients with axSpA. Since the calculation of the score also includes factors that can be influenced by pregnancy, it may only be of limited value for measuring disease activity in pregnancy. This analysis shows that mainly fatigue and back pain in particular have an impact on the mean BASDAI. A limitation of this analysis is that data were not available for all measured time points of the individual pregnancies. Therefore, the results should be confirmed by other studies.

Figure 1. Means of BASDAI components before, during and after pregnancy (the table presents means ± standard deviation).

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AB0790

OBJECTIVES OF PHYSICAL ACTIVITY ON DISEASE ACTIVITY AND CLINICAL ENTHESITIS SCORES IN PATIENTS WITH SPONDYLOARTHITIS

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Background: Regular physical activity (PA) highly recommended for patients with inflammatory diseases [1]. It was shown to significantly improve disease activity [1]. However, data regarding the effects of physical activity on disease activity and clinical enthesitis scores in patients with SA are scarce.

Objectives: To aim to study the effects of performing PA on disease activity and clinical enthesitis scores in patients with SA.

Methods: We performed a cross-sectional study including patients with axial spondyloarthritis. Each patient was asked if he performed regular physical activity. Clinical disease activity scores were calculated: Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Ankylosing Spondylitis Disease Activity Score using C-Reactive Protein (ASDAS-CRP). Clinical enthesitis scores were calculated: Maastricht Ankylosing Spondylitis Enthesitis Score (MASES) [2], Spondyloarthritis Research Consortium of Canada Enthesitis Index (SPARC) [3] and Leids Enthesitis Index (LEI) [4].

Results: Thirty-seven patients were included: 29 males and 8 females. The mean age was 44.5±12.08 years. The mean disease duration of 9.78 years. Regular PA was reported by 51% patients (19). Aerobic exercise was performed by 48.6% of patients (walking: 27%, jogging: 8.1%, football: 5.4%, biking: 2.7%, handball: 2.7% and exercise: 2.7%). Anaerobic exercise was performed by only one patient (2.7%) and consists of weightlifting. The mean weekly duration of PA was of 4.3±3.4 hours. Means BASDAI, ASDAS-CRP, and ASDAS-ESR were of 4.74±2.2, 3.02±1.2 and 3.62±1.3, respectively. Mean MASES was of 2.95±2.86, LEI of 1.51±1.72 and SPARC of 2.97±3.42. Patients who performed regular PA had significantly lower disease activity evaluated with BASDAI (3.53 vs 5.45, p=0.007), ASDAS-CRP (2.64 vs 3.44, p=0.045) and ASDAS-ESR (2.84 vs 3.7, p=0.44). Clinical enthesitis scores were also significantly lower in physically active patients (MASES: 1.74 vs 4.22, p=0.007, LEI: 0.95 vs 2.11, p=0.038, SPARC: 1.79 vs 4.22, p=0.029). However, no significant difference was found between the two groups regarding CRP (16.11 mg/L vs 39.67 mg/L, p=0.107).

Conclusion: Physical activity was associated with lower disease activity scores and lower clinical enthesitis score. This highlights the importance of physical activity as a non-pharmacologic treatment in SA for the management of disease activity and enthesal involvement.

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AB0791

MADRID SONOGRAPHIC ENTHESIS INDEX: USEFUL OUTCOME IN THE DIAGNOSIS OF AXIAL Spondyloarthritis

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Background: Madrid Sonographic Enthesis Index (MASEI) is an ultrasound (US) score for the evaluation of enthesis including inflammatory abnormalities and chronic damage in spondyloarthritis (SpA) [1]. This score includes bilaterally: planter aponeurosis, Achilles tendon, distal and proximal patellar ligament, distal quadriceps, and bursal triceps tendons.

Objectives: We aimed to study the diagnosis value of MASEI score in axial spondyloarthritis.