AB0847

PROFILE OF SpondyloarthritIS IN THE MOROCCAN POPULATION: RESULTS OF A MULTICENTER STUDY

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Background: Spondyloarthritis (SpA) is a frequent group of chronic inflammatory rheumatic diseases, their epidemiology varies considerably in different regions of the world.

Objectives: The aim of our study was to describe the epidemiological, clinical, paraclinical and therapeutic profile of SpA in the Moroccan population.

Methods: This is a multicenter descriptive study, including patients followed for SpA. 8 hospital centers participated in this study. All data were measured by standard instruments.

Results: Seven hundred patients were included. 54% were men, the mean age was 40.42±14.19 years at the time of diagnosis [14 years-90 years]. The patients lived in urban and rural areas in 83.5% and 13.8% of cases, respectively. 38.4% were without occupation. A history of tuberculosis was noted in 5.9% of cases. Associated pathologies were autoimmune in 2.3% and neoplasia in 1.5% of cases. 15.6% of patients were smokers. A family history of SpA was noted in 11.7%. psoriasis in 1% and Inflammatory bowel disease (IBD) in 0.6% of cases. The average diagnostic delay was 59.76 months [0-444 months]. The revealing symptomatology was axial in 19%, peripheral in 10.1%, enthesitis in 5.9% and a combination of the 3 forms in 22.1% of cases. Dactylitis was noted in 23.3% of cases. SpA was non-radiographic in 14% of cases. The forms of SpA were: ankylosing spondylitis (80.1%), IBD associated with SpA (24.2%), psoriatic arthritis (6%), and undifferentiated SpA (4%). Juvenile SpA accounted for 15.5% of cases. The prevalence of HLA-B27 was 65.51%. The mean BASDAI (Bath Ankylosing Spondylitis Disease Activity Index) was 4.42 ± 1.67 and the mean ASDAS (Ankylosing Spondylitis Disease Activity Score) was 3.19 ± 1.24. Systemic involvement was dominated by uveitis (11.3%), followed by IBD (9.4%), restrictive syndrome (2.7%), renal involvement (0.6%) including amyloidosis (0.1%), IGA nephropathy (0.4%), interstitial nephropathy (0.1%), and aortic insufficiency in 0.2% of cases. The most commonly used treatments were non-steroidal anti-inflammatory drugs (81.7%), sulfasalazine (24.2%), methotrexate (22.9%) and 31.8% of patients were on biotherapy. Surgery for arthroplasty was necessary in 5.6% of patients.

Conclusion: This is a study of the clinical and demographic characteristics of Spondyloarthritis in a population in Morocco, on which a large scale data base could be initiated, in order to better determine the role of genetic and environmental factors in the pathogenesis of the disease.

REFERENCES:

Disclosure of Interests: None declared


AB0849

ASSESSMENT OF CAROTID INTIMA-MEDIA THICKNESS IN SpondyloarthritIS PATIENTS

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Background: Cardiovascular morbidity and mortality are increased in spondyloarthritis (SpA) (1), which is attributed to accelerated atherosclerosis. Recognition of subclinical atherosclerosis in asymptomatic population is important for risk stratification and optimal management. Due to its simplicity and non-invasive nature, carotid intima-media thickness (cIMT) is actually widely used for identifying subclinical atherosclerosis.

Objectives: The aim of our study was to investigate the presence of subclinical atherosclerosis in SpA patients compared with healthy controls, by evaluating cIMT.

Methods: We performed a case control study including 47 patients and 47 age and gender matched healthy controls. All subjects were included without history of cardiovascular disease or cardiovascular risk factors. Sociodemographic features, disease characteristics, radiographic structural damage and therapeutics were recorded. cIMT was measured with Mindray Resona 7 ZST+ ultrasound machine, from the right and the left carotid artery; than mean cIMT was calculated.

Results: Forty-seven patients with a sex ratio of 2.35 were included in our study. Median age was 36 years (IQR: 28-46) and median duration of the disease was 11 years (IQR: 5-16). Median BASDAI and ASDAS-CRP scores were 2.6 (IQR: 1.8-3.8) and 2.18 (IQR: 1.62-2.91) respectively. Of the 47 patients, 10 (21%) had an active disease according to BASDAI and 19 (40%) had an active disease according to ASDAS. Median BASFI score for functional impairment was 3 (IQR: 1.5-5.1). Median BASRI and mSASSS scores were 3 (IQR: 2.4-10) and 10 (IQR: 4-15) respectively. Regarding treatment, 92% of patients were using non-steroidal anti-inflammatory drugs (NSAIDs), 51% were on csDMARDs and 38% were on anti-TNF alpha drugs. Median right, left and mean cIMT were respectively 0.54 mm (IQR: 0.50-0.83), 0.55 mm (IQR: 0.49-0.61) and 0.55 mm (IQR: 0.48-0.62) respectively. Increased cIMT values were found in 8 patients (17%). No patient had atherosclerotic plaque. Median values of cIMT were significantly higher in patients with spondyloarthritus than the control subjects (p<0.001) as shown in Table 1.
Background: Fatigue is an important domain in quality of life of spondyloarthritis patients, not always directly associated with disease course. The explanatory factors of fatigue in these patients are still not clearly understood.

Objectives: To assess the determinants of fatigue in patients with SpA under biologic disease modifying anti-rheumatic drugs (bDMARDs).

Methods: A retrospective observational study was performed using registry data of patients with SpA under bDMARD therapy followed at a tertiary level hospital. Data regarding disease activity, response criteria measures, analytic markers, function, metrology, pain, general health and fatigue (using FACIT score) was gathered at baseline, 6 months (t6) and 12 months (t12) after introduction of bDMARD. Statistically analysis (significance at p < 0.05) was performed using paired t-test, Wilcoxon test and McNemar tests for paired samples, Mann Whitney-U, Kruskall-Walis and One Way ANOVA for independent samples. Linear and logistic regression models were performed to assess direction and strength of association.

Results: A total of 46 SpA patients were analysed; most were male (24, 52.2%) with a mean age of 53.3 (± 11.3) years, never smoked (26, 61.9%), never drank (34, 79.1%) and had a full-time job (38, 86.4%). All patients were under TNF inhibitors, mostly adalimumab (23, 50%). The mean vitamin D levels were 25.98 (±12.05), and it has a negative correlation with increased ASAS response measures mean value (p = 0.014), BASDAI (p < 0.001) and MASES (p < 0.001). Fatigue at t6 had a negative correlation for HLA-B27. Most patients had high school or lower education (29, 69.1%), disease activity was not always directly associated with disease course. The explanatory factors of fatigue in these patients are still not clearly understood.

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Conclusion: Our study demonstrated increased fatigue in patients with SpA compared with healthy population; which attests higher risk for subclinical atherosclerosis and cardiovascular atherosclerotic events.

Disclosure of Interests: None declared


ABO850

ENTEThESIS, FEMALE GENDER AND VITALITY PERCEPTION AS FATIGUE DETERMINANTS IN Spondyloarthritis Patients Under bDMARD

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Background: Fatigue is an important domain in quality of life of spondyloarthritis patients, not always directly associated with disease course. The explanatory factors of fatigue in these patients are still not clearly understood.

Objectives: To assess the determinants of fatigue in patients with SpA under biologic disease modifying anti-rheumatic drugs (bDMARDs).

Methods: A retrospective observational study was performed using registry data of patients with SpA under bDMARD therapy followed at a tertiary level hospital. Data regarding disease activity, response criteria measures, analytic markers, function, metrology, pain, general health and fatigue (using FACIT score) was gathered at baseline, 6 months (t6) and 12 months (t12) after introduction of bDMARD. Statistically analysis (significance at p < 0.05) was performed using paired t-test, Wilcoxon test and McNemar tests for paired samples, Mann Whitney-U, Kruskall-Walis and One Way ANOVA for independent samples. Linear and logistic regression models were performed to assess direction and strength of association.

Results: A total of 46 SpA patients were analysed; most were male (24, 52.2%) with a mean age of 53.3 (± 11.3) years, never smoked (26, 61.9%), never drank (34, 79.1%) and had a full-time job (38, 86.4%). All patients were under TNF inhibitors, mostly adalimumab (23, 50%). The mean vitamin D levels were 25.98 (±12.05), and it has a negative correlation with increased ASAS response measures mean value (p = 0.014), BASDAI (p < 0.001) and MASES (p < 0.001). Fatigue at t6 had a negative correlation for HLA-B27. Most patients had high school or lower education (29, 69.1%), disease activity was not always directly associated with disease course. The explanatory factors of fatigue in these patients are still not clearly understood.

Conclusion: Our study demonstrated increased fatigue in patients with SpA compared with healthy population; which attests higher risk for subclinical atherosclerosis and cardiovascular atherosclerotic events.

Disclosure of Interests: None declared


ABO851

APPLICABILITY OF THE MASEI INDEX IN ENTHESIS AND ITS ASSOCIATION WITH OTHER INDICES / SEROLOGICAL MARKERS OF ACTIVITY IN PATIENTS WITH SPONDYLOARTHRITIS

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Background: Spondyloarthritis (SpA) is a group of chronic inflammatory diseases with affection, mainly of the axial skeleton and, also, of peripheral joints. The enthesis is one of the target organs, since an inflammation of it, known as enthesitis, can be observed, which in many patients with spondyloarthritis could not be undone.

Objectives: Find the relation between the MASEI index (Madrid Sonographic Enthesitis Index) in enthesis and other indices/serological activity markers (such as BASDAI, DAPSA or ESR, CRP) in spondyloarthritis patients.

Methods: Observational, descriptive and cross-sectional study. Data were collected from patients with SpA who underwent musculoskeletal ultrasound using the Madrid Sonographic Enthesitis Index (MASEI) and who were treated in our clinics from May 2021 to September 2021 and under the approval of the CEICm of our center. The variables evaluated were described using measures of frequency and measures of central tendency/dispersion, as appropriate. First, we tested the normality of all the variables, using a Shapiro-Wilk test. We studied the correlation of parametric numerical variables (such as MASEI-Vitamin D, MASEI-ASDAS), using the Pearson coefficient. On the other hand, for non-parametric numerical variables (such as MASEI-BASDAI) we use Spearman’s coefficient. For parametric numeric and categorical variables (such as MASEI-VITAMINA D, ASDAS-VITAMINA D) we constrain the mean of differences using the T-Student test, while for non-parametric numerical and categorical variables, we contrast the difference of means with the Mann-Whitney U test (MASEI-PCR, MASEI-VSG). Finally, to find out the correlation between categorical variables (such as VITAMIN D-PCR), we used a chi-square test. Finally, we have done a curve-fitting study using Matlab, obtaining the functions that better adjust the data avoiding overfitting. We have done this parametric optimization with the following pairings: MASEI-ASDAS, MASEI-BASDAI and MASEI DAPSA.

Results: We analyze twenty-four patients with SpA (with mean age 50.50 ± 10.63 years) 8 women and 16 men. They present: radiographic axial spondyloarthritis (5 patients), non-radiographic axial spondyloarthritis (4 patients), psoriatic arthritis (10 patients), spondyloarthritis associated with inflammatory bowel disease (2 patients), reactive arthritis (2 patients), and, finally, one patient has undifferentiated peripheral spondyloarthritis. The variables have the following average levels: ASDAS, 2.35 (±1.09); BASDAI (for those with axial involvement) 4.54 (±2.93); DAPSA (for psoriatic arthritis) 10.98 (± 6.85) and total MASEI 19.88 (± 14.77). We have found a correlation between the total MASEI and the following variables: ASDAS (Pearson coefficient=0.698), BASDAI (Pearson coefficient=0.823), and DAPSA (Pearson coefficient=0.823). The mean vitamin D levels were 25.98 (±12.05), and it has a negative correlation with the MASEI equal to -0.317. As far as curve fitting is concern, a couple of sinusoidal functions were obtained for the MASEI-ASDAS and MASEI DAPSA pairings (see Figure 1 and Figure 3) and a linear regression for MASEI-BASDAI (see Figure 2). These three curves have an R-squared fit of 0.77, 0.87 and 0.52, respectively.

Conclusion: Points with spondyloarthritis who present greater activity of the disease measured by ASDAS, BASDAI/DAPSA and by the serological markers of inflammation CRP and ESR, present a higher total MASEI than patients who are controlled. In addition, it has been observed that patients with low levels of vitamin D have higher disease activity and a higher total MASEI.

Disclosure of Interests: None declared

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