Table 1. Comparison of carotid intima-media thickness values between spondyloarthritis patients and control subjects.

<table>
<thead>
<tr>
<th>Spondyloarthritis</th>
<th>Control group</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right cIMT (mm)</td>
<td>0.54 (0.50-0.63)</td>
<td>0.45 (0.42-0.50)</td>
</tr>
<tr>
<td>Left cIMT (mm)</td>
<td>0.55 (0.49-0.61)</td>
<td>0.47 (0.45-0.50)</td>
</tr>
<tr>
<td>Mean cIMT (mm)</td>
<td>0.55 (0.48-0.62)</td>
<td>0.46 (0.43-0.50)</td>
</tr>
</tbody>
</table>

cIMT: carotid intima-media thickness; mm: millimeters; **: median value (IQR 25-75%); p < 0.05 denotes statistical significance.

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

Disclosure of Interests: None declared


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ENTHESIS, FEMALE GENDER AND VITALITY PERCEPTION AS FATIGUE DETERMINANTS IN SPONDYLOARTHRITIS PATIENTS UNDER BDMARD

F. R. Martins1, A. Martins1, B. Samões1, D. Santos Oliveira1,2, R. Nicolau1, F. Oliveira Pinheiro1, M. Rato1, M. Bernardes1, L. Costa1, University Hospital Center of Algarve, Faro, Rheumatology, Faro, Portugal; 2 São João University Hospital Center, Rheumatology, Porto, Portugal; 3 Centro Hospitalar Vila Nova de Gaia / Espinho, Rheumatology, Vila Nova de Gaia, Portugal; 4 Faculty of Medicine, University of Porto, Center for Health Technology and Services Research (CINTESIS), Porto, Portugal; 5 Centro Hospitalar Tondela - Viseu, Epe, Rheumatology, Viseu, Portugal; 6 Faculdade de Medicina da Universidade do Porto - FMUP, Medicine, Porto, Portugal

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. Statistical 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 predominantly axial involvement (31, 68.9%) and 74.4% of them was positive for HLA-B27. Most patients had high school or lower education (29, 69.1%), never smoked (26, 61.9%), never drank (34, 79.1%) and had a full-time job (38, 88.4%). All patients were under TNF inhibitors, mostly adalimumab (23, 50%). There was a significant decrease in inflammatory markers (p<0.001), disease activity scores (ASDAS-CRP and BASDAI) (p<0.001), function index BASFI (p<0.001), metrology indexes (p<0.05) and MASES enthesis score (p=0.01). Patient, physician and night pain VAS were significantly lower (p<0.001) at t6 and 112, but spine VAS only varied significantly between t0 - t6 (p = 0.021) and not t0 - t12 (p = 0.405). FACIT didn’t vary significantly after bDMARD initiation, while for non-parametric numerical and categorical variables, we contrast 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 (BASDAI-PCR; p<0.001). Other positive associations were seen with 66 TJC scores, and among the domains of SF36 questionnaire, only SF36 vitality score varied significantly (p<0.05). FACIT didn’t vary significantly after bDMARD initiation, without other significant variations scores were observed.

Discussion of Interests: None declared