

inflammation). The patient global assessment (PGA) is a one-dimensional scale in which patients evaluate how their illness affects their health.

**Objectives:** In this study, we planned to test and review the possible determinants of PGA and its relation with BASDAI components, BASFI scores and disease-related features both at first visit and at the 2 year follow-up.

**Methods:** Patients with axSpA whose baseline BASDAI and PGA scores were completed, were included in the analysis. The demographic, clinical and laboratory characteristics of the patients were recorded. The relation between PGA scores and BASDAI sub-score, BASFI score and other patient and disease characteristics were tested both univariate and multivariate analysis methods. The factors affecting the change in the PGA score over 2-year follow-up were also analyzed with GEE analysis method.

**Results:** In total 313 patients (56.5% of male, 61.7% AS, mean age at diagnosis 34.3±11 years) were included in the analysis. Spearman's rho test was used for correlation analysis. Baseline PGA scores were in correlation with the BASDAI total score (rho:0.71, p<0.001). PGA scores of female patients were found to be significantly higher (p=0.037) and each BASDAI individual score and BASFI scores were moderately/well correlated with PGA (Table 1). Multivariate analysis revealed that spinal pain (BASDAI Q2), the severity of morning stiffness (BASDAI Q5) and BASFI scores were the main determinants in the global health assessments of patients with axSpA (Table 1). GEE analysis was performed to evaluate the factors affecting the 2 year change in the PGA of the patients, fatigue (BASDAI Q1) (B:1.575, CI%95: [0.241- 2.922]; p=0.021), enthesitis (BASDAI Q4) (B:0.888, CI95% [0.049-1.727]; p=0.038) severity of morning stiffness (BASDAI Q5) (B: 2.663, CI%95 [1.447-3.878]; p<0.001), and BASFI scores (B: 2.909, CI95% [1.806-4.011]; p<0.001) were independent determinants of PGA in longitudinal analysis.

**Table 1. Baseline PGA related factors**

	Spearman Analysis		Model 1		Model 2	
	rho	p	B (%95 CI)	p	B (%95 CI)	p
sex	0.12	0.037	-3.183 (-8.903; 2.538)	0.27	-3.612 (-9.372; 2.148)	0.22
BASDAI Q1	0.59	<0.001	0.614 (-0.936; 2.175)	0.44	0.861 (-0.686; 2.406)	0.27
BASDAI Q2	0.66	<0.001	3.168 (1.536; 4.800)	<0.001	3.231 (1.587; 4.874)	<0.001
BASDAI Q3	0.43	<0.001	0.619 (-0.613; 1.852)	0.32	0.538 (-0.703; 1.779)	0.39
BASDAI Q4	0.43	<0.001	0.374 (-0.741; 1.489)	0.51	0.529 (-0.587; 1.645)	0.35
BASDAI Q5	0.60	<0.001	2.088 (0.542; 3.634)	0.008		
BASDAI Q6	0.43	<0.001	-0.697(-2.053; 0.660)	0.31		
BASDAI (Q5+Q6)/2	0.56	<0.001			1.195 (-0.218; 2.608)	0.097
BASFI	0.62	<0.001	2.097 (0.273-3.921)	0.02	2.263 (0.433; 4.094)	0.016
BASMI	0.28	<0.001	-0.321 (-1.879; 1.237)	0.69	-0.319(-1.891; 1.253)	0.69
Serum CRP level	0.23	<0.001	0.066 (-0.100; 0.233)	0.43	0.073 (-0.094; 0.241)	0.39

**Conclusion:** The study shows that the patients with axSpA mainly rely on morning stiffness and spinal pain in deciding their global health status. Fatigue, enthesitis and morning stiffness were found to be effective factors in the PGA changes of the patients under treatment. Although PGA is unidimensional, its well correlation with the BASDAI total score may be another proof of the validity of both scales.

**Disclosure of Interests:** None declared

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#### WOMEN SPONDYLOARTHRITIS: EPIDEMIOLOGICAL, CLINICAL AND PARACLINICAL CHARACTERISTICS

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**Background:** Spondyloarthritis (SPA) is a chronic inflammatory rheumatism characterized by sacroiliitis and spinal involvement, affecting both genders but more frequent in males.

**Objectives:** The aim of this study is to analyze the epidemiological, clinical and paraclinical characteristics of Spondyloarthritis in women.

**Methods:** Retrospective study included 333 patients followed up for SPA at the Rheumatology Department between 2004 and 2021.

**Results:** Our study involved 153 women and 180 men. In the female population, the mean age was 45.1 years, 12.4% had high blood pressure, 4.8% had a psychiatric comorbidity and none of the patients were smokers, versus a mean age of 36.4 years, 5% of high blood pressure's patients, 1.7% having a psychic comorbidity and 25% of the smokers for the male with SPA. The age of onset of symptoms was 36.5 years for women versus 28 years for men (p=0.001). Axial involvement was 84.3% in women and 85% in men, while peripheral and enthesial involvement was present in 73.8% and 56.8% of female subjects and 58.8% and 46.6% of male subjects (p at 0.004 and 0.064 respectively). Coxitis was present in 13.1% and syndesmophytis in 15.3% of females versus 36.1% and

18.3% of males (p at 0.001 and 0.4 respectively). Mean erythrocyte sedimentation rate was 45.7, mean CRP 28.5 and mean calcemia 92 in the 1st group versus 43, 40.6 and 93.4 in the 2nd (p at 0.4; 0.03 and 0.03 respectively). Relapse was 26.8% in female with SPA and 12.6% in male (p =0.025)

**Conclusion:** In our study, females SPA patients developed symptoms later than did males, peripheral and enthesial involvement is more common in females while coxitis is more common in males with statistically significant higher CRP and calcemia.

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#### PARTICULARITIES OF UVEITIS ASSOCIATED WITH SPONDYLOARTHRITIS: DATA FROM THE MOROCCAN RBSMR REGISTRY

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**Background:** Acute anterior uveitis is the most frequent extra-articular manifestation in spondyloarthritis (SpA). [1]

**Objectives:** The purpose of this study is to assess the prevalence of uveitis during SpA and to identify associated factors with its presence.

**Methods:** A cross-sectional multicentric observational study was conducted; the main data source was the Moroccan registry of biological therapies in rheumatic diseases (RBSMR registry). Patients, included from May 2017 to January 2019, were all adult patients (age > 18 years old), presenting SpA, according to ASAS (Assessment of Spondyloarthritis International Society) classification criteria for SpA 2010.

Demographic and clinical characteristics, disease activity, radiographic damage and functional ability have been compared between two groups of patients: Patients with SpA suffering from uveitis and patients without uveitis. General and specific data regarding uveitis were collected.

**Results:** 194 patients were included in the study. The mean age was 40.22 ± 13.68 years. The sex ratio was 1, 7 (man/woman). The mean duration of disease was 615.90 ± 349.12 weeks.

96.4 % of the patients had axial involvement, 70 % had peripheral involvement and 61.5 % had enthesial involvement. SpA was radiographic in 88.1 % of the cases and coxitis was found in 40.9 %. The mean erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) was 39.04 ± 27.16 mm/h and 32.87 ± 38.77 mg/l, respectively. HLA B27 was positive in 34 % of patients. The mean ASDAS (Ankylosing Spondylitis Disease Activity Score) ESR, BASDAI (Bath Ankylosing Spondylitis Disease Activity Index) and BASFI (Bath Ankylosing Spondylitis Functional Index) was 3, 19 ± 2,118; 4.8 ± 1.8 and 5.29 ± 2.21, respectively. Uveitis was seen in 14.5% of cases.

The bi-variate analysis did not reveal any statistically significant difference between the two groups regarding demographic and clinical characteristics, disease activity and radiographic damage.

**Conclusion:** Acute anterior uveitis is the most frequent extra-articular manifestation in spondyloarthritis (SpA). The presence of uveitis in Moroccan patients diagnosed with SpA wasn't associated with specific characteristics. Even though, its screening is systematic because it conditions the treatment.

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