EARLY DIAGNOSIS OF SPONDYLOARTHRITIS AND OTHER RHEUMATIC DISEASES IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE: A PROSPECTIVE STUDY BASED ON A SCREENING QUESTIONNAIRE AND EARLY REFERRAL TO THE RHEUMATOLOGIST

Keywords: Spondyloarthritis, Gastrointestinal tract, Inflammatory arthritis

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Background: Patients (pts) with inflammatory bowel disease (IBD) frequently disclose musculoskeletal (MSK) symptoms. About 15-20% of these pts are affected by spondyloarthritis (SpA) and almost 50% have mechanical back pain and non-inflammatory arthralgias [1]. Notably, up to 30% of them may have fibromyalgic syndrome [2].

Methods: Pts fulfilling ASAS classification criteria were diagnosed as having p-Spa or ax-Spa. Rheumatoid arthritis (RA) and FMS were also diagnosed according to ACR 2010 criteria.

Results: 860 IBD pts were administered the questionnaire. Ninetytwo pts (14%) were selected for rheumatological evaluation: 69/92 (75%) were female, the median age was 48 (±12.7) years and the mean BMI was 23.8 (±3.7). Sixtyseven pts (73%) were affected by Crohn disease, 23 pts (25%) by ulcerative colitis and 2 pts (2%) had indeterminate colitis. The median disease duration was 11.6 (±9.3) years. Fiftytwo pts (56.5%) were in biologic therapy (77% with anti-TNF, 15.3% con Vedolizumab and 77% with Ustekinumab). Overall, 38/92 pts (41%) were classified as having ax-Spa, 3 (1%) RA. Notably, in 9 of these pts coexisted FMS. 54/92 pts (58.6%) of the risk cohort did not fulfill arthritis classification criteria: 32 pts (60%) were diagnosed as having osteoarthritic or as specific arthralgias and 22 pts (41%) fulfilled FMS criteria. Notably, in the whole risk cohort there were 31 pts (41%) with FMS. Concerning US assessment, the statistical analysis only showed marginal correlation between MASEI score and ax-Spa diagnosis (p=0.086) but no correlation with p-Spa.

Conclusion: This study confirm that the DETAIL questionnaire may be a useful screening tool in order to select IBD pts needing rheumatologic evaluation and get an early diagnosis of SpA. However, our data also show that IBD pts with MSK symptoms often have other non-inflammatory rheumatic diseases. Notably, in our series US did not represent a sensitive method in identifying pts with SpA.

REFERENCES:

Disclosure of Interests: NIL.

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THE DIFFERENTIAL CHARACTERISTIC OF SPONDYLOARTHRITIS PATIENTS WHO CANNOT BE CLASSIFIED ACCORDING TO ASAS: RESULTS FROM THE GESPA COLOMBIAN COHORT

Keywords: Descriptive studies, Spondyloarthritis

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Background: The Assessment of SpondyloArthritis International Society (ASAS) classification criteria for SpA has changed the approach to the disease, enhancing the performance of the classification process. However, regardless of the ASAS classification criteria were developed according to a global cohort of patients, Latin American patients were not included in a significant number. SpA patients from our region have unique characteristics that may impact the SpA classification. Other alleles than HLA-B27 have been identified, the frequency of HLA-B15 was reported to be 19.1% in the Latin American SpA population [1], compared to 3.3% in the healthy population [2].

Objectives: The aims of our study were to describe the demographics, clinical, genetic characteristics, and metrology of patients diagnosed with SpA by a rheumatologist but who did not meet ASAS classification criteria and compare them to patients who fulfilled ASAS classification criteria.