In the univariate analysis, a negative correlation between the total IIEF5 score and MTX exposure (years) has been identified (r = -0.20 [CI -0.38 to -0.04]; p = 0.039). Age was the variable with the strongest negative association with the IIEF5 score (r = -0.57 to -0.22; p < 0.0001). MTX exposure was still associated with a lower IIEF5 score when adjusted for age (β Estimate = -2.63, CI [-5.13 to -0.13]; p = 0.0391). Among the other variables, LH (r = 0.24; CI [-0.42 to -0.04]; p = 0.01), FSH (r = 0.21; CI [-0.39 to -0.006]; p = 0.04) and E2 (r = 0.21; CI [-0.40 to -0.009]; p = 0.03) negatively correlated with IIEF5 score while DHEA, was the only with a weak positive association (r = 0.22; CI [0.02 to 0.40]; p = 0.03). Patients affected by arterial hypertension and hypercholesterolemia showed lower scores compared to non-affected patients (p = 0.04; p = 0.03; p = 0.045). In the multivariable analysis, age was the only factor associated with a decrement of IIEF5-score (β = -0.21, [0.32 to -0.094]; p = 0.0005).

Conclusion: Long-term MTX exposure was associated with sexual dysfunction reported by a lower IIEF5 score in male patients adjusted for age. The preliminary results should be confirmed in larger prospective studies.

REFERENCES: NIL.

Disclosure of Interests: None Declared. DOI: 10.1136/annrheumdis-2023-eular.3853
by JAK1, while SMAD3 related CHERP. PRPF6 down-regulated by survivin inhibition were upregulated in CD4+ cells of JAKi-treated patients. Effect of JAK1 in the IRF1-related genes was executed only in BIRC5/CD4+ cells and remained unchanged in BIRC5/CD4− cells.

Conclusion: This study shows that survivin contributes to deposition of histone H3K27ac and H3K4me4 marks in proximity of RA-risk genes and control immune system regulators in CD4 T cells. JAK-inhibitors operate downstream of survivin and high levels of survivin may impede JAK-treatment.

REFERENCES:

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Disclosure of Interests: None Declared.

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Early RA and comorbidities

POS0317

IT’S TIME TO END THE STIGMA SURROUNDING INFECTIOUS MUSCULOSKELETAL DISEASES: A Q-METHODOLOGY STUDY

Keywords: Patient reported outcomes, Infection-related RMDs

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Background: Although it still remains a rare disease, spondyloarthritis has been on the rise in the past decades. Early diagnosis can be difficult, but improved diagnostic techniques and modern treatments have reduced patient mortality. However, the management of these patients comes up against a certain number of issues, including stigma. This stigmatization of the spondyloarthritis patient represents a real problem on the daily life. This considerably hinders his reintegration.

Objectives: The aim of this study is to explore prevailing perspectives concerning stigma among patients treated for spondylosis and so to identify potential determinants of these beliefs.

Methods: A Q-methodology study was carried out on patients treated for spondylositis over a two-year period at a single spine center. The socio-demographic data, clinical, radiological, biological and therapeutic parameters were collected. Participants ranked 20 opinion statements about the impact of their disease on their daily life (social life, mental health, professional life, sex life) on an agreement scale. A by-person factor analysis identified common patterns in the rankings. These patterns represent the different viewpoints among the patients. Data from interviews, in which they explained their ranking, was used to further interpret the viewpoints. All data was collected after informed consent was given.

Results: Thirty patients were selected for the study, with a sex ratio (M/F) of 1.57. Their average age was 56 [18-73]. The analysis revealed four viewpoints. At least 2 participants were significantly associated with each factor (p<0.05).

1) « The subject of stigma must be seriously addressed by health professionals and authorities »
2) « Lack of self-esteem has limited my social life »
3) « Challenged doubly, both by the disease and by the stigma associated with it »
4) « Physical changes make me feel less confident about sex ».

In our series, there were positive correlations between gender, VAS (visual analog scale) spinal pain, presence of spinal syndrome and viewpoint 2: p=0.035, p<0.04 and p=0.008, respectively. In the same way, there were positive correlations between high pain catastrophizing scores and viewpoint 3: p=0.02. Viewpoint 4 was associated to depression thoughts, according to the hospital anxiety and depression scale: HAD: p=0.03.

Conclusion: We identified 4 viewpoints on the impact of spondyloarthritis on daily life. In fact, we have noticed that this disease affects relationships and self-confidence. It can lead also to the exclusion of the individual. Therefore, various strategies are needed to combat the stigma related to infectious musculoskeletal diseases such as spondyloarthritis, which remains a frequent problem with multiple consequences.

REFERENCES: NIL.

Acknowledgements: NIL.

Disclosure of Interests: None Declared.

DOI: 10.1136/annrheumdis-2023-eular.538

Table 1. Prognosis of EA phenotypes

<table>
<thead>
<tr>
<th>HAQ (0-3)</th>
<th>SF36 PC (0-100)</th>
<th>SF36 MC (0-100)</th>
<th>DvDH (0-448)</th>
</tr>
</thead>
<tbody>
<tr>
<td>β (95% CI)</td>
<td>β (95% CI)</td>
<td>β (95% CI)</td>
<td>β (95% CI)</td>
</tr>
<tr>
<td>MIPA vs AIPA</td>
<td>0.2 (0.1; 0.3)</td>
<td>-70 (9.4; -4.5)</td>
<td>-2.7 (5.9; 0.5)</td>
</tr>
<tr>
<td>OUAL vs AIPA</td>
<td>0.0 (-0.2; 0.1)</td>
<td>-2.0 (-1.8; 0.5)</td>
<td>-0.7 (0.5; 1.4)</td>
</tr>
<tr>
<td>EAC</td>
<td>0.5 (-0.5; 1.4)</td>
<td>-19.5 (-25.2; -11.9)</td>
<td>-6.3 (15.1; 2.6)</td>
</tr>
<tr>
<td>MPA vs AIPA</td>
<td>-0.1 (-0.2; 0.0)</td>
<td>-6.8 (19.2; 5.5)</td>
<td></td>
</tr>
</tbody>
</table>

ESPOIR: models adjusted for age, gender, DAS28, NAIADs, GCs, csDMARDs, bDMARDs. Reade and EAC: age, gender and DAS28. Not available.

POS0318

DISTINCTION AND PROGNOSIS OF EARLY ARTHRITIS PHENOTYPES: AN ANALYSIS IN THREE EUROPEAN COHORTS

Keywords: Real-world evidence, Prognostic factors, Rheumatoid arthritis

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Background: Patients (pts) with early arthritis (EA) may present with more or less classical inflammatory disease phenotypes. It is difficult to discern at presentation those who will evolve to a well-defined phenotype (e.g., rheumatoid arthritis; RA) from those who will remain undifferentiated or even will have non-inflammatory disease. The 2010 RA classification criteria were developed to promote early identification of RA and were validated against the external standard of ‘expert diagnosis; a well-known approach that -however- may lead to circularity.

Objectives: Obtain a more unbiased insight into the ‘Gestalt’ of EA, by circumventing expert opinion, and investigating the latent phenotypes underlying EA and whether there are differences in prognosis across these phenotypes over time.

Methods: Three cohorts of pts with EA (Reade, ESPOIR and EAC) were analyzed separately. Clinical data were collected up to 12 (ESPOIR), 13 (Reade) or 24 (EAC) years. Hands and feet radiographs were scored, according to the Sharp van der Heijde method (SvdH) up to 10 (ESPOIR), 13 (Reade) and 14 (EAC) years. Latent class analysis was used to estimate the latent (i.e., unobserved) classes of EA. Each class was labeled by us, according to its most prominent features. Outcomes were functional disability, quantified by the health assessment questionnaire (HAQ), quality of life (QoL) quantified by the short form 36 physical (SF36 PC) and mental (SF36 MC) components (in ESPOIR) and radiographic damage (SvdH score). The association between class-membership and each outcome over time was tested in multivariable GEE models.

Results: In total, 390 (Reade), 798 (ESPOIR) and 1788 (EAC) pts were included. In ESPOIR, 4 latent classes could be distinguished (Figure 1); Two classes had a high likelihood of symmetrical polyarthritis. One of these, labelled as autoimmune inflammatory polyarthritis (AIPA), had a high likelihood of acute phase reactants (APR)-elevation and autoantibody (AB)-positivity, while the other (mild inflammatory polyarthritis; MIPA) had not. The third class had fewer joints involved (oligoarthritis of upper limbs; OAUL) and the fourth included pts with oligoarthritis of the lower limbs (OALL). All classes, except the latter, were also identified in Reade. In the EAC, OAUL could further be divided into autoimmune OAUL (AIOAUL) and mild-inflammatory OAUL (MOAUL). In all cohorts, SvdH-scores were consistently worse in classes with AB and APR present (AIPA) than in those without. An example from the EAC cohort shows pts in the MIPA-class had on average 18.5 SvdH-units less than patients in the AIPA-class (Table 1). However, the mean HAQ- and SF36-scores were remarkably similar over time across all classes. The few statistically significant effect-sizes were small and of no clinical relevance.

Conclusion: EA pts presenting with elevated (APR and autoantibodies) markers, the phenotype most consistent with the ‘classic RA-construct; develop more radiographic damage than those without these markers. However, pts with more damage do not necessarily have worse physiological function or QoL (measured up to 24 years). These results may justify immediate DMARD-treatment for preventing damage for the proportion of EA-patients that present with an AIPA-phenotype, but not necessarily for all others.

Table 1. Prognosis of EA phenotypes

| MIPA vs AIPA | 0.2 (0.1; 0.3) | 1.0 (0.5; 1.5) |
| OUAL vs AIPA | 0.0 (-0.2; 0.1) | 1.0 (0.5; 1.5) |
| EAC | 0.5 (-0.5; 1.4) | 1.0 (0.5; 1.5) |
| MPA vs AIPA | 0.0 (-0.2; 0.0) | -6.8 (19.2; 5.5) |

ESPOIR: models adjusted for age, gender, DAS28, NAIADs, GCs, csDMARDs, bDMARDs. Reade and EAC: age, gender and DAS28. Not available.