INCIDENCE OF EXTRA-ARTICULAR MANIFESTATIONS IN ANKYLOSING SPONDYLITIS, PSORIASIC ARTHRITIS AND UNDIFFERENTIATED SPONDYLOARTHRITIS – RESULTS FROM A NATIONAL REGISTER-BASED COHORT STUDY

Karin Bengtsson1, Helena Forsblad-D’Elia2, Eva Klingberg3, Ulf Lindström4, Mats Dehlin5, Sofia Exarchou6, Anna Deminger7, Johan Askling8, Lennart T. H. Jacobsson9, 1Institute of Medicine, Sahlgrenska Academy, University of Gothenburg, Department of Rheumatology and Inflammation Research, Göteborg, Sweden; 2Umeå University, Department of Public Health and Clinical Medicine, Rheumatology, Umeå, Sweden; 3Lund University, Department of Clinical Sciences, Section of Rheumatology, Malmö, Sweden; 4Karolinska Institutet, Department of Medicine Solna, Clinical Epidemiology Unit and Rheumatology Unit, Stockholm, Sweden

Background: Spondyloarthritis (SpA), including ankyllosing spondylitis (AS), psoriatic arthritis (PsA) and undifferentiated SpA (uSpA), are all to varying degrees associated with extra-articular manifestations (EAMs).

Objectives: To estimate incidence rates (IR) for EAMs (anterior uveitis, inflammatory bowel disease (IBD) and psoriasis) in patients with AS, PsA and uSpA, respectively.

Methods: In this nationwide cohort study, three separate cohorts of patients aged 18 to 69 years with AS (n=8517, 68% men, mean age 47 ± 10 years), PsA (n=12667, 46% men, mean age 42 ± 12 years) and uSpA (n=10245, 44% men, mean age 42±13 years) were identified 2001-2015 in the Swedish National Patient Register (NPR). The follow-up began January 2006, or six month after the first date of SpA diagnosis thereafter in previously undiagnosed cases, and ended at the first date of EAM, death, emigration or 31 December 2016, respectively. Both the SpA diagnoses and EAMs were identified according to specified ICD codes. Number of outcomes, person-years at risk and IRs with 95% CI were calculated for each EAM and stratified by sex and age-intervals.

Results: The IRs for each EAM are presented in Table 1. The overall highest IRs were noted for anterior uveitis in patients with AS (14.4 (13.2-15.5) per 1000 person-years at risk) and slightly lower IRs for IBD than patients with AS and uSpA. The IRs for anterior uveitis were significantly higher in men than in women in both AS and uSpA.

Disclosure of Interests: Karin Bengtsson: None declared, Helena Forsblad-d’Elia Grant/research support from: Unrestricted grants from Novartis outside the submitted work, Consultant for: Advisory board fees from Sandoz, Novartis and Abbvie, Speakers bureau: Lecturing fees from Novartis, Eva Klingberg Grant/research support from: Unrestricted grants from Roche, Consultant for: Novartis, Speakers bureau: Fee from Lilly, Ulf Lindström: None declared, Mats Dehlin: None declared, Sofia Exarchou: None declared, Anna Deminger: None declared, Johan Askling Grant/research support from: Karolinska Institutet (JA) has or has had research agreements with the following pharmaceutical companies, mainly in the context of the ATRIS national safety monitoring programme for rheumatology biologicals: Abbvie, BMS, MSD, Eli Lilly, Pfizer, Roche, Samsung Bioepis, and UCB, Consultant for: Karolinska Institutet has received remuneration for JA participating in ad boards arranged by Lilly, Novartis, and Pfizer,..

REFERENCES

1. Bessette L, 2. Khrashi V, 3. Pavlová V, 4. Stewart J, 5. Remple P.

The IRs are presented as number of EAMs per 1000 person-years at risk, NA, not applicable.

Table 1.

| EAM | AS | PsA | uSpA |
|-----|----|-----|------|
| **All** | **1852** | **14.4 (13.2-15.5)** | **136** | **1.7 (1.5-1.9)** | **1498** | **7.7 (7.0-8.6)** |
| **Men** | **1315** | **15.8 (14.3-17.3)** | **177** | **1.7 (1.5-1.9)** | **771** | **10.1 (9.0-11.5)** |
| **Women** | **537** | **11.2 (9.4-13.1)** | **179** | **1.8 (1.5-2.1)** | **727** | **6.0 (5.1-6.9)** |
| **IBD** | **615** | **2.8 (2.4-3.3)** | **504** | **1.1 (0.96-1.2)** | **632** | **2.5 (2.1-2.9)** |
| **Men** | **403** | **2.6 (2.0-3.1)** | **392** | **1.0 (0.8-1.2)** | **268** | **2.6 (2.0-3.2)** |
| **Women** | **212** | **3.4 (2.5-4.3)** | **312** | **1.2 (1.0-1.4)** | **364** | **2.4 (1.8-3.1)** |
| **Psoriasis** | **264** | **5.6 (5.0-6.3)** | **NA** | **NA** | **405** | **7.7 (7.0-8.4)** |
| **Men** | **171** | **5.4 (4.7-6.2)** | **NA** | **NA** | **199** | **6.9 (6.0-7.9)** |
| **Women** | **93** | **6.1 (4.9-7.3)** | **NA** | **NA** | **206** | **8.3 (7.3-9.3)** |

The IRs are presented as number of EAMs per 1000 person-years at risk, NA, not applicable.
pattern (41.3% and 34.9%), fatigue (35.3% and 28.6%), and loss of interest in sex (21.7% and 21.9%), for AS and PsA, respectively. In univariate analysis (Table 1), female sex (OR=1.79), unemployment due to disability (OR=3.06) or other reasons (OR=2.38), increased BASDAI (OR=1.40), increased BASFI (OR=1.33), and increased morning stiffness (OR=1.01) were significantly associated (all OR>0.001 except gender (P=0.009)) with baseline depression among AS patients. For PsA, significantly associated parameters included female sex (OR=2.35; P=0.001), unemployment due to disability (OR=3.07; P=0.001), increased TJC (OR=0.97; P=0.010), increased BASDAI (OR=1.03; P=0.01) and increased morning stiffness (OR=1.01; P=0.010). Weak correlations (P<0.05) were observed between the BDI score and BASFI (r=0.245), BASDAI (r=0.375), morning stiffness (r=0.285), and number of EAMS (r=0.114) for AS; and TJC (r=0.155), MDGA (r=0.132), and PtGA (r=0.451) for PsA.

In multivariate regression analysis for AS, higher BASFI (OR=1.32; P=0.001), female sex (OR=1.89; P=0.007) and being unemployed due to other reasons (OR=1.91; P=0.017); and for, PsA, lower baseline disease duration (OR=0.97; P=0.018), and higher PtGA (OR=1.04; P<0.001) were identified as significant independent predictors of baseline depression.

Conclusion: Depression in AS and PsA patients was common in this real-world cohort. Female sex, unemployment, and higher disease activity for AS, and shorter disease duration along with higher PtGA for PsA were significant independent predictors of depression.

Disclosure of Interests: Louis Bessette Grant/research support from: Amgen, BMS, Janssen, Roche, UCB, AbbVie, Pfizer, Merck, Celgene, Sanofi, Lilly, Novartis, Consultant for: Amgen, BMS, Janssen, Roche, UCB, AbbVie, Pfizer, Merck, Celgene, Sanofi, Lilly, Novartis, Speakers bureau: Amgen, BMS, Janssen, Roche, UCB, AbbVie, Pfizer, Merck, Celgene, Sanofi, Lilly, Novartis, Majed Khrjaishi Consultant for: AbbVie, Speakers bureau: AbbVie, Victoria Pavlova Grant/research support from: UCB, Consultant for: Amgen, Abbvie, BMS, Janssen, Lilly, Merk, Novartis, Roche, UCB, Pfizer, Speakers bureau: Amgen, BMS, Janssen, Lilly, Merk, Novartis, Roche, UCB, Pfizer, Jacqueline Stewart Consultant for: Pfizer, Abbvie, Amgen, Celgene, Roche, Novartis, Merck, Valencia P. Remple Shareholder of: AbbVie, Employee of: AbbVie

DOI: 10.1136/annrheumdis-2019-eular.7196

SAT0319

OBESITY AND ASSOCIATED FACTORS IN NORWEGIAN AXIAL SPONDYLOARTHRITIS PATIENTS. RESULTS FROM THE EUROPEAN MAP OF AXIAL SPONDYLOARTHRITIS SURVEY

Christian Bindesbol1, Marco Garrido-Cumbraa2, Gunnstein Bakland3, Hanne Solveig Dagfinrud4, EMAS working group.

Methods: The European Map of Axial Spondyloarthritis (EMAS), conducted from July 2017 to February 2018, was a cross-sectional on-line survey of 2,846 unselected patients with self-reported axSpA from 13 European countries (Austria, Belgium, France, Germany, Italy, Netherlands, Norway, Russia, Slovenia, Spain, Sweden, Switzerland, and the UK). Participants were recruited through an on-line panel and patient organizations. This analysis is based on data from the 509 Norwegian respondents. Sociodemographic variables (age, gender, BMI, comorbidity), and disease related variables (Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) (0-10), self-reported spinal stiffness (3-12) and General Health Questionnaire (0-12) (GHQ-12) were reported.

Results: Out of 509 Norwegian patients, mean axSpA, 69.7% (N=355) were women. The mean age was 48±12 years, mean disease duration was 5.3±2.0 years, 82.3% were HLA-B27 positive, and 55.2% (N=281) were university educated. In total, 35% (N=180) of the participants were normal/underweight (BMI < 25) and 65% (N=329) were overweight/obese (BMI ≥25). The mean (sd) disease activity, as measured by BASDAI (0-10), was 5.3±2.0. Overweight/obese patients reported significantly higher disease activity (BASDAI 5.5±1.9) compared to normal weight patients (BASDAI 5.0±2.1). Moreover, being overweight/obese was associated with a significantly higher degree of spinal stiffness, number of comorbidities and a numerically, but not significantly, higher GHQ-12 score. There was no significant differences in alcohol consumption, smoking, or prevalence of inflammatory bowel disease (Cronh’s disease or ulcerative colitis).

Conclusion: Norwegian overweight/obese axSpA patients from the EMAS survey report significantly higher disease activity, spinal stiffness and number of comorbidities. The results highlight the serious impact of overweight and obesity on the health status of axSpA patients. Therefore, obesity should be considered as a preventable risk factor and within the disease management of axSpA.

REFERENCES

[1] Maas, et al. Obesity is Common in Axial Spondyloarthritis and Is Associated with Poor Clinical Outcome. The Journal of Rheumatology 2016; 43 (2) 383-387.

[2] van der Linden et al. Impact of obesity on the efficacy of different biologic agents in inflammatory diseases: A systematic review and meta-analysis. Joint Bone Spine. 2018, in press.

Acknowledgement: EMAS was funded by Novartis Pharma AG

Disclosure of Interests: Christian Bindesbol Employee of: I currently work in Novartis Pharma AG

-Novarits as steering committee member of this survey

-Novarits as steering committee member of this survey

-Gunnstein Bakland: None declared, Hanne Solveig Dagfinrud Consultant for: Honoraria from Novartis as steering committee member on this survey

DOI: 10.1136/annrheumdis-2019-eular.7196

SAT0320

FREQUENCY AND CHARACTERISTICS OF INFLAMMATORY BOWEL DISEASE IN SPINOARTHRITIS PATIENTS WITH BIOLOGICAL THERAPY. STUDY OF 270 PATIENTS FROM THE SAME CENTER

I Calvi1, O Ibaraguengolita, D Montero1, L Vega1, L Maria1, M E Ruiz1, Torre1, O Fernandez1, J M Blanco1, A R Inchaube1, Clara Pérez1, Eduardo Cuende1, Natalia Rivera1, Maria Jesus Allande1, Helena Ugarte1, Illego Gorostiza1, E Galindez1, Basurto University Hospital, Rheumatology, Bilbao, Spain; Basurto University Hospital, Research Unit, Bilbao, Spain

Background: Inflammatory bowel disease (IBD) is an extra-articular manifestation that can appear in spondyloarthritis (SpA), as well as uveitis and psoriasis. Its prevalence is 5-10%, although subclinical intestinal inflammation has been found in up to 60%. Biological therapy (BT) can be the treatment for IBD or produce it paradoxically. Fecal calprotectin (FC) is an intestinal inflammation marker, useful for early diagnosis and monitoring disease activity.

Objectives: To describe the frequency and characteristics of IBD in SpA with BT.

Methods: Descriptive and retrospective study (January 2003-January 2019) of patients with SpA that develop IBD in a single center. Epidemiological variables, type of SpA, presence of IBD and its characteristics, levels of FC, presence of BT at IBD onset and treatment received were registered. For the analysis, frequencies and percentages were used in qualitative variables and mean±standard deviation (SD) in quantitative. Statistical analysis was performed with IBM SPSS v.23.

Results: We studied 270 patients with SpA, 70.4% male with a mean age of 39±12 years. The subtypes of SpA were: ankylosing spondylitis (AS) (n=133; 49.3%), psoriatic arthritis (PsA) (n=116; 43%), undifferentiated SpA (n=16; 5.9%), PsA non-Rx axial (n=3; 1.1%) and reactive arthritis (n=2; 0.7%). IBD was observed in 25 patients (9.26%), 80% male. At the time of IBD onset, they had a mean age of 39±12±9.8 years, the mean ESR was 31.15±24±111h, CRP 2.7±2±mg/dl and BASDAI 4.6. 16 patients had AS, 6 PsA and 3 undifferentiated SpA. TABLE 1. Regarding Spa diagnosis, IBD appeared after in 15 patients with an average time of development of 8.39±8 years, before in 7 and was simultaneous in 3. The subtype of IBD was: Crohn’s disease in 13 patients, ulcerative colitis in 9 and indeterminate colitis (IC) in 3. The FC was >200±g/g in 17 patients (68%), normal (<50±g/g) in 1 and between 50-200±g/g in 7. The incidence rate adjusted for follow-up of the 25 cases was 7.7 cases/1000 patients-year.

At the time of the IBD onset, 6 patients were with BT: Etanercept (ETN) (n=2), Infliximab (IFX) (n=1), Adalimumab (ADA) (n=1), Secukinumab (SC) (n=1) and Ustekinumab (UST) (n=1). The BT had been initiated the previous 12 months in 5 of them. The incidence rate adjusted for follow-up of the 6 cases of IBD after BT was 1.83 cases/1000 patient-years. TABLE 2. The treatment of the 25 patients with IBD was mesalazine (n=15), oral corticoid (n=5), methotrexate (n=7) and BT in all cases. The BT was:

Ann Rheum Dis: first published as 10.1136/annrheumdis-2019-eular.5693 on 27 May 2019. Downloaded from http://ard.bmj.com/ on November 1, 2023 by guest. Protected by copyright.