Abstract THU0386 – Table 1. Patient characteristics of Chilean axSpA patients (n=472).

	Overall (n = 472)	Men (n = 173)	Women (n = 299)	p=	Biologics (n= 92)	No Biologics (n=372)	p=
Gender, men	173 (37)				45 (49)	124 (33)	<.01
Age, yrs	42 ±10	43 ±11	41 ±9	.02	41 ±9	41 ±10	ns
Disease duration, yrs	13 ±10	13 ±9	15 ±12	.02			
HLA-B27 positive *	232 (49)	110 (77)	121 (52	<.01	47 (57)	180 (61)	ns
Current treatment							
DMARD	261 (55)	88 (51)	173 (59)	ns	41 (46)	217 (59)	.02
NSAIDs	370 (78)	126 (73)	244 (82)	.02	59 (65)	305 (82)	<.01
BASDAI	6.1 ±2.1	5.8 ±2.3	6.3 ±2.0)	.03	5.2 ±2.2	6.3 ±2.1	<.01
BASFI	5 ±3	5.1 ±2.8	5.4 ±2.4)	ns	4.7 ±2.4	5.5 ±2.6	<.01
ASAS Health Index	10 ±4	9 ±4	10 ±3	<.01	9 ±3	10 ±4	ns
Currently paid job	304 (64)	69 (75)	228 (61)	.01	131 (76)	172 (58)	<.01
Absenteeism, patients	125 (41)	21 (30)	101 (44)	.04	28 (31)	66 (48)	<.01
Presenteeism, patients	202 (81)	46 (79)	151 (83)	ns	81 (75)	120 (88)	<.01

Legend: Values are reported as numbers (%) or mean (±standard deviation, SD).

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THU0387 ENTEROPATHIC ARTHRITIS PATIENTS UNDER BDMARD TREATMENTS HAD FREQUENTLY RADIOGRAPHIC SACROILIITIS: HUR-BIO REAL LIFE RESULTS

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Background: Enteropathic spondyloarthritis (eSpA) is one of the diseases in the Spondyloarthritis (SpA) spectrum and occurs in patients with inflammatory bowel disease (IBD). Sacroiliitis is frequently found in patients with IBD and can be overlooked because of focusing on IBD.

Objectives: Aim of this study is to evaluate the general features of eSpA and compare with psoriatic spondylitis (PsA), and ankylosing spondylitis (AS).

Methods: HUR-BIO (Hacettepe University Rheumatology Biologic Registry) is a prospective, single center database of biological treatments since 2005. eSpA patients were enrolled from HUR-BIO registry. Sacroiliitis was defined as modified New York criteria or based on ASAS magnetic resonance imaging criteria. Age and disease duration matched 128 ankylosing spondylitis and 96 psoriatic spondylitis patients were selected as a control group from HUR-BIO database. Demographic, clinical, laboratory, therapeutic data and imaging features were collected from this database: age, gender, age at disease onset, disease duration, type of IBD. Baseline disease activity before the first biologic therapy use was assessed with BASDAI, BASFI, VAS-patient global assessment, ESR and CRP.

Results: HUR-BIO SpA registry included 2576 SpA patients, and 90 (3.5%) patients had enteropathic arthritis (EA). Sixty four of 90 (71.1%) patients had sacroiliitis according to modified NY criteria, and these patients were included in the study. Of the 64 patients with eSpA, IBD type was ulcerative colitis (UC) in 34 (53%) patients, Crohn's disease (CD) in 30 (47%) patients. For eSpA patients, initial biological DMARDs were infliximab in 26 (40.6%), adalimumab in 23 (35.9%), etanercept in 10 (15.6%), golimumab in 4 (6.3%), and certolizumab in 1 patient (1.6%). The proportion of bDMARDs were similar with control group. Baseline disease activity were similar between eSpA and control group. However, baseline ESR levels were higher in eSpA than AS (p=0.037) and psoriatic spondylitis (p=0.001), as well. Baseline demographic and clinical features were summarized in Table 1.

Conclusion: Enteropathic spondyloarthrtis was present only a small part of all SpA patients. Sex, SpA family history, and uveitis were different from other SpA subgroups. Disease activities were similar with other spondyloarthritis, but particularly ESR level was higher in eSpA probably due to bowel disease activity. Sacroiliac and spine involvement seems to be the main reason for starting bDMARD in IBD patients, rather than peripheral arthritis.

Abstract THU0387 – Table 1. Baseline demographic features and disease activity in enteropathic spondylitis, ankylosing spondylitis and psoriatic spondylitis

	Enteropathic spondylitis (n=64)	Ankylosing spondylitis (n=128)	Psoriatic spondylitis (n=92)	P value
Female, n (%)	30 (46.9)	50 (39)	57 (62)	0.004*
Age, years	45.0 ± 12	45.3 ± 10.6	41.8 ± 12.2	0.163
Age at diagnosis, years	35.6 ± 11	34.8 ± 10.5	34.1 ± 11.6	0.763
Disease duration, years	9.17 ± 6.9	10.5 ± 5.4	7.7 ± 6.9	0.021*
SpA family history, n (%)	15 (23.4)	15 (11.7)	31 (33)	0.000*
Uveitis, n (%)	4 (6.3)	28 (21)	2 (2.1)	0.000*
HLA-B27 n (%)	11 (40.7)	31 (59.6)	13 (39.4)	0.117
Syndesmophyte	21 (43.8)	45 (35.2)	15 (30)	0.355
Switching between biological drugs, n(%)	31 (48.4)	46 (35.9)	36 (39.1)	0.246
Baseline BASDAI	5.7 ± 2.1	5.4 ± 1.7	5.8 ± 1.8	0.271
Baseline BASFI	4.6 (0-8.6)	3.5 (0-9.8)	4.1 (0-8.7)	0.577
Baseline ESR mm/hr (min-max)	33.5 (2-140)	22 (2-140)	18 (2-95)	0.007*
Baseline CRP mg/dL (min-max)	1.6 (0.12-19)	1.3 (0.1-10.6)	1.05 (0.1-13.9)	0.021*
Baseline patient global assessment VAS (min-max)	60 (20-100)	50 (10-90)	60 (0-100)	

Data were given as mean (standard deviation) or median (min-max)
HLAB27 were assessed in 27 eSpA, 52 AS and 33 PSA patients.

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THU0388 CLINICALLY RELEVANT DEFICITS IN PERFORMANCE TESTS IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS (AXSPA) - MORE THAN COLLECTING QUESTIONNAIRES NEEDS TO BE DONE

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Background: Physical function in axial spondyloarthritis (axSpA) usually assessed by the BASFI questionnaire is an established core domain of that disease. There is evidence that self-reported physical function is not equivalent with the actual performance of patients. Physical performance can be assessed as a single task such as grip strength or single stance, or as a generic compound measure such as the short physical performance battery test (SPPB). SPPB comprises a chair rising test, a balance test and gait speed.

Objectives: To investigate which performance tests are most frequently impaired in patients with axSpA.

Methods: Consecutive axSpA patients presenting to our tertiary hospital underwent a standardized assessment including patient and disease characteristics, patient-reported outcomes (ASDAS, BASFI, BASMI, ASAS Health Index (ASAS HI), PHQ-9) and performance tests (SPPB, grip strength and single stance). Structural damage was assessed by mSASSS. Validated cut-offs were used for SPPB, chair rise test, grip strength and gait speed. Impairment of performance tests as well as discrimination between subgroups was analysed.

Results: A total of 200 patients (r-axSpA 65.5%, nr-axSpA 34.5%) were included: 69% males, 44.3±12.5 years of age, mean symptom duration