patients. A personal history of Reiter's syndrome was noted in 2.22% of patients and of uveitis in 6.66%. Morning stiffness was noted in 60% (n=27) of patients. Good response to nonsteroidal anti-inflammatory drugs (NSAIDs) and to physical activity were respectively reported by 42.22% (n=19) and 57.8% (n=26) of patients. Twenty-seven per cent of the patients were HLA-B27+. Fifty-one per cent of the studied patients fulfilled the ASAS criteria for axial SpA and 46.7% fulfilled the Amor criteria. After a follow-up between 2 and 3 years, the diagnosis of SpA was confirmed by the referring rheumatologists in 31 (68.9%) patients and excluded in 14 (31.1%) patients. Among the 31 patients with confirmed SpA, 61.3% (n=19) had a positive US (with a mean RI estimated at 0.75) and 38.7% (n=12) had a normal US. Among the 14 patients in whom SpA was excluded, 50% (n=7) had a positive US (with a mean RI estimated at 0.7) and 50% had a normal US. Sensitivity and specificity of US examination were estimated at 61.3% and 50%. Positive and negative likelihood ratio were estimated at 73% and 36.8%. Association between US findings and rheumatologists' diagnosis of SpA was not statistically significant (p=0.47).

Conclusion: US contribution in the diagnostic of SpA has been little-studied. In our study, although US of SIJ lacked specificity, it has a satisfactory sensitivity and positive likehood ratio. In fact, this tool is more valuable by its positivity which indicates a high probability of sacroiliitis. However, further investigation is needed in order to assess its performance for ascertaining sacroiliitis.

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AB0723

SMOKING MAY BE RELATED TO SACROILIITIS IN ENTEROPATHIC ARTHRITIS PATIENTS: TREASURE REAL-LIFE PRELIMINARY DATA

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Background: Articular manifestations may differ in ulcerative colitis (UC) and Crohn's disease (CD). Genetic and non-genetic factors like sex, smoking, and presence of HLA-B27 were previously shown to modify the expression of articular and other extraintestinal manifestations of IBD.

Objectives: The aim of this study is to document disease features and factors affecting the expression of articular manifestations in Turkish patients with IBD-related (enteropathic) arthritis under treatment with disease modifying antirheumatic drugs (DMARDs).

Methods: Data regarding enteropathic arthritis (EA) were collected from the TReasure database, a nation-wide multicenter observational registry of inflammatory arthritis patients.

Table 1. Demographic and clinical features of enteropathic arthritis patients with respect to inflammatory bowel disease form

	N	Sacroiliitis (-) (n=18)	Sacroiliitis (+) (n=138)	p
Female, n (%)	156	11 (61.1)	55 (39.9)	0.086
Age, years (Q1-Q3)	156	44 (31-58)	46 (38-51)	0.754
EA duration, months (Q1-Q3)	156	61 (24-146)*	85 (36-146)*	0.385
Syndesmophytes, n (%)	115	0 (0)	28 (27.2)	**0.037**
Enthesitis, n (%)	110	6 (50)	31 (31.6)	0.214
Dactylitis, n (%)	128	0 (0)	3 (2.6)	Ns
Psoriasis, n (%)	153	1 (5.6)	5 (3.7)	Ns
Family history of SpA, n (%)	118	2 (22.2)	32 (29.4)	1
HLA-B27 positivity, n (%)	90	1 (7.1)	24 (31.6)	0.1
Smoking, n (%)	146	6 (35.3)	80 (62)	**0.035**
ESR, mm/h, (Q1-Q3)	106	46 (14-74)	37 (21-52)	0.442
CRP, mg/L, (Q1-Q3)	106	29 (11.8-55.3)	16.1 (8.12-38.1)	0.367
BASDAI, (Q1-Q3)#	100	5.8 (4.5-8)	5.6 (3.9-7)	0.597
BASFI, (Q1-Q3)#	87	3.4 (2-6.1)	3.2 (2-5)	0.886
ASDAS-ESR, (Q1-Q3)#	72	3.25 (2.46-4.12)	3.4 (2.59-3.91)	0.948
ASDAS-CRP, (Q1-Q3)#	73	3.85 (2.72-4.73)	3.53 (2.63-4.09)	0.446

Results: Among 4066 patients with seronegative spondyloarthropaties (SpA), 156 (3.8%) had EA, not reflecting a true prevalence due to selection bias. Demographic and clinical features according to IBD groups were summarized in Table 1. Rates of presence of sacroiliitis were similar between patients with UC and CD (39.9% and 60.1%, p=0.086 respectively). Rates of HLA-B27 positivity were 31.6% and 7.1% in patients with and without radiographic sacroiliitis, respectively (p=0.101). Enthesitis, dactylitis, psoriasis, family history forSpA, ESR, CRP, BASDAI and ASDAS levels had similar distributions in patients with and without radiographic sacroiliitis. Rates of "never-smoked" (26.5% vs 64.7%) and "current smoking" (32.4% vs 17.6%) significantly differed in patients with and without sacroiliitis (overall p=0.012)

Conclusion: Our data confirm an association between smoking status and disease manifestations, particularly radiographic sacroiliitis.

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AB0724 DOSE PREGNANCY AND VAGINAL DELIVERY WORSEN ANKYLOSING SPONDYLITIS?

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Background Ankylosing spondylitis (AS) affects the sacroiliac joints and commonly occurs in those at the reproductive age. Women with AS have a higher rate of cesarean section (CS) compared with healthy controls.
Objectives This study determined the effect of pregnancy and delivery methods on AS worsening by analyzing prescription pattern.
Methods Based on the Korean Health Insurance Review and Assessment Service claims database, subjects comprised female patients aged 20–49 years with an AS. Alteration of prescriptions was defined by changing the at two time periods of 1–2 years pre-delivery and 1-year post-delivery. We compared alteration of prescriptions between AS patients with delivery and 1:1 matched AS patients without delivery. In addition, among AS patients with delivery, alteration of prescriptions according to delivery method was evaluated.
Results Among 6,821 female patients with AS, 996 patients in the delivery group were younger, had a higher proportion of non-drug use, and had lower rates of comorbidity than the no delivery group. The alteration of prescriptions did not differ between the AS with delivery and the AS without delivery groups (OR 0.76, 95% CI 0.56–1.05). Furthermore, the overall alteration of prescriptions did not differ significantly between vaginal delivery (VD) and CS (OR 0.72, 95% CI 0.45–1.14).
Conclusion The rate of alteration of prescriptions was comparable between the AS patients with and without delivery. There was no association between VD and alteration of prescriptions compared with CS. Taken together, pregnancy and VD may not be assumed to be factors of AS worsening.
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AB0725 ASSOCIATION BETWEEN RADIOGRAPHIC PROGRESSION AND CARDIOVASCULAR RISK IN SPONDYLOARTHRITIS: DATA FROM COSPAR REGISTRY

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Background: Studies suggest that radiographic damage is associated with cardiovascular (CV) risk in axial spondyloarthritis (axSpA). However, the relationship among disease characteristics directly related to structural damage and CV risk has not yet been fully clarified.
Objectives: To analyze the association of structural damage with the presence of atherosclerotic plaques via carotid ultrasound (US) and the increased CV risk in a registry of patients with SpA.
Methods: Eighty-five patients with SpA (ASAS criteria) from the SpA registry from Cordoba (CoSpaR) were selected for a cross-sectional study and underwent a complete clinical history, physical examination and biochemical analysis. Variables about demographics, clinical parameters and CV risk factors were collected. CV risk was evaluated by estimating SCORE index and assessing presence of atherosclerotic plaques through carotid US performed by a qualified radiologist. Independent-samples t test was used to evaluate the association between radiological characteristics and presence of atherosclerosis. Multiple lineal regression (MLR) was performed to assess the variables potentially associated with increased SCORE. All comparisons were bilateral.
Results: Baseline characteristics are shown in the table. Values are mean±SD for quantitative and N (%) for qualitative variables. Regarding characteristics related with radiographic damage and CV risk, they exhibited a mSASSS of 14.84±18.4 (7.27±9.64 in cervical spine and 7.72 ±10.14 in lumbar spine). Average BMI 26.88±4.13, 33 (38.8%) were smokers, 16 (18.8%) had diagnosis of arterial hypertension, 1 (1.2%) of diabetes mellitus, 13 (15.3%) of hyperlipidemia, and 8 (9.4%) took lipid lowering drugs. Examination with carotid US found that 14 (16.5%) patients had previously unknown atherosclerotic plaques. After classification according to SCORE index, 60 (76.9%) had low CV risk, 10 (12.8%) moderate, and both high and very high CV risk categories had 4 (5.1%) patients each.
In patients with atherosclerotic plaques, age, disease duration and variables related to radiographic damage (mSASSS [total, cervical and lumbar], and bone bridges) were significantly higher ($p<0.05$). In addition, mSASSS in cervical spine ($p=0.063$) and age ($p<0.001$) were associated with the SCORE and were predictors of increased CV risk in MLR analysis.

Age (years) (N=85)	44.5±12.2
Sex (males) (N=85)	59 (69.4)
HLA B27 (N=83)	71 (83.5)
axSpA (N=85)	79 (92.9)
Radiographic axSpA (N=77)	63 (74.1)
BMI (kg/m^2) (N=80)	26,9±4.13
Disease duration (years) (N=82)	18.01±13.62
Smokers (N=84)	33 (38.8)
ASDAS-CRP	3.13±1.05
ASAS HI (N=82)	4.05±3.8

Conclusion: Presence of atherosclerosis is associated with age, disease duration and radiographic damage in SpA. Age and structural damage especially in the cervical spine predicted a greater CV risk. Thus, it is important to identify these patients in order to maintain tight control and avoid development of CV disease.
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AB0726 WHAT IS THE IMPACT OF MRI ON THE PERFORMANCE OF THE ASAS CLASSIFICATION CRITERIA IN PATIENTS PRESENTING WITH UNDIAGNOSED BACK PAIN?

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Background: Several cohorts have reported the performance of the ASAS classification criteria in settings where clinical, radiographic, and MRI features have been simultaneously incorporated into the diagnostic evaluation in arriving at a gold standard for the testing of the criteria. MRI improves diagnostic precision but access is limited and it is therefore still important to understand how the criteria perform in a setting where diagnostic evaluation can be conducted sequentially before and after MRI assessment. We hypothesized that the ASAS criteria would demonstrate enhanced specificity when MRI is available due to enhanced diagnostic precision.