Problem Total Activity Impairment. [a]*P* values from 2-sided *t* test for scale variables and Fisher exact test for categorical variables; statistical comparison between nr-axSpA and AS; *p<0.05, **p<0.001.

Conclusions: Clinical features and disease burden were generally similar between nr-axSpA and AS pts in the Chinese PROOF subpopulation. AS pts were more frequently men, had higher inflammatory burden (CRP and ASDAS-CRP), more functional impairment, and were more frequently treated with TNF inhibitors.

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AB0860 ACUTE PHASE REACTANT CHANGE IN ANKYLOSING SPONDYLITIS PATIENTS

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Background: The aim of this study is to investigate the levels of acute phase reactants (APRs) in patients with ankylosing spondylitis (AS) at the time of diagnosis and during follow-up. We also evaluated the associations between APR levels and disease activity.

Methods: The study included 948 patients with AS who were followed-up at Dokuz Eylul University School of Medicine Rheumatology outpatient clinic. The patients' erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) levels across all visits were retrospectively reviewed through the Turkbio registry and the hospital's database. Disease activity and follow-up parameters as BASDAI, ASDAS, BASFI and BASMI were taken from Turkbio visit charts. The correlation between APR and follow-up parameters were evaluated with Spearman correlation coefficient analysis.

Results: There were 948 AS patients (69% male, mean age 46,6±12,1 years) who fulfilled the 1984 modified New York criteria. At first visit, high levels of CRP and ESR were observed in 626 (68.5%) and 578 (64.6%) patients respectively. During follow-up 84.6% of patients had high CRP and 69.5% patients had high ESR at any visit (figure 1). However in 10% of AS patients APRs did not increase at any visits.

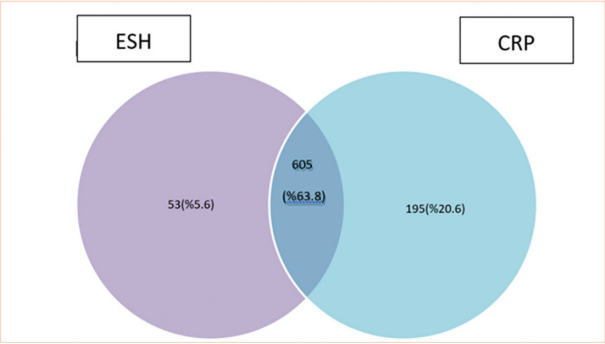
There was good correlation between ESR and CRP *(r=0.666*, p*<0.001)*. A better correlation was observed at first visit between CRP and BASDAI *(r=0.81*, p*=0.23)* or ASDAS *(r=0.468*, p*<0.001)* compared to ESR and BASDAI *(r=0.111*, p*=0.02)* or ASDAS *(r=0.334*, p*<0.001)* (table 2). Compared to BASDAI, ASDAS with either ESR (p*<0.001)* or CRP *(very high disease activity-p <0.001, inactive disease-p=0.001)* had better performance in evaluating the activity of the patient in inactive and very high levels of severe disease (table 2).

Abstract AB0860 – Table 1. Demographic and clinical features

Age; Mean±SD (yrs)	46,6±12,1
Age at onset of illness; Mean±SD (yrs)	27,3±10,5
Age of diagnosis; Mean±SD (yrs)	34,5±12,0
Females/Males sex, n (%)	293 (%30,9)/655 (%69,1)
HLAB27 Pozitive/Negative/Unknown	237 (%25)/100 (%10,5)/611 (%64,5)

Abstract AB0860 – Table 2. Correlation between first visit ESR/CRP and disease activity parameters

	ESR		CRP	
	r	p	r	p
BASDAI	0111	**0,02**	**0,81**	0023
BASMI	0123	0003	0205	**0,00**
BASFI	0219	**0,00**	0224	**0,00**
ASDAS	0334	**0,00**	0468	**0,00**



Abstract AB0860 – Figure 1

Abstract AB0860 – Figure 1. Ven diagram of patients that elevation only ESR/CRP or with both elevation together at any visit

Conclusions: In over 80% patients with AS had elevated levels of CRP, the most frequently used laboratory parameter, during follow-up. CRP is well correlated with ESR, and disease activity parameters as BASDAI, ASDAS, BASFI and BASMI. Compared to BASDAI; ASDAS had better agreement between activity and APRs. Interestingly, in 10% of AS patients APRs did never increase in follow-up.

Disclosure of Interest: None declared

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AB0861 HEALTH STATUS IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS (AXSPA) AS DETERMINED BY THE ASSESSMENT OF SPONDYLOARTHRITIS INTERNATIONAL SOCIETY HEALTH INDEX (ASAS-HI)

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Background: The ASAS-HI is a new instrument based in the International Classification of Functioning, Disability and Health to assess the impact of axSpA; ASAS-HI has been validated in Mexican patients.

Objectives: To investigate the status of health in Mexican patients with axSpA using the ASAS-HI

Methods: This is multicenter, cross-sectional study of 377/423 patients with axSpA (ASAS criteria) referred by 64 rheumatologists with private or institutional practice across the country in a period of six months. Sociodemographic and clinical data were collected at each site and analysed centrally.

Results: The ASAS imaging arm were fulfilled 87.5% and the clinical by 61.8%; HLA-B27 was positive in 80.1%; 71.6% were males; 51.9% received bDMARDs. Mean ages at onset and diagnoses were 25.8 (9.9) and 32.8 (11.7) years; median age was 41.6 (13.7) years. The correlation between ASAS-HI and BASDAI, BASFI, and EQ-5D was significant. ASAS-HI mean score was 6.4 (4.2); the cut off was six; values below six meant good health, which corresponded to 203 (53.84%) patients. Univariate analysis disclosed significant differences between groups in variables that were significant in the regression models (see below) and in health care coverage, enthesitis, joint counting, glucocorticoids, HLA-B27, sacroiliitis, BASMI, and ASDAS. In the multivariate analysis, two models were associated ASAS-HI: 1) sex, education, comorbidities, joint surgery, and physician global assessment; 2) BASDAI, BASFI, and EQ-5D

Conclusions: ASAS-HI cut off of six identified good health in 46.15% of patients with axSpA. ASAS-HI correlated with other measures of disease activity, functioning, and quality of life. In multivariate analysis, ASAS-HI associated with those measures as we all as with demographic and clinical variables.

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