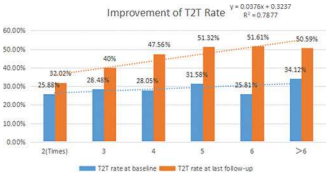
Abstract THU0409 – Table 1.

Baseline\Last follow-up	Number	%	ASDAS≤1.3	%	ASDAS≥1.3	%
ASDAS≤1.3	190	28.49%	122	64.21%	68	35.79%
ASDAS≥1.3	477	71.51%	154	32.29%	323	67.71%
Total	667	100%	276	41.38%	391	58.62

Abstract THU0409 – Table 2.

Self-Assessments	Number	Baseline (T2T rate)	Last follow-up (T2T rate)	Improvement
≤3 times	393	26.97%	35.37%	8.40%
>3 times	274	30.66%	50.00%	19.34%



Abstract THU0409 – Figure 1.

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2019-eular.6471

THU0410 UVEITIS RELATED FACTORS IN PATIENTS WITH SPONDYLOARTHRITIS

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Background: Uveitis is the most common extra-articular feature of spondyloarthritis (SpA). Sometimes uveitis may be the only clinical finding of SpA leading to diagnosis. In the current literature, there is information about frequency and characteristics of uveitis in SpA patients; however, factors associated with uveitis are not clear(1,2).
Objectives: Our aim in this study was to analyze uveitis-related factors in a large cohort of SpA patients.
Methods: This multicenter, prospective observational cohort study used the TReasure database in which web-based registration of rheumatoid arthritis and SpA patients are being performed in 15 centers across different regions of Turkey. Age, gender, duration of illness, delayed onset, SpA clinical findings, HLA B27 and acute phase responses (erythrocyte sedimentation rate and C-reactive protein, BASDAI and BASFI values, clinical findings and direct X-ray findings of SpA patients with and without uveitis were retrospectively evaluated.
Results: As of January 2019, there were 4557 registered SpA patients. Overall, 491 (10.8%) patients had experienced one or more episodes of uveitis. The median (Q1-Q3) uveitis onset age was 46 years (38-53 years) and the median (Q1-Q3) uveitis attack number was 2 (1-4). Uveitis was usually unilateral (74.2%). Records of eye damage was available in 373 patients, of whom 45 (12.1%) had permanent damage in the eye. Patients with permanent eye damage had more frequent uveitis attack (3 (2-6) vs. 2 (1-3), p=0.003) and had tendency of bilateral uveitis attack (41.5% vs 24%, p=0.017).
Duration between the first uveitis attack and onset of SpA symptoms was 68 months (7-141). On the other hand, the mean duration between the first uveitis attack and SpA diagnosis is 7 months (17-68 months). In 320 patients (70%), uveitis was diagnosed before the onset of SpA symptoms and 52% (n=240) of the patients had uveitis before SpA diagnosis.
Demographic and clinical features of the patients are given in Table 1.
Conclusion: In our cohort, genetic background, radiographic severity, and disease duration may be related with uveitis. HLA B27 positivity and family history may be risk factors for development of uveitis. First attack of uveitis is nearly always before the onset of symptoms and diagnosis of SpA. Although uveitis is usually self-limited; however, almost 10% of SpA patients may have permanent eye damage. Thus, patients with uveitis should be carefully investigated because it may be the diagnostic feature of SpA.

Abstract THU0410 –Table 1.

Table 1. Comparison of demographic, clinical, and laboratory findings of the patients with and without uveitis

	Uveitis (-) n=4066	Uveitis (+) n=491	p
Sex (Male/Female, %)	55.6/44.4	59.7/40.3	0.088*
Age, year, median (Q1-Q3)	42 (35-50)	48(38-53)	<0.001*
Delay time of diagnosis, months, median (Q1-Q3)	24 (5-71)	37 (5-97)	0.002*
Duration of disease, months, median (Q1-Q3)	82 (43-140)	129 (73-202)	<0.001*
Enthesitis, n (%)	615 (28.1)	83 (33.5)	0.075**
Dactylitis, n (%)	178 (6.6)	17 (5)	0.252**
Psoriasis, n (%)	640 (15.9)	21 (4.3)	<0.001**
HLA B27 (+), n (%)	1156 (49.3)	218 (70.6)	<0.001**
Family history for SpA, n (%)	1091 (29)	180 (40)	<0.001**
Sacroiliitis, n (%)	2098 (88.7)	317 (94.3)	0.002
Syndesmophytes, n (%)	460 (24.5)	119 (45.2)	<0.001**
Bamboo spine, n (%)	241 (11.2)	70 (23.1)	<0.001**
BASDAI, median (Q1-Q3)	5.8 (4.1-7)	5.5 (3.7-6.8)	0.007*
BASFI, median (Q1-Q3)	4.4 (2.4-6.1)	3.7 (1.9-5.2)	0.007*
ESH, mm/h, median (Q1-Q3)	22(10-38)	26 (11-46)	0.008*
CRP, mg/L, median (Q1-Q3)	12.1 (4.6-27.6)	13.5 (6.1-34)	0.016*

*Mann Whitney U test, **Chi-Square test

Disclosure of Interests: : Nazife Sule Yasar Bilge: None declared, Timuçin Kaşifoğlu: None declared, Sedat Kiraz: None declared, Ali İhsan Ertenli: None declared, Orhan Küçükşahin: None declared, Ediz Dalkılıç Grant/research support from: MSD and Abbvie, Consultant for: MSD, Abbvie, Roche, UCB, Pfizer and Novartis, Speakers bureau: MSD, Abbvie,Roche, UCB, Pfizer and Novartis, Cemal Bes: None declared, Nilüfer Alpay Kanıtez: None declared, Hakan Emmungil Grant/research support from: MSD, Roche, Pfizer, Abbvie, Consultant for: Novartis, Roche, Speakers bureau: MSD, Roche, Pfizer, Abbvie,Celltrion, Novartis, Pamir Atagunduz: None declared, Belkis Nihan Seniz: None declared, Burcu Yağız: None declared, Süleyman Serdar Koca: None declared, Muhammet Çınar: None declared, Aşkın ATEŞ: None declared, Servet Akar: None declared, Duygu Ersözlü: None declared, Veli Yazisiz: None declared, Gezmiş Kimyon: None declared, Muge Aydın Tufan: None declared, Ridvan Mercan: None declared, Abdulsamet Erden: None declared, Erdal Bodakci: None declared, Önay Gerçik: None declared, Burak Öz: None declared, Zeynel Abidin Akar: None declared, Omer Karadag: None declared, Bahar Dincer: None declared, Sedat Yılmaz: None declared, Yavuz Pehlivan: None declared, Ender Terzioğlu: None declared, Levent Kılıç: None declared, Emel Gönüllü: None declared, Sukran Erten: None declared, Sezin Turan: None declared, Koray Taşçılar: None declared, Umut Kalyoncu Grant/research support from: MSD, Roche, UCB, Novartis and Pfizer, Consultant for: MSD, Abbvie, Roche, UCB, Novartis, Pfizer and Abdi Ibrahim, Speakers bureau: MSD, Abbvie, Roche, UCB, Novartis, Pfizer and Abdi Ibrahim
DOI: 10.1136/annrheumdis-2019-eular.6147

Ann Rheum Dis: first published as 10.1136/annrheumdis-2019-eular.6147 on 27 June 2019. Downloaded from http://ard.bmj.com/ on December 9, 2019 at Koc Universitesi. Protected by copyright.