Objectives: The objective of this study was to examine any gender differences in the management of SpA patients and highlight any nuances in treating these patients.
Methods: A multi-centre online medical chart review study of patients with PsA and Axial SpA was conducted between July 2022 – September 2022 among UK, FR, DE, IT & ES rheumatologists practicing across hospital and private practices. Physicians were screened for practice duration and patient volume. Charts of patients prescribed with biologics/tsDMARDS were included in the analysis.
Results: 262 sampled physicians collectively reported 1387 SpA patients. From the reported SpA patients, 812 were recorded as male and 575 as female. The female cohort were recorded with higher instances of co-existing conditions of depression (11.5% vs 5.3%) and anxiety (13.2% vs 8.1%) than men. When evaluating extra articular manifestations, female cohort were recorded with higher nail dystrophy (12.7% vs 8.6%) and psoriasis (36.7% vs 26.4%) than men. In assessing areas the AS patient suffers from, female cohort were recorded with higher peripheral involvement (49.6% vs 34.0%) and males more axial involvement (50.9% vs 28.0%). In assessing disease scores, female cohort were recorded with higher joint counts, haem scores, and PASI score. Physician-defined status of disease severity reported female cohort with higher current severity (48.4% vs 41.5% moderate and severe) and lower remission rates (45.4% vs 36.7% not in remission) in comparison to men.

Table 1. Reported patient disease and haematology scores (mean)

Reported SpA patients	Tender joint count (TJC)	Swollen joint count (SJC)	C-reactive protein (CRP)	Erythrocyte Sedimentation Rate (ESR)	Psoriasis area and severity index (PASI)
Female	3.5	2.0	12.1	21.5	14.2
Male	2.3	1.3	6.8	16.9	11.9

Length of time on current biologic and/or tsDMARD recorded male cohort on treatment for longer timeframe vs females (mean months: 50.2 vs 46.5). The most prominent biologics to treat the two patient groups are TNFis (72.2% male, 68.6% female); alternate modes of action, such as IL-17is and JAKis, are more prominently recorded in females vs males (31.2% vs 27.7%). Drivers of treatment choice – specified by sampled physicians - prioritised efficacy in skin (23.3% vs 19.3%), efficacy in manifestations of PsA beyond skin and joint (13.6% vs 9.6%), and reduction of peripheral joint inflammation (17.0% vs 10.3%) in female cohort versus male cohort.
Conclusion: From the sample surveyed, current disease activity is higher in reported female patients than males in SpA. Additionally, males are more likely to stay on the same bio/tsDMARD versus females, suggesting a disparity in efficacy or unmet needs when evaluating the two cohorts. It is possible that key differentiating identifiers, such as co-existing comorbidities outside axSpA or PsA or extra articular manifestations, can be used when deciding how to treat a patient. Discussion is necessary about gender-specific treatment plans in SpA, as well as factoring in possible mental health burden (anxiety and depression) disparities across gender cohorts. Further investigation using comparator cohort is warranted.
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Acknowledgements: NIL.
Disclosure of Interests: None Declared.
DOI: 10.1136/annrheumdis-2023-eular.588

POS0687 LONG TERM (10 YEAR) CLINICAL OUTCOME OF RECENT ONSET AXIAL SPONDYLOARTHRITIS (AXSPA): DATA FROM THE DESIR COHORT

Keywords: Prognostic factors, Spondyloarthritis, Epidemiology

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Background: The information related to the long term outcome of a disease is of huge interest for the clinicians in daily practice to facilitate the information of the patients recently diagnosed as axSpA. The data from inception cohorts are better approaching the truth of this long term prognosis in comparison to the conventional retrospective cohorts mainly conducted in patients with advanced and severe disease managed in tertiary referral centers.
Objectives: To evaluate the 10 year clinical outcome (and its predisposing factors) of patients suffering from recent onset axSpA in the DESIR cohort.
Methods: *Study design*: DESIR is an ongoing (10 year follow-up completed for all the patients) multicenter cohort of recent onset axSpA. *Diagnosis*: At entry visit and during the 10 year follow-up period, the diagnosis was based on the opinion of the treating physician with a requirement of a diagnosis of axSpA at entry and the possibility to exclude the patients after the first 2 years follow-up period in case of a change in this diagnosis. *Management during the 10 year period*: the investigators were in charge of the data collection required by the protocol but the management (treatment regimens) was only based on the decision of the treating rheumatologist. *Statistical analysis*: Data presented here are the ones issued a)from the analyses on the completers (observed data) and b) after multiple imputations considering the missing data due to the patients lost of follow-up (imputed data).
Results: Of the 708 enrolled patients, 45 were excluded from the cohort because of a change in the entry visit diagnosis, 3 patients died (suicide n = 1, colorectal cancer n = 1, sudden death n=1), 300 were lost of follow-up and 360 patients completed the 10 year period. *A -Based on the analyses of the 10 year completers (n=360)* No patient necessitated a spinal vertebrotomy, one single patient had a bilateral total hip replacement. A pension from the national health care system was provided to 16% patients because an invalidity related to the axSpA disease. A csDMARD (methotrexate and/or sulfasalazine) has been prescribed in 32% and a biotherapy in 55%. The prevalence of the main extra-musculoskeletal features increased from 18 to 30%, 10 to 18% and 5 to 10% from baseline to year 10 for psoriasis, acute anterior uveitis and inflammatory bowel disease respectively. The prevalence of the main comorbidities increased from 3 to 8%, 0 to 3%, 5 to 15%, 0 to 4%, 1 to 3% and 0 to 2%, from baseline to year 10 respectively for severe GI events, MACE, hypertension, diabetes, tuberculosis and other severe infections respectively. B- *Based on the analyses of the 10 year completers (n=360) (observed data) and the 663 patients with unchanged initial axSpA diagnosis (imputed data)* An acceptable status at year 10 was observed in 77%,70 [63; 77]%,;49% 43 [37; 49]%; 55% 48 [41; 56]% considering an acceptable PASS, BASDAI < 30, ASDAS < 2.1 for the observed (%) and imputed (% and [95%CI]) data respectively. The impact of the disease on the daily life of the patients was evaluated by different parameters: ASAS HI ≤ 5 (41 [35; 47]%, SF36 physical score (42 [40; 44]) and SF36 mental score (43 [40; 46]). The multivariate analysis of the baseline predisposing factors of an acceptable status at year 10 defined as an ASDAS score<2.1 picked-up the following variables: short (<1.5year)delay between the first symptoms and the baseline visit: OR= 1.46[0.93;2.29],socio-professional level (white collar): OR=1.87[1.20;2.90] and baseline BASDAI score<40, OR=1.91[1.23;2.94]
Conclusion: These data are suggesting a favorable 10 year outcome in terms of stringent measures such as the requirement to surgery contrasting with a relatively less favorable outcome with regard to patient reported outcomes. These data should improve and facilitate the information provided to the patients at the time of their diagnosis.
Acknowledgements: The authors would like to thank all the investigators of the 25 participating centers as well as all the 708 enrolled patients.This study has been financially supported via unrestricted grants from PFIZER and the French Society of Rheumatology.
Disclosure of Interests: None Declared.
DOI: 10.1136/annrheumdis-2023-eular.901

POS0688 COMPARING THE CONSTRUCT VALIDITY AMONG MEASURES OF PAIN AND STIFFNESS IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS

Keywords: Patient reported outcomes, Spondyloarthritis, Outcome measures

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Background: In the context of the recent update of the ASAS core outcomes set (COS), the preferred comparative validity of the measurement instruments to assess the domains 'Pain' and 'Stiffness' has been questioned as for each domain responsiveness of instruments was comparable. Group discrimination across various external constructs can help provide useful insights and represents unmet need.
Objectives: To compare the group discriminatory capacity, as part of the construct validity, of three instruments to assess pain and three questions of morning stiffness.