Conclusions: EMAS is the largest survey carried out for patients with axSpA. Results showed long diagnostic delay and substantial physical and psychological burden indicating important unmet needs in axSpA. The results further highlight how the disease restricts patients' ability to participate in their daily routine and lead a productive work life. Understanding the patient's perspective can improve shared decision-making between patient and rheumatologist and health outcomes.

Conflict of interest: EMAS was funded by Novartis Pharma AG. All authors have received honoraria for participating in EMAS from Novartis Pharma AG.

P049. PSYCHOLOGICAL DISTRESS IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS IN EUROPE. RESULTS FROM THE EUROPEAN MAP OF AXIAL SPONDYLOARTHRITIS SURVEY

M. Garrido Cumbrera[1], D. Gálvez-Ruiz[1,2], L. Gossec[3], V. Navarro-Compán[4], D. Poddubnyy[5,6], S. Makri[7], R. Mahapatra[8], P. Plazuelo-Ramos[9], C.J. Delgado Domínguez[1] and C. Bundy[10]

[1]Universidad de Sevilla. [2]Spanish Coordinator of Spondyloarthritis Associations (CEADE). [3]Sorbonne Universités. [4]Hospital La Paz. [5]Charité Universitätsmeidzin Berlin. [6]German Rheumatism Research Centre. [7]Cyprus League Against Rheumatism. [8]Ankylosing Spondylitis International Federation (ASIF). [9]Health & Territory Research (HTR). [10]Cardiff University.

Introduction and objectives: To assess the association between sociodemographic characteristics, disease activity, and psychological distress in patients with axSpA.

Methods: Between July 2017 and February 2018, 2,846 axSpA patients participated in the patient survey of the European Map of Axial Spondyloarthritis (EMAS) across 13 countries. The General Health Questionnaire (GHQ-12), ranging from 0 to 12, using a score of ≥ 3 as a threshold for risk of psychological distress, was employed. Sociodemographic characteristics (age, gender, relationship status, educational level, job status); disease assessments (BASDAI, spinal stiffness ranging from 3-12, functional restriction in 18 daily activities); and scores of depression and/or anxiety were collected. The chi-square independence test and Mann-Whitney tests were applied, and a level of significance of 5% was adopted, to compare those at risk of distress (GHQ-12 ≥ 3) versus those not at risk of distress (GHQ-12 < 3). Rank-based test was applied to stiffness index, BASDAI and age to determine if their distributions were different based on level of distress. In addition, correlation between age, spinal stiffness and BASDAI scores with GHQ-12 scores were assessed using Pearson correlation coefficient. To assess the degree to which these factors explain the variance in distress scores, a stepwise forward regression was conducted.

Results: All variables, except educational level, showed significant univariate correlation with distress (Table 1). Total GHQ score showed a significant inverse correlation with age indicating that younger participants had greater distress scores (r = -0.154). Higher GHQ scores also showed significant positive correlation with spinal stiffness and BASDAI scores, implying that higher BASDAI scores and stiffness are associated with more distress (r = 0.405 and 0.201 respectively). From the regression analysis, explanatory variables were indicated as significant in the following order from higher to lower explanatory power: BASDAI scores, anxiety, gender, job status, age and relationship status (Table 2).

Conclusions: In axSpA, clinical characteristics of degree of disease activity and spinal stiffness were good predictors of psychological distress. Therefore, in patients with greater disease activity and more physical restriction, psychological evaluation and intervention should be considered as part of a holistical medical treatment.

Conflict of interest: EMAS was funded by Novartis Pharma AG. All authors have received honoraria for participating in EMAS from Novartis Pharma AG.

Table 1. Sample characteristics according to the risk of distress GHQ-12 (N = 2,846, unless other specified)

	No Risk of Distress (GHQ-12 < 3) (mean ± SD or %)	Risk of Distress (GHQ-12 ≥ 3) (mean ± SD or %)	P
Age, mean ± SD	46.39 ± 12.84	42.1 ± 11.48	< 0.001
Sex, No. of men	43.9%	34.7%	< 0.001
Having a couple, No. of participants (N = 1,380)	63.9%	55.0%	0.002
Educational level, No. with university studies	47.2%	48.8%	0.596
Job Status			
Employed	58.8%	46.1%	< 0.001
Temporary sick leave	5.2%	14.8%	
Permanent sick leave	9.0%	11.3%	
Early retirement	1.4%	1.6%	
BASDAI, (≥ 4), No.	49.7%	86.9%	< 0.001
BASDAI, (0-10) mean ± SD (N = 2,584)	4.57 ± 2.01	6.04 ± 1.77	< 0.001
Stiffness index, (3-12) mean ± SD (N = 605)	7.26 ± 2.53	8.06 ± 2.44	< 0.001
Depression, No. (%)	8.8%	37.1%	< 0.001
Anxiety, No. (%)	10.6%	41.9%	< 0.001

Table 2. Stepwise regression model

Regression Model	R^2	R^2 adjusted	Change in R^2	Significance of change in R^2
BASDAI	.688	.687	.688	.000
BASDAI, Anxiety	.691	.690	.003	.002
BASDAI, Anxiety, Gender	.696	.695	.005	.000
BASDAI, Anxiety, Gender, job status	.697	.696	.001	.032
BASDAI, Anxiety, Gender, job status, age	.698	.697	.001	.028
BASDAI, Anxiety, Gender, job status, age, relationship status	.700	.699	.002	.006

P050. DESCRIPCIÓN DE UN MODELO DE CONSULTA PARA LA VALORACIÓN INTEGRAL DE PACIENTES CON ESPONDILOARTRITIS: REGISTRO COSPAR

I. Gómez García[1], M.L. Ladehesa Pineda[1,2,3], M.C. Castro Villegas[1,2,3], L. Pérez Sánchez[1,2,3], M.A. Puche Larrubia[1,2,3], M.C. Ábalos Aguilera[2,3], Y. Jiménez Gómez[2,3], I.C. Aranda Valera[1,2,3], J.L. Garrido Ruiz[2,3], R. Ortega Castro[1,2,3], R. Segura Ruiz[1,2,3], P. Ruiz Limón[4], A. López Medina[3,5], A. Escudero Contreras[1,2,3] y E. Collantes Estévez[1,2,3]

[1]Hospital Universitario Reina Sofía de Córdoba. [2]Instituto Maimónides de Investigación Biomédica de Córdoba. [3]Departamento de Medicina. Universidad de Córdoba. [4]Instituto de Investigación Biomédica de Málaga. [5]Department of Rheumatology. Hôpital Cochin. Assistance Publique. Hôpitaux de Paris. París. Francia.

Introducción: En la espondiloartritis (EspA) es de interés pronóstico el estudio de las características propias de la enfermedad, así como la valoración de comorbilidades cardiovasculares y osteometabólicas. Por tanto, sería conveniente la instauración de consultas monográficas para la valoración integral de estos pacientes.

Objetivos: Describir las características de los pacientes incluidos en el registro de EspA de Córdoba (registro CoSpaR), que tiene como objetivo evaluar la frecuencia de manifestaciones articulares y extraarticulares, grado de actividad de la enfermedad, el índice de entesis, daño estructural, estudio biomecánico de la columna y de