(1%). Patients who expressed fear regarding their disease listed their greatest concern was that they would not overcome or tolerate pain (56%), followed by the fear that the disease would develop (32%), along with apprehension about flare-ups (7%), and tiredness (5%). With respect to patients' personal objectives in terms of their treatments, they highlighted the wish that their treatment would, first, help them to reduce and eliminate pain, increasing their in mobility, improved quality of life, the avoidance of structural damage and the disease eventually being cured.

Conclusions: Analysis of patient opinion using qualitative information has enabled the identification of important concerns for patients such as discovering the cause of the disease, reducing pain and structural damage, loss of self-sufficiency and disability.

The Atlas was funded by Novartis and done in collaboration with CEADE.

P376. MENTAL HEALTH IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS: INCREASING OUR UNDERSTANDING OF THE DISEASE. RESULTS FROM THE SPANISH ATLAS

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Introduction and objectives: This study's aim was to assess the association between sociodemographic characteristics, disease progression, and mental health comorbidity with risk of mental disorders (RMD).

Methods: In 2016 a sample of 680 axSpA patients was interviewed as part of the Spanish Atlas. To quantify the RMD, Goldberg's General Health Questionnaire (GHQ-12) scale was employed. Possible RMD predictors analysed were: sociodemographic characteristics (age, gender, being part of a couple, patient association membership, job status); disease characteristics (BASDAI, spinal stiffness ranging from 0-3, functional limitation in 18 daily activities ranging from 0-3); and mental health comorbidities (depression and anxiety). All clinical variables showed a Cronbach's alpha coefficient guaranteeing the reliability of the scales used. First, a descriptive analysis was employed to describe the sample and study variables. Second, we performed univariate correlation and homogeneity analyses between each predictor (independent variable) and RMD (GHQ-12). Third, selection of variables that showed statistical significance in the univariate analyses in order to conduct a multiple hierarchical and stepwise regression analysis.

Results: All variables except educational level and thoracic stiffness showed significant univariant correlation with RMD. BASDAI, functional limitation and age showed higher coefficient (R = 0.543, R = 0.378, R = -0.174, respectively). Multiple Hierarchical regression analysis showed as sociodemographic variables explained in great detail the RMD (R^2 = 83.2%). By contrast, having established sociodemographic as a control variable, the inclusion of depression and anxiety to the model increase the R^2 value to just 0.6% (p = 0.001), while the inclusion of variables related to the disease characteristics add 5.5% (p = 0.000) to the GHQ-12 punctuation variability. The only variables presenting a significant coefficient different from 0 were BASDAI (0.52, p = 0.000) and functional limitation (0.14, p = 0.004). This suggests that once the sociodemographic and mental comorbidity variables are established, a change to BASDAI levels or functional limitation impacts the GHQ-12 score. In the stepwise regression analysis, four variables (BASDAI, functional limitation, association membership, cervical stiffness) showed a significant relation to GHQ-12 and explained the majority of RMD variability. BASDAI displayed the highest explanatory degree (R^2 = 0.875).

Sample characteristics (n = 474, unless other specified)

Variables	Values (means ± SD or percentage)
Age, mean ± SD	45.43 ± 10.78
Sex, No. of men	233 (49.16%)
Having a couple, No. of participants (N = 444)	386 (86.94%)
Education level, No. of university studies	185 (39.30%)
Job status, No. of unemployed	68 (14.35%)
Association Membership	227 (47.89%)
BASDAI, mean ± SD (N = 442)	5.49 ± 2.17
Cervical stiffness, No. (N = 447)	201 (44.97%)
Thoracic stiffness No. (N = 435)	186 (42.76%)
Lumbar stiffness No. (N = 458)	288 (62.88%)
Functional Limitation, mean ± SD (N = 473)	27.54 ± 12.78
Depression, No. (%) (N = 474)	99 (20.89)
Anxiety, No. (%) (N = 474)	134 (28.27)
GHQ-12, mean ± SD	18.30 ± 8.01

Conclusions: Patients at certain sociodemographic levels are more prone to present a higher BASDAI. Taking these conditions for granted, the degree of disease progression measured by BASDAI is a good indicator of RMD. Therefore, in those with higher disease activity, psychiatric evaluation and intervention should be considered within the medical treatment.

The Atlas was funded by Novartis and done in collaboration with CEADE.

P377. ASSOCIATION BETWEEN SMOKING WITH SPINAL LEVEL OF STIFFNESS AND FUNCTIONAL LIMITATION IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS: RESULTS FROM THE SPANISH ATLAS

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Introduction and objectives: Smoking has been associated with greater disease activity and radiographic progression in patients with Axial Spondyloarthritis (ax-SpA). In addition, radiographic damage has been linked to greater functional limitation. However, clarification is still being sought as to whether or not this association exists. To investigate the association between smoking and both the area of spinal stiffness and functional limitation in patients with ax-SpA.

Methods: A sample of 680 patients diagnosed with ax-SpA was interviewed during 2016 as part of the Spanish Atlas, which aims to promote early referral and improve healthcare and the use of effective treatments in patients with ax-SpA. Tobacco consumption was recorded as: Smoker (62.4%), Occasional Smoker (8.9%) and Non-Smoker (28.7%). Spinal stiffness was assessed in the three different vertebral areas: cervical, dorsal and lumbar.To determine de degree of functional limitation we used a composed index which includes the sum of the degree of limitation in the 18 daily activities well established (dressing, grooming, bathing, tying shoelaces, moving around the home, stairs, getting to/out of bed, toilet, shopping, preparing meals, eating, cleaning, walking, using public transportation, going to the doctor, driving, physical exercise, sexual relations) using an ordinal variable (0 = none, 1 = little, 2 = some and 3 = moderate). A descriptive analysis was used to compare the level of stiffness (chi-squared test) and the mean degree of limitation (Kruskal-Wallis test) in the different groups of smokers consumptions. Regression analysis was also used to assess the relation between smoking and degree of limitation (0-54).

Results: 53% were females, mean age 46 years and 77.1% were HLA-B27+. The percentage of patients with stiffness in the lumbar region was significantly higher in habitual/occasional smokers than in non-smokers (89.0%, 93.8%, 83.5% respectively; p < 0.01) (Table). The mean degree of functional limitation increased with tobacco consumption, although this difference was not statistically significant (47.9 ± 12.1 vs 45.1 ± 11.5 vs 44.8 ± 13.7 respectively; p = 0.2). How-