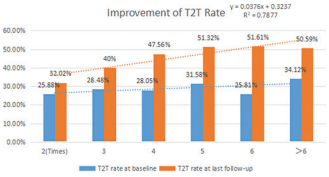
Abstract THU0409 – Table 1.

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.

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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	0.083*
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

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