[2012] [FRI0404] WHICH FACTORS ARE ASSOCIATED WITH X-RAYS LESIONS IN EARLY AXIAL SPONDYLOARTHRITIS? RESULTS FROM THE DESIR COHORT - POSTER TOURS

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Background: According to the recent ASAS criteria for spondyloarthritis (SpA), axial SpA can be diagnosed without any sacroiliac joints (SIJs) or spinal x-rays lesions. Furthermore, some studies suggested that those non radiographic axial SpA (nRaSpA) did not differ from the radiographic ones with respect to the main characteristics of SpA spectrum. The objective was to assess factors associated with early axial x-rays lesions within early axial SpA patients included in the DESIR cohort.
Methods: We conducted a cross-sectional study of baseline data inpatients from the DESIR cohort (with inflammatory back pain of less than 3 years)who fulfilled the ASAS criteria for aSpA. Demographic, clinical phenotype and activity, biological, quality of life data as well as radiographs and MRI scans of the SIJs and of the spine were collected at baseline. Patients were considered as having x-rays lesions if they had at least one grade 2 SIJ lesion or a grade of 2 on at least one vertebral edge or a grade of 1 on at least 2 vertebral edges (at the cervical or lumbar level according to mSASSS scoring). Associations between baseline characteristics and presence of x-rays lesions were evaluated by estimating multi-adjusted odd ratios (aORs) and their 95% confidence intervals (CIs) using a logistic regression model.
Results: 475 patients fulfilled the axial ASAS criteria and were included in the analysis. Their mean age was 33 (±8.6) years, 239 (50.3%) were men, and 395 (83.3%),HLA B27 positive. One hundred and eighty (37.9%) patients had x-rays lesions. In multivariate analysis, drinking (aOR=2.20 95% CI: 1.19-4.09; p=0.01), CRP level (aOR $_{1sdincrease}$=1.43 95% CI: 1.10-1.85; p=0.007), NSAIDs mean daily intake (aOR$_{1sdincrease}$=1.38 95% CI: 1.07-1.79; p=0.01), spine MRI inflammatory lesions and SIJ MRI inflammatory lesions (aOR=1.92 95% CI: 1.12-3.29; p=0.02 and aOR=2.39 95% CI: 1.46-3.89; p=0.0001 respectively) were positively associated with x-rays lesions. Conversely, good responder to NSAIDs (aOR=0.28 95% CI: 0.14-0.54; p=0.0001) and BAS-G (aOR=0.90 95% CI: 0. 82-0.99; p=0.04) were inversely associated with x-rays lesions.
Conclusions: These cross sectional results suggest that alcohol consumption, NSAIDs mean daily intake and response to NSAIDs, biological and MRI inflammation are independently associated with early axial x-rays lesions in early axial SpA.
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