

# 1691 - The Presence of Fibromyalgia May Influence the Clinimetric Evaluation of Patients with Ankylosing Spondylitis, but Has No Impact on Disease Activity Assessment

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## Background/Purpose:

Fibromyalgia (FM) can be present concomitantly in patients with Ankylosing Spondylitis (AS). It may overestimate the evaluation of disease activity, resulting in more intensive treatment. The Objective of this study was to evaluate the influence of the concomitant presence of FM in the evaluation of patients with AS.

## Methods:

Consecutive patients with AS (1984 New York criteria), were included. The presence of concomitant FM was assessed by both 1990 and 2010 ACR criteria. Data regarding sociodemographic characteristics (age, sex), disease duration, treatment, disease activity (BASDAI, ASDAS-ESR, SASDAS, global patient VAS), functional capacity (BASFI), quality of life (ASQoL), enthesitis (MASES), tender and swollen 44/46 joint count, CRP and ESR, Fibromyalgia Impact Questionnaire (FIQ) was assessed. Categorical data was expressed in frequency and percentage and compared by chi2 or Fisher exact test, continuous data was expressed as median and interquartile range (IQR), and compared by Mann-Whitney-U-Test or Student's T-Test. Multivariate analysis was performed taking activity indexes as dependent variables, adjusting for confounders. A  $p < 0.05$  value was considered as significant.

## Results:

50 patients were included, 44 (88%) male, median age 40 years (IQR 31-52), disease duration 9.1 years (IQR 2-20), 40 (80%) were treated with NSAIDs, 21 (42%) with TNF alpha blockers. Median BASDAI, ASDAS-ESR and SASDAS were 5.2 (IQR 1.8-6.9), 2.4 (IQR 1.7-3.6) and 19.4 (IQR 6.9-29.1) respectively. FM was present in 12 patients (24%), 7 (14%) and 6 (12%) fulfilled 2010 and 1990 criteria respectively, leaving only one patient overlapping both criteria. In the univariate analysis patients with FM had significantly higher values of disease activity scores, BASFI, ASQoL,

FIQ, MASES, tender joints, patient's VAS, number of fibrositic points, but similar ESR, CPR and swollen joint count. All the patients with FM were at the high or very high activity groups according to ASDAS-ESR / SASDAS. In the multivariate analysis, the presence of FM remained significantly associated with higher MASES and poorer ASQoL, but had lost influence in disease activity indexes (BASDAI, ASDAS-ESR nor SADAS).

### **Conclusion:**

In our cohort of patients with AS entheses evaluation by MASES and quality of life were significantly influenced by the presence of FM, but it had no impact on disease activity assessment. In the evaluation of the entheses it should be taken in account the coexistence of FM and AS in order to use more specific tools to evaluate them.

**Disclosure:** E. Buschiazzo, None; N. Zamora, None; F. A. Sommerfleck, None; R. Rojas Tessel, None; M. Benegas, None; P. Arturi, None; M. E. Crespo, None; E. Schneeberger, None; G. Citera, None.