The Uveitis Impact Study: A Survey by the Spondylitis Association of America



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Background

- Uveitis is the most common extra-articular feature in ankylosing spondylitis (AS) with a reported prevalence of 32.7% after a mean follow-up of 17.7 years¹
- It typically presents as acute unilateral anterior uveitis² but recurrent episodes can lead to severe vision loss from posterior synechiae and cataracts
- It is unclear whether a more severe systemic disease exists among AS patients with uveitis compared to AS patients without uveitis
- A better understanding of AS disease characteristics and treatment response can improve our management for patients with uveitis

Objective

• To compare disease and treatment characteristics from patients with AS with no history of uveitis to those with AS and a history of uveitis in a real-world setting

Methods

- A cross-sectional survey was conducted by the Spondylitis Association of America (SAA) among a random sample of patients contacted by the SAA
- Between July 7, 2017, and December 31, 2017, a total of 820 interviews were conducted with SAA contacts, including 720 completed via web survey (from 7750 emails) and 100 via follow-up over the phone (from 10,784 phone calls made to 5000 unique numbers)
- Each person was screened for a spondyloarthritis diagnosis, comorbidities, Evaluation of Ankylosing
- Spondylitis Quality of Life (EASi-QoL) questionnaire³, treatment and medication through self-report • Categorical variables are presented as the count and percentage of respondents per category, and continuous variables were summarized with means
- The χ^2 test was used to test for differences in categorical variables; P < 0.05 was considered significant. Statistical methods also included student's T test, Mann-Whitney test, and logistic regression. • The survey updates a prior report which we published in 2014⁴

Result

• Of 820 participants who completed the survey, 716 self-reported receiving a diagnosis of AS from their doctor and were included in this study

	Uveitis (n=217)	No Uveitis (n=499)	Odds Ratio (95% CI)	Р			
Male sex, n (%)	104 (47.9)	232 (46.5)	1.06 (0.77-1.46)	0.72			
Age, mean \pm SD years	56.5 ± 12.4	55.1 ± 14.7		0.18#			
White, n (%)	194 (89.4)	447 (89.6)	0.98 (0.58-1.65)	0.94			
Annual income level >\$100,000, n (%)	75 (34.6)	173 (34.7)	1.00 (0.71-1.39)	0.98			
Employment status, full time, n (%)	79 (36.4)	199 (39.9)	0.86 (0.62-1.20)	0.38			
Age at AS onset, mean \pm SD years	26.5 ± 11.8	30.0 ± 14.3		0.001#			
Additional Disease subtype, n (%)							
Psoriatic arthritis	23 (10.6)	29 (5.8)	1.92 (1.08-3.41)	0.02*			
Enteropathic arthritis associated with inflammatory bowel disease (IBD)	15 (6.9)	8 (1.6)	2.42 (1.61-3.65)	<0.001*			
Reactive Arthritis	12 (5.5)	11 (2.2)	2.60 (1.13-5.98)	0.02*			
Table 1. Comparison of demographics of AS patients with and without uveitis #: student's t-test							

	Uveitis	No Uveitis	Odds Ratio	
	(n=217)	(n=499)	(95% CI)	P
Coexisting disease, n (%)				
Fibromyalgia	39 (18.0)	59 (11.8)	1.63 (1.05-2.54)	0.03*
Hypertension	89 (41.0)	164 (32.9)	1.42 (1.02-1.97)	0.04*
Kidney dysfunction	29 (13.4)	38 (7.6)	1.87 (1.12-3.12)	0.02*
Irritable bowel syndrome	85 (39.2)	154 (30.9)	1.44 (1.04-2.01)	0.03*
Acid reflux	124 (57.1)	240 (48.1)	1.44 (1.04-1.98)	0.03*
Diabetes Mellitus	19 (8.8)	39 (7.8)	1.13 (0.64-2.01)	0.67
Heart disease	16 (7.4)	45 (9.0)	0.80 (0.44-1.46)	0.47
High cholesterol	59 (27.2)	129 (25.9)	1.07 (0.75-1.54)	0.71
Osteoporosis	20 (9.2)	63 (12.6)	0.70 (0.41-1.19)	0.19
Rheumatoid arthritis	20 (9.2)	52 (10.4)	0.87 (0.51-1.50)	0.62
Depression	60 (27.6)	111 (22.2)	1.34 (0.93-1.92)	0.12
Incontinence	31 (13.4)	82 (14.2)	0.85 (0.53-1.34)	0.75
joint involvement, n (%)				
Waist or Sacrum or Pelvis	165 (76.0)	340 (68.1)	1.49 (1.03-2.14)	0.03*
Hip Joint	186 (85.7)	388 (77.8)	1.72 (1.11-2.65)	0.01*
Heel	121 (55.8)	225 (45.1)	1.54 (1.11-2.12)	0.01*
Ribs	131 (60.4)	248 (49.7)	1.54 (1.12-2.13)	0.01*
Fingers	140 (64.5)	277 (55.5)	1.46 (1.05-2.03)	0.03*
Knee	156 (71.9)	304 (60.9)	1.64 (1.16-2.32)	0.01*
Lower Jaw	78 (35.9)	167 (33.5)	1.12 (0.80-1.56)	0.52
Neck	191 (88.0)	411 (82.4)	1.57 (0.98-2.52)	0.06
Shoulders	156 (71.9)	340 (68.1)	1.20 (0.84-1.70)	0.32
Rib Spine	137 (63.1)	278 (55.7)	1.36 (0.98-1.89)	0.06
Lumbar Spine	192 (88.5)	430 (86.2)	1.23 (0.76-2.01)	0.40
Wrist	111 (51.2)	219 (43.9)	1.34 (0.97-1.84)	0.07
Toes	103 (47.5)	199 (39.9)	1.36 (0.99-1.88)	0.06
Ankle	107 (49.3)	208 (41.7)	1.36 (0.99-1.87)	0.06
Current/Previous Medication use, n (%)				
Indomethacin	100 (47.4)	172 (35.7)	1.62 (1.17-2.26)	0.004*
Sulfasalazine	104 (48.1)	169 (35.1)	1.71 (1.24-2.38)	0.001*
Prednisolone	166 (77.2)	305 (62.4)	2.04 (1.42-2.95)	< 0.001
Hydrocortisone	95 (45.2)	164 (33.9)	1.61 (1.16-2.24)	0.004*
Methotrexate	95 (44.2)	172 (35.5)	1.44 (1.04-2.00)	0.03*
Certolizumab (TNF blocker)	29 (13.5)	37 (7.7)	1.88 (1.12-3.14)	0.02*
Infliximab (TNF blocker)	77 (35.6)	131 (26.9)	1.51 (1.07-2.12)	0.02*
Acetaminophen	190 (88.0)	398 (81.1)	1.71 (1.07-2.73)	0.02*
NSAIDs	206 (94.9)	463 (92.8)	1.46 (0.73-2.92)	0.28
Naproxen	168 (77.8)	371 (75.3)	1.15 (0.79-1.68)	0.47
Ibuprofen	189 (87.5)	415 (84.0)	1.33 (0.83-2.13)	0.23
Monoclonal anti-TNF	135 (62.2)	295 (59.1)	1.14 (0.82-1.58)	0.44
Any biologics/biosimilars	156 (71.9)	343 (68.7)	1.16 (0.82-1.65)	0.40
Apremilast	6 (2.9)	12 (2.5)	1.15 (0.43-3.11)	0.78
Secukinumab	21 (9.8)	45 (9.3)	1.06 (0.61-1.82)	0.84
Etanercept	86 (40.0)	207 (42.3)	0.91 (0.66-1.26)	0.56
Adalimumab	108 (50.0)	241 (49.1)	1.04 (0.75-1.43)	0.82
Golimumab	27 (12.5)	47 (9.8)	1.32 (0.80-2.18)	0.28
Marijuana	37 (17.1)	71 (14.2)	1.24 (0.80-1.91)	0.33
Opioids	116 (53.5)	240 (48.1)	1.24 (0.90-1.71)	0.19

Table 2. Comparison of disease characteristics & treatment between AS patients with and without uveitis

Result

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Variable		Adju	Adjusted OR (95% CI		i) P value	Table 3. Multivariate logistic regression				
Disease subtype						•		rating charac		
Enteropathic arthritis associated with IBD		3D 2	2.31 (1.49–3.60)		< 0.001	independently associated with uveitis after adjustment for sex, age, ethnicity, income level, & full-term employment status				
Current/prior medication use										
Indomethacin		1	1.47 (1.03-2.09)		0.03					
Prednisolone			1.79 (1.21-2.66)		0.004					
Waist or sacrum pain			1.66 (1.10-2.50)		0.02					
Knee pain			1.53 (1.04-2.25)		0.03					
		Uveitis Median (IQR), n=2		an	P-value	Table 4. EASi-QoL Total and Domain Scores were not significantly different between AS subjects with or without uveitis by Mann-Whitney U test			lifferent ithout	
Total EASi-QoL		28.0 (32.0) 29.0 (2	9.0)	0.89	IQR:inter-quartile range				
Physical function 8.0		8.0 (11.0) 9.0 (9	0)	0.55		-			
Disease activity		7.0 (6.0)	•	0 (7.0) 0.75 Table		Table 5	e 5. EASi-QOL response (by Mann-			
Emotional well-being		5.0 (9.0)			0.42	Whitney U test)				
Social participation 6.0		6.0 (10.0								
Reporting top 2 levels of impairment (Very limited ability)	Uveitis % of response	No Uveit % of respons	P-valı		eporting top impairmen		Uveitis % of response	No Uveitis % of response	P-value	
Lifting a child	35.9	35.4	0.90		Felt embarrassed		14.7	13.1	0.55	
Walking one mile	27.2	28.7	0.68		Worry about the future		33.6	29.1	0.22	
Standing for 30 mins	32.3	30.0	0.55	Ir	Interfere with ability to concentrate		29.8	14.3	0.06	
Getting up from sitting	12.4	11.3	0.67	La	Lack drive or motivation		25.0	22.8	0.53	
Finding a comfortable position to relax	25.3	26.8	0.68	Fe	Felt downhearted or low		23.5	20.0	0.30	
Dressing or undressing	6.9	5.7	0.52	Ir	Interfered with normal work		28.1	26.6	0.67	
Pain or discomfort	27.6	25.8	0.60	Ι	Interfered with family life or friendships		17.5	15.8	0.58	
Interfere with sleep	30.0	27.1	0.44		Interfered with travelling		14.7	15.2	0.87	
Felt tired or lack energy	42.8	38.5	0.28		Interfered with ability to keep physically active		30.9	31.7	0.84	
Felt morning stiffness	30.9	31.5	0.88		Interfered with QOL 33.6 3		34.5	0.83		

Conclusions

References

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• Among AS patients, uveitis was associated with bowel disease, sacrum, ribs, heel and knee pain • A greater proportion of AS patients with uveitis have received indomethacin, methotrexate and infliximab treatment compared to those without uveitis

• Uveitis may affects quality of life such as the ability to concentrate (p=0.06)

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