pain vs. PaGl -35.7 and 23.3 [-6.3]. LLoA and UloA remained constant over the whole range of the VAS-scales.
Conclusions: In patients with SpA, fatigue, pain and PaGl scores were poorly associated and only poorly explained by other potential explanatory variables. On the individual level, disagreements between the scores were substantial. The findings emphasize the complexity of understanding patient-reported outcome measures and their diverging interplay across individuals.
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Psoriatic arthritis

FRI0482 INSULIN RESISTANCE IN PATIENTS WITH PSORIATIC ARTHRITIS

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Background: inflammation and, levels of inflammatory markers, CRP and other cytokines are important for enhancing insulin resistance in PsA patients.
Inflammation and, levels of inflammatory markers, CRP and other inflammatory cytokines are important players for enhancement and develpoment of insulin resistance in psoriatic arthritis patients.
Objectives: To investigate the relation between insulin resistance and psoriatic arthritis presence and disease activity.
To investigate the relation between insulin resistance and disease activity in patients with psoriatic arthritis.
Methods: *Patients Inclusion criteria:* all patients in this study had psoriatic arthritis with disease duration 5 years or more. All under conventional DMARDs treatment in the form of methotrexate 12.5 mg/wk, hydroxychloroquine 400mg/day. With no treatment with glucocorticoids, 3 months prior to enrollment in the study and no previous treatment with biologics. All patients were Postmenopausal females with 3 or more years since menopause.
Exclusion Criteria: DM, ischemic heart disease, hypertension, or any other chronic diseases, Smoking, on medications Medications that affect blood lipids, or body composition and metabolic functions. Postmenopausal females who were on hormonal replacement therapy.
Grouping: G I: Included 50 postmenopausal females with psoriatic arthritis. G II: Included 25 normal postmenopausal females, as a control group.
Methods: 1. Full medical history and Complete clinical examination 2. Anthropometric measurements: Body mass index (BMI), Waist-hip ratio (WHR). 3. The following laboratory investigations were done: C-reactive protein (CRP), Fibrinogen, Fasting insulin. 4. Measures of insulin resistance: Homeostasis model assessment of insulin resistance (HOMA-IR): (a) HOMA 1-IR: It is calculated according to the following equation: Fasting insulin (μU/ml) x FBS (mg/dL)/405. (2). Insulin resistance was defined as HOMA-IR >3. 8. (3), (4). (b) HOMA 2-IR: it is the updated (or computer) model with nonlinear solutions, which also uses paired fasting glucose and insulin values, were calculated using the computer model (HOMA calculator version 2.2).
Results: Comparing means of age, BMI, and WHR of both groups' shows no significant difference, which indicates that both groups was matched and valid for comparison. G I have significantly higher values than the control group in the laboratory parameters Insulin, CRP and Fibrinogen as $p>0.05$, and the insulin resistance parameters (HOMA1, HOMA2). G I was significantly higher than the control group as $p>0.05$. Significant positive correlation also found between *Index for Psoriatic Arthritis (DAPSA)* and insulin, HOMA1, and HOMA2.
Conclusions: Psoriatic arthritis is associated with increased risk of insulin resistance. PsA activity is strongly associated with developing insulin resistance in psoriatic arthritis patients.
Disclosure of Interest: None declared
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FRI0483 WORK CAPACITY AND QUALITY OF LIFE IN A COHORT OF PATIENTS WITH EARLY PSORIATIC ARTHRITIS IN ARGENTINA

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Objectives: To evaluate work capacity and quality of life in patients with early Psoriatic Arthritis (PsA).
Methods: Multi-center study in which patients with recent onset of PsA (disease duration <3 years) who met the CASPAR criteria established by the Early Spondyloarthritis Committee (CONEART) were enrolled. Work loss and lost workdays within six months prior to the baseline visit attributable to their baseline condition were evaluated, as well as quality of life, measured by PsAQol. Statistical analysis: descriptive statistics, Spearman's correlation, multiple linear regression model.
Results: 108 patients with a PsA diagnosis were enrolled. 53% (57/108) were male, of a mean age of 48.4 (SD 12.5). The mean PsA disease duration was 17.6 (SD 9.8) months. 4/60 patients (6.6%) were positive for HLA-*B27*. BASDAI 4.81±2.66; BASFI 3.75±2.70; PsAQoL 7.24±6.44; HAQ-A 0.72±0.61, physician global activity assessment (by Visual Numeric Scale, VNS) 3.76±2.33, and pain assessment (VNS) 5.22±2.98. The average days lost due to the condition within the past 6 months was 8.6 (SD 32.1), it was significantly associated with the presence of enthesitis, number of swollen joints, worse BASDAI, BASFI, lower level of education, and higher pain and physician global activity assessment ($p<0.0001$). Five patients lost their job due to PsA. 12% of the patients had a disability certificate and the possession of one, according to the logistic regression model, was associated with a longer PsA disease duration (OR 1.09, p=0.02). A poorer quality of life was significantly correlated to the physician assessment of disease activity ($p<0.001$) and pain ($p<0.01$) using a linear regression model.
Conclusions: In this cohort of patients with early PsA, the deterioration of work capacity expressed in lost workdays was associated with disease activity parameters and functional disability. The physician global activity assessment and pain were the main factors associated with the impact on patient's quality of life. Having a disability certificate was associated with longer disease duration. Although this is an early cohort of PsA patients, a worsening in quality of life and work disability was observed.
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FRI0484 IMPACT OF PSORIATIC ARTHRITIS ON PATIENT-REPORTED OUTCOMES IN 5 EUROPEAN UNION COUNTRIES

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Objectives: This non-interventional, cross-sectional, descriptive, exploratory analysis aimed to characterise patients (pts) with psoriatic arthritis (PsA) in the 2016 National Health and Wellness Survey (NHWS) and determine the impact of treatment, or no treatment, on pt-reported outcomes.
Methods: The NHWS was a self-administered, web-based, voluntary, confidential questionnaire. Stratified randomised sampling provided a representative sample of EU adults in France, Germany, Italy, Spain and UK. Respondents completing the arthritis module and reporting PsA diagnosis were stratified by: advanced therapies (tumour necrosis factor inhibitors, interleukin antagonists, phosphodiesterase-4 inhibitors) ± other drugs; other therapies (eg conventional synthetic disease-modifying antirheumatic drugs, glucocorticoids, topical medications); or no current treatment. Short Form-36 health survey (SF-36), Work Productivity and Activity Impairment questionnaire and Patient Health Questionnaire-9 (PHQ-9) responses were summarised descriptively.
Results: NHWS was completed by 80,600 adults; 947 completed the arthritis module and self-reported PsA diagnosis. Of these, 65 (7%) reported receiving advanced therapies, 274 (29%) other therapies and 608 (64%) no current treatment. Age and gender were generally balanced between the groups (mean 51–56 years; 51–64% female). More patients on advanced therapies had a body mass index ≥30 (41%) vs other therapies (34%) and no current treatment (26%). Pts on advanced therapies reported more comorbidities (mean 2.2) vs pts on other therapies (mean 1.8) and pts with no current treatment (mean 1.7). More pts on advanced therapies were current smokers (49%) vs pts on other therapies (30%) and pts with no current treatment (32%). Prior to treatment with advanced or other therapies, 94% and 82% self-reported moderate or severe PsA, falling to 58% and 59%, respectively, after treatment, compared with 36% of pts with no current treatment. SF-36 scores and PHQ-9 scores did not widely vary across groups (Table 1). Regardless of treatment groups, pts reported >20% work loss, >45% overall work impairment and >45% activity impairment (Table 1).
Conclusions: More than 60% of pts reporting PsA diagnosis reported no current