

SAT0454 FINGER FLEXOR TENDON PULLEY COMPLEX INVOLVEMENT IN PSA: AN HIGH RESOLUTION ULTRASONOGRAPHIC STUDY

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Background: Psoriatic Arthritis (PsA) is often associated with hand involvement including synovitis and tenosynovitis and dactylitis. At the micro anatomical level PsA is strongly linked to disease localisation to entheses and other sites of high mechanical stressing. Recently high resolution MRI has shown prominent abnormalities at the mini-entheses of the flexor tendon pulleys, a site of high physical stressing during finger flexion

Objectives: This study tested the hypothesis that sonographic abnormalities were common at the hand flexor tendon mini-entheses in PsA including the A1, A2 and A4 in patients without active hand arthritis or dactylitis at the moment of ultrasound (US) scanning

Methods: Consecutive patients affected by psoriasis (PsO) (23 cases), PsA (17) and healthy controls (HC) (19) were collected. The demographic characteristics are shown in Table 1. The cases were matched for sex, age and BMI. We excluded PsA patients with active arthritis or dactylitis at the moment of US study, the majority being under therapy with conventional DMARDs. The 2nd to 4th flexor tendons of the dominant hand were scanned with a high resolution linear probe (10–22 MHz) using an Esaote MyLab Twice machine. The sonographer was expert in musculo skeletal ultrasound (MSKUS) and was blinded to the clinical details. The following changes were scored: tenosynovitis, A1, A2 and A4 pulley tendon thickness and pseudotendinitis (peritendinous oedema). Pulleys were explored with transverse e longitudinal scan

Results: The A1, A2 and A4 pulleys were significantly thicker in PsA compared to PsO and healthy controls measuring both longitudinal and transverse scan (table 2 shows mean±SD value of transverse measures). In PsA patients A1, A2 and A4 pulleys thickness were above than the 95th percentile of HCs values respectively in 84%, 80% and 100% of cases. Considering HCs and PsA we found that having a A1 thickness over the 95th percentile of HCs shows a sensibility of 82% and specificity of 100% for PsA. Using ROC curve analysis we found that the presence of one A1 thickness over the 95th percentile of HCs have a sensibility of 82% and specificity of 100% for PsA. Peritendinous oedema evaluated scanning the palmar side of proximal and intermediate phalanx was common in PsA patients (6/17) and absent in PsO and HCs

Table 1 Demographic data

	Healthy (n 19)	PsO (n 23)	PsA (n 17)
M/F	7/11 (39%/61%)	9/14 (40%/60%)	12/5 70%/30%
Age (y) med ± SD	57±12	56±9	56±6
BMI med ± SD	25.5±4.0	25.9±3.2	28±3
Nail involvement	0	1 (4%)	8 (47%)
Previous dactylitis	0	1 (4%)	8 (47%)
MS >30'	0	0	9 (53%)
Previous trigger finger	0	7 (32%)	8 (47%)

Table 2 Transverse measures of pulleys thickness (mm)

	PsA	PsO	HCs
A1	0.61±0.15	0.40±0.10	0.33±0.08
A2	0.56±0.11	0.40±0.10	0.34±0.07
A4	0.50±0.13	0.33±0.05	0.30±0.02

Conclusions: This study suggests that PsA cases have a much higher burden of abnormalities in the mini-entheses of the flexor tendons on the hand. With the improving resolution and capabilities of MKUS these findings may be relevant to understand the involvement of flexor tendon in PsA especially in sites with high mechanical stressing. Measuring A1, A2 and A4 thickness could be useful in detecting PsA cases without clinical signs of sinovitis or dactylitis

Disclosure of Interest: None declared

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SAT0455 IMPACT OF PSORIATIC ARTHRITIS IN THE WORKPLACE: RESULTS OF THE FRENCH SURVEY PSOPRO

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Objectives: The Psopro (Psoriasis & Professional life) survey, run under the aegis of the patient advocacy groups France Psoriasis, was aimed at measuring, in comparison to the general population, the impacts of psoriasis occurring alone (PsO) or concurring with psoriatic arthritis (PsO+PsA) on patients' working life.

Methods: From 13/07/16 to 08/08/16, 714 PsO patients, 81 of whom were under systemic treatment (PsO-ST), and 84 patients PsO+PsA were surveyed using a

questionnaire drawn up by a multi-disciplinary scientific committee and conducted via the Internet. In addition to medical and professional characteristics, patients provided their recent absenteeism and presenteeism data, using a WPAl-PSO standardized self-questionnaire, as well as information about the interactions between psoriasis and their working life. Using the Student, Chi-deux and Fischer tests, patients were compared with a sample of 604 working respondents representative of the French population and questioned about the impact of possible health problems on their working life.

Results: The socio-demographic characteristics of the control group were similar to those of the total patient population with psoriasis, although men were slightly over-represented in the latter group. The duration of disease and cutaneous and rheumatismal locations were in line with those usually found in the literature. The unemployment rate over the previous 5 years and number of days of medical leave over the previous 12 months was higher in the PsO+PsA group as compared to the control group (Table 1). In the sub-group reporting a flare-up at the time of the survey, the impact of the disease on absenteeism, presenteeism and productivity was significantly higher in PsO-ST and PsO+PsA patients (Figure 1). Despite this, PsO-ST and PsO+PsA patients reported greater attachment to their work than did those in the control group (Table 1).

Table 1. Impact of psoriasis and psoriatic arthritis on functioning in the workplace and attachment to work

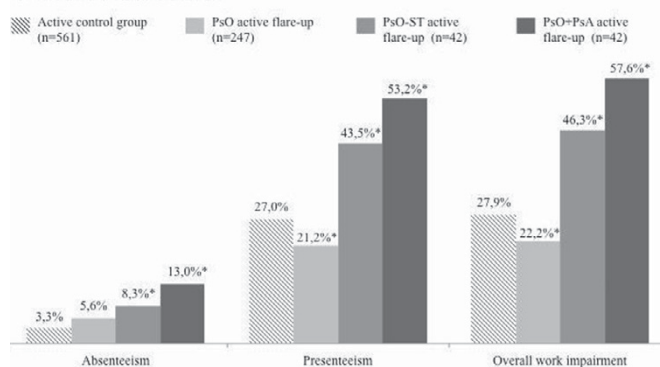
	Control group	PsO	PsO-ST	PsO+PsA
Unemployment over the past 5 years, % (n)	31 (187)	34 (243)	41 (33)	57* (42)
Number of days of medical leave over past 12 months, n	11	6	6	17*
Work considered more important than other aspects of life, % (n)	8 (45)	10 (62)	28* (20)	25* (17)
Work considered less important than other aspects of life % (n)	42 (236)	49* (301)	21* (15)	27* (18)

*p<0.05 versus control group respondents. PsO: psoriasis; PsO-ST: psoriasis under systemic treatment; PsO+PsA: psoriasis and psoriatic arthritis.

Figure 1: Impact of psoriasis and psoriatic arthritis on absenteeism, presenteeism and productivity over the past 7 day based on WPAl-PSO scores.

*p<0.05 versus control group respondents PsO: psoriasis; PsO-ST: psoriasis under systemic treatment;

PsO + PsA: psoriasis and psoriatic arthritis



Conclusions: In patients with PsO, placement under systemic treatment or the co-existence of PsA appears to be associated with greater impact on patients' working life, though they also reported higher attachment to their work. Close supervision and appropriate care in PsO patients developing PsA should limit these impacts.

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SAT0456 THERAPY MODIFICATIONS AMONG PATIENTS WITH PSORIATIC ARTHRITIS TREATED WITH A BIOLOGIC IN THE UNITED STATES – DESCRIPTIVE ANALYSES FROM AN ADMINISTRATIVE CLAIMS DATABASE

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Background: Biologic therapy used for the treatment of active psoriatic arthritis (PsA) can sometimes be augmented by adding non-biologic medications and/or