controls with a mean age of 42.12±7.22 mean BMI of 25.87±3.51 with an unsignificant difference between two groups.
Serum sclerostin level significantly higher in PsA patients compared to controls with a mean of (0.64 and 0.37ng/ml) respectively, positive significant correlation with patients' age, disease activity scores, ultrasonographic findings of inflammation and damage at the enthesis as well as negative correlation with DEXA at lumbar spine. A positive though non-significant correlation detected between serum sclerostin and Leeds clinical enthesitis index (LEI) and CRP.
Conclusions: sclerostin plays important role in pathogenesis of psoriatic arthritis and associated with bone damage either systemic or localized. Further studies for the effect of treatment on serum sclerostin, ultrasonographic and bone mineral density findings is recommended
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AB0788 DIFFERENCES IN THE PHENOTYPIC EXPRESSION OF RECENT ONSET PSORIATIC ARTHRITIS AMONG MEN AND WOMEN: BASELINE DATA FROM THE REAPSER STUDY

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Background: The natural history of psoriatic arthritis (PsA) according to gender of patients is an aspect of the disease only partially studied. In prospective PsA cohorts such information is barely known.
Objectives: To analyze baseline gender differences in the REAPSER cohort (Psoriatic Arthritis Registry of the Spanish Society of Rheumatology).
Methods: Observational, multicenter study (34 centers), with consecutive inclusion. We included adults of both sexes 18 years of age or older with PsA that met CASPAR criteria, and duration of less than two years since the appearance of symptoms attributed to PsA. Annual follow-up visits will be carried out for 5 years. Measurements: socio-demographic data; employment status and impact of the disease; family history of PsA and other inflammatory diseases; comorbidities and treatment; lifestyle; use of health services; clinical status at the time of diagnosis of PsA; anthropometric data; clinical evaluation of PsA manifestations; radiographic evaluation; analytical determinations; treatment of PsA. The study has been approved by the Ethical committees of the participating centers. Comparative statistical analysis: for qualitative variables, the χ-square or the Fisher exact statistic were used. For non-normal quantitative variables, non-parametric tests were used and for normal quantitative variables, Student's t-test was used.

Parameter	Men (N=142)	Women (N=68)	P values
Age (years)	50.2 (13.8)	49.6 (14.1)	NS
University studies	18.3%	16.2%	NS
Active worker	65%	49.3%	<0.001
BMI	27.3 (4.8)	28.5 (6)	NS
Waist-hip index	0.94 (0.1)	0.87 (0.1)	<0.001
Smoker	29.6%	32.4%	NS
Alcohol consumption	45.1%	16.2%	<0.001
Psoriasis family history	40.1%	45.6%	NS
PsA family history	8.5%	10.3%	NS
Charlson's CI (>3)	18.3%	17.6%	NS
Depression	7.7%	19.4%	0.014
Common Psoriasis	81%	61.8%	0.003
Pustular Psoriasis	2.1%	11.8%	0.006
Onicopathy	59%	49%	NS
PASI	1.5 (0.6–4.4)	1.2 (0.6–3)	NS
Peripheral pattern	80.3%	83.8%	NS
Axial pattern	7%	1.5%	NS
Mixed Pattern	12.7%	14.7%	NS
BASDAI (0–10)	4.1 (2.2–6)	4.8 (2.4–7.3)	0.008
BASFI (0–10)	1.8 (0.4–4.5)	2.9 (1.4–4.7)	0.065
Dactylitis	31.4%	47.1%	0.028
Pain (0–10)	4.5 (2–7)	6 (4–7.5)	0.021
PGA (0–10)	5 (3–7)	6 (3.5–8)	0.042
ESR (mm/h)	12 (5–20)	21 (10–29.5)	0.001

CI: comorbidity index. PASI: Psoriasis Area and Severity Index. PGA: Patient's Global Assessment. Data are expressed in percentages, means with SD (Standard Deviation), medians and IQR (Interquartile Range). There were no significant differences in SJC, TJC or PsAID (Psoriatic Arthritis Impact of Disease).

Results: The results are expressed in the table.
Conclusions: The baseline data from this prospective cohort point to significant differences in the phenotypic expression of PsA between men and women. Thus, in women, the prevalence of dactylitis and pustular psoriasis was higher, there were higher rates of depression and a perception of higher disease activity. Women scored higher on the pain linked to their arthritis and the activity of axial disease. They also had biological activity parameters (ESR) higher than that of men. It is necessary to determine if these differences are maintained or change over time.
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AB0789 THE PSORIATIC ARTHRITIS PATIENT'S JOURNEY: SPECIAL EMPHASIS ON DIAGNOSIS AND TREATMENT DELAYS

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Background: A delay in diagnosis and treatment of Psoriatic Arthritis (PsA) is associated with increased disability and damage in the long term. There is currently scarce data available about diagnosis delay, referrals delays, and time to first treatment in patients with PsA in developing countries.
Objectives: To describe the journey of patients with psoriatic arthritis, with special emphasis on diagnosis and treatment delays.
Methods: All patients with PsA registered in the Rheumatology Unit data base (between 2000–2016), with complete data, were included. Electronic medical records were manually revised, and the following data were obtained: date of first visit to a Dermatologists due to Psoriasis (PsO) symptoms, date of PsO diagnosis, date and type of first musculoskeletal symptom, specialty of physician seen at first visit for musculoskeletal symptoms, date of PsA diagnosis, date and reason for prescription of first Disease Modifying anti-Rheumatic Drug (DMARD). Primary outcome variable was mean lag time between first musculoskeletal symptom and diagnosis of PsA. Other variables calculated were: mean lag time between first musculoskeletal symptom and first physician encounter because of those symptoms, mean lag time to first DMARD and mean lag time between PsO diagnosis and PsA diagnosis. Variables associated with a delay in PsA diagnosis (more than one year delay) were analyzed in multivariable analysis (logistic regression).
Results: 93 patients were included, mean age 60.8 years (SD: 15.3), 61% males. Mean age at time of PsA diagnosis was 52 years (SD: 14.8). The most common musculoskeletal symptom was arthralgia (46%), followed by arthritis (37%), enthesitis (6%), low back pain (6%), and dactylitis (4%). Mean lag time between first musculoskeletal symptoms and visit to a physician because of those symptoms was 16,8 months (SD: 44,4) (median: 1,92 (IQR: 0,35–11,6). In Only 33% of the cases the first specialist seen was a Rheumatologist. Mean lag time between first musculoskeletal symptom and diagnosis of PsA was 19,2 (SD: 28,8) months (Median: 7,2 (IQR: 2,4–21,6 months). In 90 patients (97%), the diagnosis of PsO preceded the diagnosis of PsA, a mean time of 15.1 years (SD: 14.4). 83 patients (89%) received traditional DMARDs, 82% because of the musculoskeletal symptoms, with a mean lag time between PsA diagnosis and initiation of DMARDs of 11,4 months (SD: 31,2) (Median: 0,48 (IQR: 0–4,3) months). Forty-three patients (46.2%) had a delay on PsA diagnosis equal or greater than 1 year. In logistic regression analysis, including age, sex, first specialist seen and type of musculoskeletal symptom, none was independently associated with a delay equal or greater than 1 year in PsA diagnosis.
Conclusions: Mean time between symptoms' onset and PsA diagnosis was relatively short. However, a delay greater that one year was observed in almost half of patients. As none of the variables studied was associated with a delay in diagnosis, more studies are needed to identify potential actions that would help reducing this delay.
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AB0790 HYPERURICEMIA IN PSORIATIC ARTHRITIS: PREVALENCE AND ASSOCIATED FACTORS

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Background: Hyperuricemia is frequent in psoriatic arthritis (PsA) and it seems to be related to metabolic syndrome rather than to extensive psoriatic skin disease [1].

Objectives: The objective of this study was to evaluate the prevalence of hyperuricemia in PsA patients and to identify the associated factors.
Methods: Design: cross-sectional study, including consecutive, unselected, adult PsA patients. Data collection: demographic variables (age, gender, disease duration), clinical variables (affected joints, current moderate/severe psoriasis, nail disease, axial involvement, enthesitis, dactylitis), biological factors (acute phase reactants), treatment-related variables (non-steroidal antiinflamatory drugs, corticosteroids, synthetic and biologic disease modifying drugs) and comorbidities [2]. Hyperuricemia was defined as uric acid level above 6.8 mg/dl [3]. Statistical analysis: the factors that were potentially associated with hyperuricemia were assessed by Spearman correlation and uni- and multivariate logistic regressions.
Results: In all, 120 PsA patients were included in the study: 69 (57.5%) women, mean age±standard deviation 54±11.8 years, mean disease duration 7±7.4 years; 24 (20%) had moderate/severe psoriasis and 30 (25%) were taking a biologic. A high percentage of patients had cardiovascular comorbidities, i.e., dyslipidemia 80%, hypertension 51.7%, obesity 34.2% and cardiovascular events 34.2%. Around a quarter of patients had hyperuricemia (33; 27.5%). Hyperuricemia was significantly associated with obesity, diabetes, ischemic heart disease and hypertension, but there was no correlation with current skin psoriasis. In the multivariate analysis, it was best explained by diabetes (odds ratio: 4.95, [95% confidence intervals: 1.47; 16.67]), ischemic heart disease (3.61 [1.00; 12.98]) and obesity (1.86 [1.04; 3.32]).
Conclusions: Hyperuricemia in PsA is associated with metabolic syndrome rather than skin psoriasis, but further longitudinal studies are needed to identify causal relationships.
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AB0791 HIGH PREVALENCE OF METABOLIC DISORDERS AND OBESITY IN PSORIATIC ARTHRITIS COMPARED TO PSORIASIS ALONE: A RETROSPECTIVE DERMATOLOGICAL CLINIC-BASED STUDY

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Background: An association between increased adiposity, obesity (Obs), and psoriasis has emerged. In addition to obesity, patients with psoriasis are more likely to have metabolic syndrome.
Objectives: to evaluate the prevalence of endocrine diseases, nutritional and metabolic disorder (ENMD) comorbidity in patients (pts) with PsA and Psoriasis (PsO) patients without arthritis in the dermatological hospital cohort.
Methods: 889 pts (Male-516/Female-329) with moderate-to-severy plaque PsO, mean age 50.4±17.6 years, mean PsO duration 21.5±14.7 were included. PsO pts with Endocrine, nutritional and metabolic diseases (E00-E90) (ENMD), including Disorders of thyroid gland (E00–E07), Obesity and other hyperalimentation (E65-E68), Diabetes mellitus (E10-E14) (DM) were identify in the hospital Database reporting and coding by International Statistical Classification of Disease and Related Health Problems (ICD-10) between 2010 - 2015 years. M±m, t-test, χ^2, (%) were calculated. All $p<0.05$ were considered to indicate statistical significance.
Results: 302 out of 889 pts (33.9%) had PsA and 587 out of 889 pts (66.1%) had PsO alone. PsA pts were older then PsO pts – 55.3±13.7 and 50.4±17.6 ($p<0.001$). 155 out of 889 pts (17.4%) had ENMD. In PsA pts ENMD were found in significantly more cases than in PsO pts – in 76 out of 302 pts (25.2%) and in 79 out of 587 pts (13.5%) accordingly (χ^2=18.986, df=2, $p<0.00001$). In PsA pts ENMD coding as E00–E07 were found in significantly more cases than in PsO pts – in 25 out of 302 pts (8.3%) and in 23 out of 587 pts (3.9%) accordingly (χ^2=7.4211, df=2, p=0.00645). Obs coding as E65-E68 were found in significantly more cases in PsA pts compare to PsO pts - in 54 out of 302 pts (17.9%) and in 64 out of 587 pts (10.9%) accordingly (χ^2=8.4345, df=2, p=0.00368).
DM coding as E10-E14 were found in more cases in PsA pts compare to PsO pts - in 54 out of 302 pts (17.9%) and in 83 out of 587 pts (14.1%) accordingly (χ^2=2.1410, df=2, p=0.14341).
Conclusions: ENMD comorbidities are common for PsA and PsO without arthritis pts. Obs and disorders of thyroid gland were found in significantly more cases in PsA pts compare to PsO pts. Obesity and PsA are an unhealthy combination. Obesity may represent an additive cardio-metabolic risk factor in PsA subjects. High frequency of ENMD in PsA than PsO could be due to share inflammation pathways with insulin resistance and age. Patients with more severe psoriasis are at higher odds of endocrine, nutritional and metabolic diseases compared with those with mild psoriasis.
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AB0792 CURRENT STATUS AND UNMET NEEDS IN THE MANAGEMENT OF PSORIATIC ARTHRITIS WITH CONVENTIONAL SYNTHETIC AND BIOLOGICAL DISEASE MODIFYING ANTI-RHEUMATIC DRUGS: TAIWANESE NATIONWIDE PHYSICIANS' PERSPECTIVES

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Background: Psoriatic arthritis (PsA) contributes to enormous burden of disease and thus early correct diagnosis and adequate therapeutic management are essential for physicians in practice; however, There have been several studies highlighting the inadequate diagnosis and suboptimal therapies for PsA worldwide and physicians generally report difficulties in managing psoriasis.
Objectives: To analyze the real-world clinical practice of PsA in Taiwan, and assess physicians' adopted methods and difficulties of diagnosis, therapeutic consideration and strategy, in addition to rationales for biologic agents and unmet needs.
Methods: A nationwide cross-sectional observational study in Taiwan was conducted by means of the face-to-face in depth interviews with the 80 physicians, composed of 50 rheumatologists and 30 dermatologists, from November 2014 to January 2015.
Results: The major adopted diagnostic examinations for PsA are arthritis performance, psoriasis and nail dystrophy, roentgenological studies, personal and family history; however, more dermatologists rely on RF for initial diagnosis ($p<0.05$). The difficulties for diagnosis, considerations on therapeutic management and current prescription were reported and displayed some interdisciplinary difference. Rationales for biological agent selection were investigated and physicians generally favored etanercept in terms of milder symptoms or more conservative treatment. The main unmet needs for current biologic therapies for PsA included the aspects of better efficacy, safety, sustainability and oral administration.
Conclusions: The nationwide study is the first survey for real-world clinical practice of PsA in Asia and provides detailed messages about the diagnostic difficulties and therapeutic consideration, especially rationales and unmet needs on current biologic therapies, which may offer possible directions for new drug development. We also made interdisciplinary comparison, hence in order to improve comprehensive care.
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AB0793 EFFICACY OF IXEKIZUMAB IMPROVING SF-36 SCORES IN BIOLOGIC DMARD-NAIVE PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS: RESULTS FROM A PHASE 3 STUDY (SPIRIT-P1)

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Background: In a phase 3 randomized controlled trial (RCT), ixekizumab (IXE), a high affinity mAb that selectively targets interleukin-17A, significantly improved signs and symptoms of psoriatic arthritis (PSA)and health status vs placebo (PBO)[1].
Objectives: To evaluate the efficacy of IXE improving patient (pt)-reported health status, assessed by Short Form Survey (SF-36) physical and mental component summary (PCS and MCS) and domain scores in pts with active PSA vs PBO, compared with age-and gender (A/G)-matched population normative scores[2].
Methods: In phase 3 RCT (SPIRIT-P1; NCT01695239), bDMARD-naive pts with active PSA (N=417) randomly received IXE 80 mg either once every 4 Wks (Q4W) or 2 Wks (Q2W) after a 160 mg starting dose, or 40 mg adalimumab (ADA) Q2W, or PBO (all subcutaneous). Health status was assessed by SF-36 at baseline, Wk 12, and Wk 24. Treatment comparisons were by mixed model for repeated measures for continuous data and logistic regression for categorical data. Missing values were imputed by nonresponder imputation.
Results: Baseline SF-36 scores were similar across treatment groups. At Wk 24, significant improvements vs PBO were observed with ADA and IXEQ2W for PCS, and 5/8 domains (PF, RP, BP, GH, and RE), and with IXEQ4W for PCS and 6/8 domains (except VT and MH) (Figure) (post hoc for individual domains). In pts with baseline scores <A/G norms, significant improvements vs PBO were observed with ADA and IXEQ4W for PCS, MCS, and 5/8 domain scores (PF, RP,