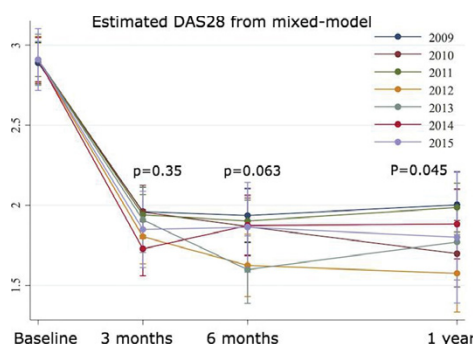


Abstract FRI0490 – Table 1

	2009	2010	2011	2012	2013	2014	2015	p-value
N	104	90	162	99	90	108	62	
Age (years), mean (SD)	42.3 (11.2)	40.5 (11.8)	42.5 (12.6)	40.3 (11.1)	42.1 (12.8)	42.9 (11.6)	42.8 (12.4)	0.59
Proportion female	33.0%	36.0%	47.8%	38.4%	40.0%	37.0%	38.7%	0.29
Years since diagnosis, median (IQR)	4.5 (0.8, 14.5)	4.6 (0.7, 15.4)	5.4 (0.7, 16.0)	3.3 (0.6, 13.6)	1.3 (0.4, 8.5)	1.9 (0.2, 7.0)	2.5 (0.2, 10.8)	0.088
Disease Activity Score 28 joints, mean (SD)	3.04 (1.18)	3.09 (1.06)	2.97 (1.04)	2.76 (1.06)	2.78 (0.91)	2.79 (0.94)	2.60 (0.81)	0.051
Clinical Disease Activity Index, mean (SD)	11.02 (5.54)	11.43 (6.92)	10.20 (4.87)	10.08 (4.99)	9.41 (2.83)	10.42 (5.41)	9.08 (4.28)	0.15
Simplified Disease Activity Index, mean (SD)	12.52 (6.11)	12.90 (7.21)	11.34 (5.45)	10.43 (5.27)	10.45 (3.14)	11.41 (5.97)	9.63 (4.49)	0.015
Adalimumab	91.3%	33.3%	22.2%	15.2%	18.9%	13.0%	0.0%	<0.001
Certolizumab	0.0%	2.2%	0.0%	0.0%	11.1%	74.1%	43.5%	
Etanercept	7.7%	7.8%	61.7%	67.7%	5.6%	2.8%	3.2%	
Golimumab	0.0%	55.6%	12.3%	12.1%	63.3%	3.7%	4.8%	
Infliximab	1.0%	1.1%	3.7%	5.1%	1.1%	0.0%	0.0%	
Infliximab biosimilar	0.0%	0.0%	0.0%	0.0%	0.0%	6.5%	48.4%	

p-values for between-year differences.



Disclosure of Interest: E. K. Kristianslund: None declared, K. M. Fagerli: None declared, E. Lie Consultant for: AbbVie, Celgene, Hospira, Pfizer, UCB., A. Wierød: None declared, S. Kalstad: None declared, E. Rødevand: None declared, F. Kröll: None declared, P. Mielnik: None declared, T. K. Kvien Consultant for: AbbVie, Biogen, BMS, Boehringer Ingelheim, Celltrion, Eli Lilly, Epirus, Janssen, Merck-Serono, MSD, Mundipharma, Novartis, Oktal, Orion Pharma, Hospira/Pfizer, Roche, Sandoz, UCB, I. C. Olsen: None declared
DOI: 10.1136/annrheumdis-2017-eular.4273

FRI0491 EFFECT OF THE TIGHT CONTROL TREAT-TO-TARGET STRATEGY ON THE DYNAMICS OF ACTIVE MRI SACROILIITIS IN THE RUSSIAN COHORT OF EARLY PERIPHERAL PSORIATIC ARTHRITIS PATIENTS (PRELIMINARY RESULTS OF AN ONGOING OPEN-LABEL REMARCA STUDY)

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Background: Axial involvement in early psoriatic arthritis (ePsA) patients (pts) is often poorly diagnosed. Magnetic resonance imaging (MRI) of sacroiliac joints (SIJs) helps to better define spinal involvement and is used as an outcome measure to evaluate treatment of axial disease with TNF blockers. Treat-to-target (T2T) strategy was studied in various manifestations of PsA except axial involvement.

Objectives: to assess the effect of tight control T2T strategy on the 12-months dynamics of active MRI sacroiliitis (MRI-SI) in peripheral ePsA pts.

Methods: 89 treatment-naïve pts (M/F=42 /47) with active peripheral ePsA, according to CASPAR criteria were included; mean age 36.5±10.9 yrs., disease duration 12.1±10.1 mo., disease activity index (DAS) 5.2±2.8, C-RP 16.1 [6.6; 31.0] mg/l, ESR 22.5±19.2 mm/h. At baseline and every 3 mo. of therapy all pts underwent standard clinical examination of PsA activity. All patients were evaluated for the presence of inflammatory back pain (IBP) by ASAS criteria. In pts having IBP, disease activity was also measured by BASDAI. At baseline MRI of SIJs was performed in 79 pts, both with and without IBP, on Signa Ovation 0.35T. Bone marrow edema (BME) on MRI (STIR), considered as active MRI sacroiliitis (MRI-SI), was evaluated by an independent reader. MRI of SIJs was repeated after 12 mo. in 20 pts who had completed a year of therapy having MRI-SI at baseline. Positive dynamics was indicated by the disappearance of BME on MRI (STIR). The main goal of T2T strategy was to reach remission or low/minimal disease activity (LDA/MDA). LDA was considered at DAS<1.6 or DAS28<2.6, remission was considered at DAS<1.6 or DAS28<2.6. At baseline all pts were treated with methotrexate (MTX) subcutaneous (s/c). The dose of MTX was escalated by 5 mg eow from 10 mg/wk to 20–25mg/wk. If the patient

did not achieve LDA/MDA or remission after 3 mo. of MTX mono-therapy (MoT), combination therapy (CoT) with MTX+ adalimumab (ADA) 40 mg (s/c) eow was started. All pts were treated with NSAIDs: nimesulide 100–200mg or etorikoxib 60–90 mg per day.

Results: IBP was found in 58 out of 89 pts (65.1%). Disease activity by BASDAI in pts with IBP was 4.5±1.6. At baseline MRI-SI was observed in 28 out of 79 (35.4%) pts. Among the group of 20 pts who had completed a year of therapy having MRI-SI at baseline, 16 (80%) pts after 12 mo. of therapy demonstrated positive dynamics. Among these 16 pts, 8 (50%) pts underwent MoT and 8 (50%) pts underwent CoT. In the CoT-group pts received ADA for 6–9 mo. After 12 mo. of therapy, BME of SIJs on MRI still remained in 4 out of 20 (20%) pts. Among these 4 pts 2 pts underwent MoT and 2 pts underwent CoT (both pts received ADA for 3 mo., 9 th-12th mo. of therapy).

Conclusions: tight control T2T strategy in the Russian cohort of peripheral ePsA pts, demonstrated positive dynamics of active MRI-SI in 80% of pts after 12 months of therapy irrespective of the treatment used. These preliminary results demonstrate that tight control T2T strategy is effective not only in peripheral arthritis but also in axial involvement in ePsA. To confirm its effectiveness the strategy still needs to be verified on larger cohorts of pts.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.3049

FRI0492 OBESITY IS HIGHLY OVERREPRESENTED AMONG SWEDISH PATIENTS WITH PSORIATIC ARTHRITIS COMPARED WITH THE GENERAL POPULATION

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Background: Patients with psoriatic arthritis (PsA) are at increased risk of developing cardiovascular disease.

Objectives: To determine the prevalence of cardiovascular risk factors among patients with PsA followed at a Swedish Rheumatology Clinic in comparison with the general population (GP).

Methods: A questionnaire including weight, height, smoking habits, hypertension, diabetes and hyperlipidemia was sent to all PsA patients registered at the Rheumatology Clinic at Sahlgrenska University Hospital, Gothenburg (N=982). Obesity was defined as body mass index (BMI) ≥30 kg/m² and overweight as BMI 25–29.9 kg/m². Comparison with the Swedish GP was made using data from the National public health survey, "Health on equal terms", which is sent yearly to 20 000 citizens by the Public Health Agency of Sweden.

Results: 686 (70%) of the PsA patients with mean age 56±11yrs (mean: SD), 52% women, responded. Higher prevalence of self-reported obesity and several cardiovascular risk factors was found in the PsA patients compared with the GP: Obesity 28.7% [GP 15% (95% C.I. 14.5–15.9%)], current smoking 10.5% [GP 9% (8.2–9.3%)], former smoking 43.4% [GP 23% (22.3–24.0%)], never smoking 48.8% [GP 63% (61.9–63.9%)], treatment of hypertension 32.9% [GP 20% (19.6–21.2%)] and diabetes 8.3% [GP 6% (5.4–6.3%)] Treatment of hyperlipidemia was reported by 15.0% [GP no data] and overweight by 36.2% [GP 36% (34.5–36.5%)]. Data stratified by age and sex is shown in the table. (Numbers are % and 95% C.I.)

Conclusions: Obesity was highly overrepresented among the PsA patients. It is imperative to take action against weight gain in overweight patients and promote weight loss in obese patients with PsA, since obesity may be involved in the pathogenesis of the disease and may fuel disease activity.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.3118

Abstract FRI0492 – Table 1

Sex Age	Obesity		Current smoking		Former smoking		Hypertension		Diabetes	
	PsA	GP	PsA	GP	PsA	GP	PsA	GP	PsA	GP
♀ 30–44 (N=58)	27.6	14 (11.5–15.8)	13.8	8 (6.5–9.8)	34.5	19 (16.1–20.9)	3.4	4 (2.9–5.4)	3.4	2 (1.0–2.6)
♀ 45–64 (N=189)	33.9	18 (16.3–19.9)	14.3	13 (11.3–14.4)	49.2	31 (28.7–32.9)	33.9	20 (18.5–22.2)	5.8	5 (4.0–6.0)
♂ 30–44 (N=55)	25.5	12 (9.8–14.4)	7.3	5 (3.9–7.1)	21.8	14 (11.3–16.1)	9.1	7 (4.9–8.4)	1.8	2 (1.0–2.9)
♂ 45–64 (N=202)	26.7	20 (18.3–22.3)	7.4	9 (7.6–10.5)	34.7	25 (23.3–27.7)	31.2	28 (25.9–30.5)	6.4	7 (6.2–8.8)