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FRI0514 PSORIATIC ARTHRITIS IS ASSOCIATED WITH DIAGNOSTIC DELAY AND WORSE OUTCOME AT THREE MONTHS WHEN COMPARED TO RHEUMATOID ARTHRITIS: RESULTS FROM THE UK NATIONAL AUDIT FOR INFLAMMATORY ARTHRITIS

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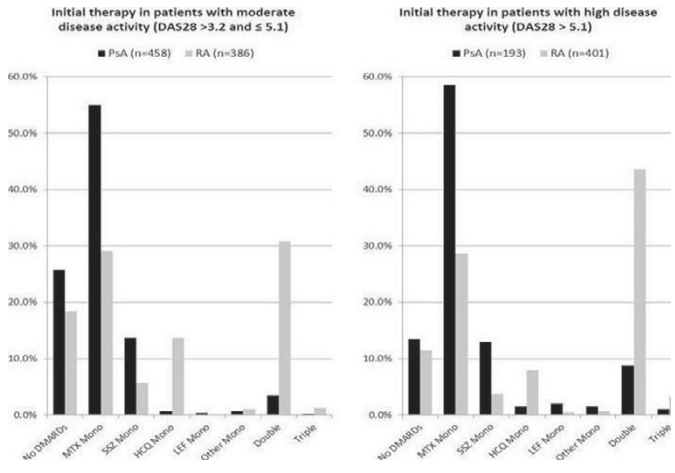
Background: Psoriatic arthritis (PsA) is underdiagnosed in primary care, and can be difficult to distinguish from osteoarthritis. Accumulating evidence suggests that diagnostic delay is associated with poorer functional outcome despite treatment.
Objectives: To develop a better understanding of the diagnostic delay and burden of disease in patients with PsA, and to investigate management within the first three months of diagnosis.
Methods: Data were analysed on all participants with a final diagnosis of PsA from The National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis, undertaken by the British Society for Rheumatology and commissioned by the Healthcare Quality Improvement Programme, recruited between 1/2/2014 and 30/10/2015. Data were collected from patients and clinicians at baseline and three months. 1016 participants with PsA (mean age 49.4±14.5 years; 54% female) were matched 1:1 by age and sex with participants with Rheumatoid Arthritis (RA).
Results: Patients with PsA had a significantly longer delay to presentation and diagnosis than those with RA ($p<0.02$, Table 1), and this remained significant when adjusted for age, sex, ethnicity and social status.
PsA patients had lower median tender (4.0 vs 7.0) and swollen (3.0 vs 5.0) joint counts and lower mean baseline ESR (21.9 vs 27.8 mm/hr) and CRP (16.2 vs 24.2 mg/L) values than patients with RA ($p<0.01$ for all comparisons), and this remained significant when adjusted for potential confounders. Mean baseline scores for the Inflammatory Arthritis Impact of Disease (IAID) questionnaire were lower in patients with PsA (5.34±2.25 vs 5.94±2.35 in RA, lower scores indicating less impact), although this was not statistically significant when adjusted for demographics and disease activity (p=0.36). There was no significant difference between physical function at baseline between the groups (median HAQ 0.88 PsA vs 1.13 RA, p=0.70).
At follow-up, patients with PsA had significantly higher mean IAID scores (4.32±2.60 vs 3.78±2.56, $P<0.05$). In those with paired results, the mean improvement in IAID score was 1.32 (95% CI 0.99–1.65) in PsA vs 2.37 (95% CI 2.07–2.67) in RA. In patients with high disease activity at baseline (DAS28 >5.1) a good EULAR response was seen in only 21.4% in PsA vs 30.3% in RA. There was a marked difference in the DMARDs initially prescribed, and the differences remained significant when only those with a DAS28 score indicating moderate or high disease activity at presentation were analysed, as shown in Figure 1.
Conclusions: This study demonstrates that patients with PsA have a longer delay to diagnosis between both symptom onset and presentation to primary care, and referral to secondary care and diagnosis than those with RA. Despite similar disease impact and physical function at diagnosis, patients with PsA are less likely to receive combination DMARD treatment, and have increased disease burden at three months.

Table 1. Median delay in weeks

	PsA		RA	
	Unadjusted	Adjusted*	Unadjusted	Adjusted*
Symptoms to GP Presentation	8.9	8.9	7.1	6.6
GP Presentation to Referral	5.3	5.4	4.3	4
GP Presentation to Diagnosis	12.4	12.1	9.9	9.7
Symptoms to Diagnosis	29.0	28.6	21.4	21.6

*Adjusted for age, sex, ethnicity and deprivation Index; $p<0.02$ for all between group comparisons.



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FRI0515 CLASSIC CARDIOVASCULAR RISK FACTORS AND MINIMAL DISEASE ACTIVITY IN PSORIATIC ARTHRITIS: RESULTS OF A SPANISH MULTICENTER STUDY

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Background: Some cardiovascular risk factors (CVRF) have been related to poorer responses to biological therapy[1]. We aimed to evaluate the potential link between the MDA response and the presence of CVRF in patients treated with traditional and/or biological DMARDs.
Objectives: The objective has been to evaluate the potential association between classic CVRF and the probability of reaching an MDA response in PsA patients.
Methods: Cross-sectional study carried out at 25 rheumatology outpatient clinics in patients who fulfilled the Classification for Psoriatic Arthritis (CASPAR) criteria with at least one year disease duration, and treated with biological or conventional synthetic (cs) DMARDs according to routine clinical practice in Spain. Patients were considered in MDA if they met at least 5/7 of the MDA criteria[2]. The relationship between MDA and CVRF was evaluated by uni and multivariate analyses.
Results: 227 patients were included, 133 (58.6%) were in MDA state (52% on anti-TNFα monotherapy, 24% on csDMARD monotherapy, 24% on anti-TNFα in combination with csDMARD). Among the classic CVRF, tobacco (crude OR: 0.54), sedentary lifestyle (crude OR: 1.95), hyperuricemia (crude OR: 2.01) and obesity (crude OR: 1.54) were related to the likelihood of MDA in the univariate model ($p<0.25$). The only CVRF related to the MDA response in the multivariate analysis was a sedentary lifestyle (OR 3.13, 95% CI: 1.50–6.53; p=0.002). We did not find any association between the number of CVRF and the MDA response.
Conclusions: Contrary to what has been found in other studies, in this cross-sectional multicenter study we could not find any relationship between traditional CVRF (except for sedentary lifestyle) and MDA. In any case, patients with psoriatic disease should be encouraged to maintain healthy lifestyle habits.
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FRI0516 ASSESSMENT OF DISEASE REMISSION BY POWER DOPPLER ULTRASONOGRAPHY IN PATIENTS WITH PSORIATIC ARTHRITIS

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Background: Treatment strategies nowadays are targeting clinical remission or low disease activity. In some patients with psoriatic arthritis (PsA) clinical findings defer from the ultrasonographic evidence of inflammation which raise the need for revising the remission criteria in the clinical practice.
Objectives: The aim of our study was to estimate the presence of subclinical synovitis by power Doppler ultrasonography (PDUS) in PsA patients, who were considered as being in clinical remission defined by DAS28-ESR (Disease activity score of 28 joints – erythrocyte sedimentation rate) for at least 6 months during the treatment course.
Methods: 64 PsA patients in clinical remission based on DAS28 – ESR <2.6 were included in the study. The patients were examined by two independent rheumatologists. The affected joints were assessed by PDUS (MyLab 60, Esaote) for the presence of synovial hypertrophy (SH) and synovitis scored from 0 to 3 based on the presence and intensity of PD signal. Disease activity was determined by the presence of SH ≥2 degree and a positive PD signal.
Results: We found a persistent synovitis in 23 (35.9%) of the PsA with clinical remission of the peripheral joint involvement. Active synovitis was also found in 7