Table 1. Baseline characteristics of patients with PsO and no diagnosis of PsA stratified by PEST score (0-5)

Characteristic*	PEST Score = 0 n = 421	PEST Score = 1 n = 225	PEST Score = 2 n = 146	PEST Score ≥ 3 n = 112
Age, years	48.0 (15.5)	48.5 (14.9)	53.7 (13.8)†	52.9 (14.4)†
Female, n (%)	164 (39.0)	103 (45.8)	72 (49.3)†	62 (55.4)†
Currently employed, n (%)	311 (74.0)	169 (75.1)	81 (55.9)†	60 (53.6)†
BMI, kg/m^2	28.8 (6.9)	29.7 (6.8)†	31.4 (7.0)†	32.2 (8.0)†
Categorical BMI (in kg/m^2), n (%)				
Normal/underweight (< 25.0)	133 (31.8)	63 (28.1)	22 (15.2)‡	22 (19.8)‡
Overweight (25.0 to < 30.0)	145 (34.7)	73 (32.6)	50 (34.5)‡	26 (23.4)‡
Obese (≥ 30.0)	140 (33.5)	88 (39.3)	73 (50.3)‡	63 (56.8)‡
Family history of PsO, n (%)	13 (3.1)	12 (5.4)	11 (7.5)†	14 (12.6)†
Family history of PsA, n (%)§	126 (30.1)	85 (38.1)†	67 (45.9)†	46 (41.4)†
Duration of PsO, years	12.8 (12.0)	15.3 (13.2)†	19.1 (15.6)†	17.3 (14.8)†
Nail PsO, n (%)	30 (7.1)	35 (15.6)†	21 (14.4)†	24 (21.4)†
BSA, % involvement	8.8 (12.2)	9.0 (12.0)	9.3 (13.9)	10.2 (13.3)
PASI (0-72)	5.5 (6.0)	6.1 (6.9)	6.2 (7.1)	6.3 (6.5)
Pain (VAS 0-100)	20.1 (28.3)	21.5 (29.1)	24.2 (29.2)†	28.3 (30.6)†
Fatigue (VAS 0-100)	24.2 (27.0)	23.0 (25.1)	30.4 (28.1)†	41.7 (27.8)†
EQ-VAS (VAS 0-100)	78.7 (19.6)	73.9 (22.9)†	73.8 (22.4)†	67.0 (22.9)†
DLQI (0-30)	5.8 (6.0)	6.6 (6.1)	6.9 (5.3)†	8.1 (6.5)†
WPAI-GH domain: % of daily activities impaired by PsO	14.2 (23.3)	14.8 (23.4)	17.6 (24.9)†	24.0 (28.6)†

BMI, body mass index; BSA, body surface area; DLQI, Dermatology Life Quality Index; EQ-VAS, EuroQol overall health status using the visual analog scale; PASI, Psoriasis Area and Severity Index; PEST, Psoriasis Epidemiology Screening Tool; PsA, psoriatic arthritis; PsO, psoriasis; VAS, visual analog scale; WPAI-GH, Work Productivity and Activity Impairment questionnaire: general health.
* All values are presented as "mean (SD)" unless otherwise indicated.
† $P < 0.05$ versus PEST score = 0.
‡ $P < 0.05$ for overall distribution of patients across BMI categories versus PEST score = 0.
§ Family history, but patient had no current diagnosis.

for many characteristics at enrollment, including BMI and PROs. These findings highlight the value of screening for PsA among patients with PsO in order to potentially improve patient outcomes.

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SAT0473 PREVALENCE OF ULTRASOUND ABNORMALITIES IN PATIENTS WITH PSORIATIC ARTHRITIS IN A CLINICAL PHASE OF MINIMAL DISEASE ACTIVITY UNDER ANTI-TNF TREATMENT

P. Macchioni[1], G. Ciancio[2], G. Sandri[3], A. Zabotti[4], G. Vukatana[5], L. Montaguti[6], M. Focherini[7], E. Verduci[1], D. Chessa[8], M. Govoni[2], A. Spinella[3], N. Malavolta[5], F. Zuliani[4], M. Bruschi[6], F. Mascella[7].
[1]Rheumatology, Arcispedale S Maria Nuova, Reggio Emilia; [2]Rheumatology, University of Ferrara and Azienda Ospedaliera-Universitaria Sant'Anna, Ferrara; [3]Rheumatology, University of Modena e Reggio Emilia, Modena; [4]Rheumatology Clinic, University of Udine, Udine; [5]Rheumatology, University of Bologna, Bologna; [6]Rheumatology, Ospedale Bufalini, Cesena; [7]Medicina Interna e Reumatologia, Ospedale degli Infermi, Rimini; [8]Internal Medicine, Ospedale Paolo Dettori, Tempio Pausania (OT), Italy

Background: Few studies have analized the persistence of ultrasound (US) abnormalities in patients (pts) with Psoriatic Artritis (PA) during the phase of minimal disease activity (MDA)

Objectives: To investigate the prevalence of US alterations at enthesis, joint and tendon levels in pts with psoriatic arthritis (PA) during a phase of MDA.

Methods: Pts treated with anti-tumor necrosis factor (TNF) for at least 12 months and with at least 6 months duration of MDA were consecutively recruited at 6 Italian centers. In every center, the local rheumatologists provided PA pts to be examined by US. Personal history, demographic and clinical data were recorded. Each patient underwent the following US examinations: metacarpophalangeal (MCP), knee and tibio-tarsal (TT) joint, flexor and extensor tendon of hand digit, flexor and extensor tendon at carpal area, flexor and extensor tendon of foot, and enthesis of common extensor tendon insertion on the lateral epicondyle of the humerus, quadriceps tendon, patellar tendon, Achilles tendon and plantar fascia insertions on the calcaneus. Each examination were performed by rheumatologists expert in US, to assess synovitis (joint effusion, synovial proliferation, and power Doppler (PD) signal), and bone erosions, flexor tendon tenosynovitis, hand finger extensor tendon tenonitis, and enthesel involvement using an Esaote MyLabClass with a 5–13 or 6–18 MHz linear probe. The following elementary lesions were assessed at each enthesis: morphologic abnormalities (hypoechogenicity and/or thickening), entheseal calcific deposits, cortical abnormalities (bone erosion and/or proliferation), adjacent bursitis and intraenthesis and perienthesis (tendon body and/or bursa) PD signal. All US findings were scored using a 4 degree semiquantitative scoring system. US acute enthesitis was defined by the presence of entheseal edema or PD signal. US chronic entheseal alterations by the presence of calcifications, erosions, or enthesophytes. US peripheral active synovitis if synovial hypertrophy was associated with the presence of PD signal. US examinator were blind of clinical data of the pts.

Results: Sixty-three pts were recruited (mean age 53±13y, mean PA duration 13±8y, mean MDA duration 21±11m). At US examination 66.7% of pts had at least one peripheral joint involved (17.5% had peripheral active synovitis), 47.6% had acute enthesitis and 95.2% chronic enthesopathy. US bursitis was present in 22.2% of pts, 3.7% had hand extensor finger tendon involvement.

Table 1 shows clinical and demographical data of the pts and table 2 the US results

	Nail involvement	Previous dactylitis	FamHyst	IBP
Patients with abnormality (%)	28.3	42.9	23.9	19.7

Table 2. US abnormalities in 63 pts in MDA

	Perypheral active sinovitis	Joint peripheral involvement	Chronic entheseal alterations	Acute entheseal alterations	Tenosynovitis
Patients with abnormality (%)	17.5	66.7	95.2	47.6	29.6

Conclusions: Joint, entheseal and tendon abnormalities have a high prevalence in PA patients treated with anti-TNF during MDA.

Disclosure of Interest: None declared

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SAT0474 VERY LOW DISEASE ACTIVITY AND IMPACT OF DISEASE IN A SPANISH POPULATION WITH PSORIATIC ARTHRITIS

R. Queiro, J.D. Cañete, C. Montilla, M.A. Abad, S. Gómez, A. Cábez.
Rheumatology, Hospital Universitario Central de Asturias, Oviedo, Spain

Background: The target of treatment in psoriatic arthritis (PsA) should be remission or inactive disease. A potential definition that would fit with the Treat-to-Target Recommendations would be MDA meeting all 7 criteria[1], proposed as a definition of very low disease activity (VLDA) in PsA. Patient reported outcomes (PROs), such as those provided by the novel PsAID questionnaire [2], are also important to evaluate healthcare interventions and to reflect the impact of PsA on patients' lives.

Objectives: The aims of the present study were to evaluate the prevalence of VLDA in patients with PsA and how much residual active disease is still present, so as to determine whether PsAID could be an additional useful tool to assess PsA interventions in clinical practice.

Methods: This was a post-hoc analysis of data from a cross-sectional observational and multicenter study (MAAPS), aimed at evaluating the prevalence of MDA in a Spanish population with PsA, to describe their characteristics and to evaluate the association between MDA and the impact of the disease as assessed by the PsAID questionnaire in routine clinical practice The original study included adult patients of both genders diagnosed with PsA according to CASPAR criteria with at least one year of evolution time of disease and on treatment with biological and/or conventional synthetic disease modifying anti-rheumatic drugs (cDMARD). Patients were considered in VLDA when they met all the MDA criteria[1]: tender joint count $\leq$1, swollen joint count $\leq$1, Psoriasis Area Severity index (PASI) score $\leq$1 or body surface area $\leq$3%, patient pain visual analog scale (VAS) score $\leq$15, patient global disease activity VAS score $\leq$20, Health Assessment Questionnaire (HAQ) score $\leq$0.5, and tender entheseal points $\leq$1. Patient acceptable symptoms state (PASS) has been defined as a PsAID value $<$4.

Results: 227 patients were included, 133 (58.6%) in MDA state and 58 (25.6%) in VLDA state. VLDA patients suffered from a mild impact of the disease according to PsAID: the majority (82.5%) had a PsAID score $<$4 and a mean total score (SD) of 2.1 (2.6) IC95% [1.55–2.64], while, 66.7% of MDA patients had a PsAID score $<$4 and a mean total score (SD) of 3.3 (3.1) IC95% [2.82–3.87]. Disability, as measured by HAQ was greater in MDA patients (mean (SD) 0.3 (0.5) IC95% [0.21–0.43]) than in those who reached VLDA state (mean (SD) 0.2 (0.3) IC95% [0.11–0.25].

Conclusions: 26% of Spanish PsA patients achieve VLDA state in routine clinical practice. PsA patients who reached this state also had a very low impact of disease according to PsAID. VLDA state could represent a situation of clinical remission in PsA.

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