

A. Sellas; F.J. Rodríguez; A. Bermúdez; M.Romero; M. Riesco; J.C. Cobeta; F.Medina; A. Aragón; M.L. García; A. Urruticoechea; CM. González; E. Judez; B. González; P. Fernández; L. Pantoja; R. Morlá.

This study was funded by Pfizer.

**Disclosure of Interest:** None declared

**DOI:** 10.1136/annrheumdis-2017-eular.3780

#### SAT0475 RECENT ONSET PSORIATIC ARTHRITIS: BASELINE DATA FROM THE REAPSER STUDY

R. Queiro, A. Laiz Alonso, H.S. Park, C. Montilla Morales, E. Galíndez Agirregoihoa, J.J. Bethencourt Baute, S. Bustabad Reyes, P. Tejón Menéndez, M.Á. Belmonte, J.A. Pinto Tasende, E.A. Blanco Morales, J. Ramir. *Rheumatology, Hospital Universitario Central de Asturias (Coordinating Center), Oviedo, Spain*

**Background:** The natural history of psoriatic arthritis (PsA) is very little known and the information regarding prospective cohorts is very scarce worldwide, including our country. REAPSER (Spanish Rheumatology Society Registry of Psoriatic Arthritis) is the first registry of Spanish patients with recent onset PsA.

**Objectives:** To describe the baseline characteristics of patients included in the REAPSER cohort.

**Methods:** Observational, multicentric 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.

**Results:** Two hundred and fifteen consecutive patients were included, mean age 49.8±13.9 years.

Baseline characteristics of the cohort

Parameter	N: 215
Men	67.4%
Women	32.6%
Active worker	59.5%
Unemployed	12.1%
Retired/pensioner	17.7%
Job change last year	4.7%
University studies	20%
Smoking	30.2%
BMI	27.7±5.2
Weekly alcohol consumption	0 SDU (0-4)
Family history of psoriasis	41.4%
Family history of PsA	9.3%
Family history of other arthritis	6.5%
Charlson's Comorbidity Index	0: 46.5%. 1-2: 35.3%. 3-4: 14.4%. >4: 3.8%
Psoriasis at baseline	88%
PASI	1.5 (0.6-4.3)
Joint pattern	Peripheral: 81.5%. Axial: 5.2%. Mixed: 13.3%
TJC68	4 (2-8)
SJC66	2 (1-4)
BASDAI	3.9 (3-4.4)
Dactylitis	41.9%
Enthesitis	25%
Uveitis	0.5%
Pain	5 (3-7)
Patient's global disease activity	5 (3-7)
PsAID	3.8 (1.8-6)
Steinbrocker Index (0-168)	0 (0-4)
Cardiovascular events	5.7%
HLA-B27	12.3%
ESR	13 (6-25)
NSAIDs	75%
GC	28.3%
Synthetic DMARDs	53.2%
Biological DMARDs	1.5%

Values are expressed as percentages, means with standard deviation and medians with their IQR (interquartile range). SDU: Standard Drink Units. PsAID: Psoriatic Arthritis Impact of Disease.

**Conclusions:** The baseline situation of Spanish patients with newly diagnosed PsA corresponds to that of a disease with slight cutaneous involvement and predominance of oligoarticular arthritis. Unsurprisingly, structural damage is scarce but not zero. The impact of the disease is still low in these early stages, however 18% of patients have a high Charlson's comorbidity index (>3) and almost 5% of patients have had to change their employment status in the last year due to its PsA.

**Disclosure of Interest:** None declared

**DOI:** 10.1136/annrheumdis-2017-eular.4268

#### SAT0476 DEMOGRAPHIC, CLINICAL, AND LABORATORY CHARACTERISTICS OF ELDERLY ONSET PSORIATIC ARTHRITIS

S. Kobak<sup>1</sup>, M. Orman<sup>2</sup>. <sup>1</sup>Rheumatology, Istinye University Faculty of Medicine, LIV Hospital, Istanbul; <sup>2</sup>Statistics, Ege University Faculty of Medicine, Izmir, Turkey

**Background:** Psoriatic arthritis (PsA) is a chronic inflammatory disease characterized with axial and peripheral joints involvement. It is rarely affects patients older than 65 years old.

**Objectives:** The purpose of this study is to compare and evaluate the demographic, clinical and laboratory features of elderly-onset psoriatic arthritis (EOPsA) and young-onset (YOPsA) patients.

**Methods:** One hundred and eighty patients diagnosed with PsA according to CASPAR criteria and followed-up in single center were included in this study. The patients with initial symptoms started after age 65 were accepted as EOPsA. Demographic, clinical, and laboratory data and the medications which the patients received were recorded and retrospectively evaluated.

**Results:** Nineteen (10.5%) of 180 patients were diagnosed as EOPsA, and 161 (89.5%) patients were evaluated as YOPsA. Mean patient age was 42.1 years for YOPsA group and 68.3 years for elderly onset group. Mean duration of disease was 5.6 years for early onset group and 1.3 years for elderly onset group (p=0.001). Fourteen (73.3%) of 19 EOPsA patients were female and 5 of them were male. Higher rates of fatigue, pain scores, comorbid diseases and acute phase reactants were detected in EOPsA patients comparing to YOPsA (p=0.000, p=0.000, p=0.001 and p=0.001 respectively). YOPsA patients have more dactylitis, nail involvement, elevated PASI scores, and smoking habitus when compared with EOPsA patients (p=0.019, p=0.03, p=0.005, p=0.004 respectively). In terms of the treatment options chosen, there was no significant difference in the use of non-steroidal anti-inflammatory drugs (NSAIDs), corticosteroids (CS), methotrexate (MTX), and sulfasalazine (SSL), but there was a more frequent use of anti-tumor necrosis factor -alpha in YOPsA group.

**Conclusions:** Herein we showed that YOPsA and EOPsA patients may have different demographic, clinical, and laboratory features. EOPsA patients are characterized with higher rates of fatigue, pain scores, comorbid diseases, and acute phase reactants and less dactylitis, nail involvement and anti-TNF-alpha usage.

**Disclosure of Interest:** None declared

**DOI:** 10.1136/annrheumdis-2017-eular.1378

#### SAT0477 THE COMPARISON OF ULTRASOUND SYNOVITIS AND ENTHESITIS FINDINGS AND CLINICAL FINDINGS IN PATIENTS WITH PSORIATIC ARTHRITIS AND SKIN PSORIASIS

T. Okano<sup>1</sup>, K. Inui<sup>1</sup>, Y. Sugioka<sup>2</sup>, K. Mamoto<sup>1</sup>, H. Yoshimura<sup>1</sup>, T. Koike<sup>2,3</sup>, H. Nakamura<sup>1</sup>. <sup>1</sup>Department of Orthopedic surgery; <sup>2</sup>Center for Senile Degenerative Disorders (CSDD), Osaka City University Graduate School of Medicine, Osaka; <sup>3</sup>Search Institute for Bone and Arthritis Disease (SINBAD), Shirahama Foundation for Health and Welfare, Wakayama, Japan

**Background:** Conventionally, the assessment of affected joint count in patients with psoriatic arthritis (PsA) was relied for the detection of swelling and tenderness in the joints and entheses by clinical physical assessment. To date, the modern imaging tool such as ultrasound (US) can detect inflammation in the joint and entheses more sensitively than clinical assessment.

**Objectives:** The aim of this study was to research the prevalence of US synovitis and enthesitis findings in patients with PsA and psoriasis (PsO) comparing with clinical assessment.

**Methods:** Total 100 patients, 54 patients with PsA and 46 patients with PsO, were consecutively included. HI VISION Ascendus (HitachiAloka Medical, Tokyo, Japan) was used with a 18-MHz linear array transducer. US examination was performed in MCP, PIP, DIP and wrist joints in both hand. Grayscale (GS) and power Doppler (PD) US were scored on a 0-3 semiquantitative scale for each joint. Moreover, the US assessment of entheses was performed. Lateral epicondyle, triceps entheses, the proximal and distal patella tendon entheses, Achilles tendon and fascia plantaris tendon entheses was scanned in both GS and PD assessment. Abnormal findings of entheses was defined structure thickness, bursitis erosion, calcification and power Doppler signal.

**Results:** US synovitis was found in 81.5% (n=44) and 60.9% (n=28) by GS, 66.7% (n=36) and 45.7% (n=21) by PD assessment, respectively in patients with PsA and PsO. Active synovitis (GS grade ≥ 2 and/or PD grade ≥ 1) was found

	PsA (n=54)	PsO (n=46)	P value
Male (%)	26 (48.1%)	26 (56.5%)	0.429
Age (years)	55.4±15.0	57.5±15.3	0.508
Height (cm)	161.6±9.8	161.6±9.5	0.969
Weight (kg)	62.7±15.5	63.1±13.9	0.905
BMI	23.8±3.9	24.0±3.6	0.883
Duration of psoriasis (years)	15.6±13.6	17.5±19.7	0.584
PASI	11.7±13.4	8.9±7.5	0.432
PASE	45.8±14.6	29.8±11.9	<0.001
Active US synovitis (GS≥2, PD≥1)	37 (68.5%)	21 (45.7%)	0.026
US enthesitis (any pathological findings)	47 (87.0%)	26 (56.5%)	<0.001