

AB0748 HYPERURICEMIA IN PSORIATIC ARTHRITIS: A NEW LOOK AS A RISK FACTOR FOR CARDIOVASCULAR EVENTS

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Background: According to various authors, the prevalence of hyperuricemia in patients with psoriatic arthritis constitutes up to 35% of the total patient population. Thus, seronegative spondylarthritis patients, as it is known, possess a higher incidence of cardiovascular mortality than the population in general, in particular due to life-threatening cardiac arrhythmias.

Objectives: To study the effect of hyperuricemia on the development of ventricular extrasystole in patients with psoriatic arthritis and the interrelation of uric acid levels and gradation of ventricular extrasystole.

Methods: The study involved patients with psoriatic arthritis, confirmed by CASPAR criteria (2006), n=59. The average age – 57.15±12.11 years. All patients underwent the study of myocardial contractility and treadmill test. Inclusion criteria - the presence of psoriatic arthritis for the period of at least one year, uric acid levels over 360 mkmol/L for women and more than 420 mkmol/L for men. The exclusion criteria included the presence of coronary heart disease, myocardial contractility disorders and decreased ejection fraction according to Simpson less than 55%. For all patients was recorded Holter ECG for the period of 24 hours on an outpatient basis. The level of uric acid was measured by means of the standard method of biochemical analyzer.

Results: The prevalence of ventricular extrasystole in patients with psoriatic arthritis and grading are shown in Table 1.

Moreover, there has been discovered a direct correlation of medium strength between the uric acid levels and frequency and Lown-Wolf gradation of ventricular extrasystole (Table 1).

Table 1

Lown-Wolf gradation of ventricular extrasystoles	Percentage of patients with psoriatic arthritis	Average level of uric acid	Coefficient of correlation, r
I	25,40%	546,52±12,24	0,54
II	22,03%	622,15±28,11	0,47
III	1,69% (1 patient)	511,21	Small sample
IV a	20,34%	784,22±55,16	0,68
IV b	25,42%	774,13±22,60	0,33
V	5,08%	894,23±13,90	0,57

Conclusions: 1. Hyperuricemia in patients with psoriatic arthritis by exclusion of cardiogenic causes of cardiac extrasystole is an independent risk factor for ventricular extrasystole.

2. The level of hyperuricemia correlates directly with the Lown-Wolf gradation of ventricular extrasystole.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.7042

AB0749 AXIAL INVOLVEMENT IN THE RUSSIAN COHORT OF EARLY PERIPHERAL PSORIATIC ARTHRITIS PATIENTS AND ITS ASSOCIATION WITH ARTHRITIS ACTIVITY, PATIENT'S ASSESSMENT AND SEVERITY OF SKIN LESION

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Background: The association of axial involvement with peripheral arthritis activity and skin lesion severity in early psoriatic arthritis (ePsA) patients (pts) has not been studied properly.

Objectives: to study the prevalence of axial involvement detected by magnetic resonance imaging (MRI) and X-ray of sacroiliac joints (SIJs) and its correlation with peripheral arthritis activity and skin lesion severity in peripheral ePsA pts.

Methods: 89 pts (M/F–42/47) with 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)28 8.8±1.7, patient's pain VAS 55.0±17.9, patient's global disease activity VAS 56.9±17.1, C-RP16.1 [6.6; 31.0] mg/l, ESR 22.5±19.2 mm/h. All patients were evaluated for the presence of inflammatory back pain (IBP) by ASAS criteria. In pts having IBP disease activity was measured by BASDAI. The examination included X-ray of sacroiliac joints (SIJs), HLA B27 antigen, MRI of SIJs was performed in 79 pts, both with and without IBP, on Signa Ovation 0,35T. Bone marrow edema on MRI (STIR), considered as active MRI sacroiliitis (MRI-SI), was evaluated by an independent reader. Radiographic sacroiliitis (R-SI) was defined at 2 grade changes, at least in one SIJ, while definite radiographic SI (dR-SI) was considered according to New York criteria (unilateral grade ≥3 or bilateral grade ≥2). Skin lesion area was measured according to BSA. BSA >10% was defined as extensive.

Results: IBP was found in 58 out of 89 (65.1%) pts, 35 (60.3%) of them had short-term (episodic) IBP, and 23 (39.7%) pts had long-term IBP. MRI-SI was observed in 28 out of 79 (35.4%) pts. R-SI was determined in 42 out of 89 (47.2%) pts, while dR-SI was found in 27 out of 89 (30.3%) pts. 34 (38.2%) pts were HLA-B27 positive. In pts having IBP disease activity by BASDAI was 4.5±1.6. An association was detected between the presence of MRI-SI and activity of peripheral arthritis by DAS28 (r=0.25; p=0.03). Correlation was detected between the presence of MRI-SI and the value of patient's global disease activity (r=0.23; p=0.047) as well as patient's pain (r=0.31; p=0.007). An association was found

between the presence of MRI-SI and the skin lesion area. Among the group of 28 pts with MRI-SI, 6 (21.0%) pts had an extensive skin lesion area, while out of the group of 51 pts without MRI-SI only 2 (4.0%) pts had an extensive skin lesion area (p=0.033). A positive trend has been found between the presence of R-SI and erosive arthritis of hands and feet. Among the 42 pts having R-SI erosive arthritis was found in 18 (43.2%) pts while in 47 pts without R-SI—in 11 (23.9%) pts (p=0.06).

Conclusions: in the Russian cohort of early peripheral PsA pts, careful examination quite often revealed high prevalence of axial involvement. Active inflammation of the SIJ detected by MRI (in 35% of pts) is more often found in pts with higher peripheral arthritis activity measured by DAS28, with higher values of patient's pain /patient's global disease activity, with more extensive skin lesion area. There is a tendency that pts with more severe (erosive) peripheral arthritis more often develop R-SI.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.3047

AB0750 THE GO-DACT PROTOCOL: A RANDOMIZED CONTROLLED TRIAL TO COMPARE THE EFFICACY OF GOLIMUMAB IN COMBINATION WITH METHOTREXATE (MTX) VERSUS MTX MONOTHERAPY, IN IMPROVING DACTYLITIS AND ENTHESITIS, IN MTX NAÏVE PSORIATIC ARTHRITIS PATIENTS

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Background: Dactylitis is a hallmark manifestation of psoriatic arthritis (PsA) and a key feature for PsA diagnosis. Active dactylitis is associated with a higher risk of erosions and can severely impact function. The therapeutic strategies for dactylitis are however largely empirical, with a profound absence of knowledge regarding efficacy, as primary endpoint, and impact on disease progression. The use of biologic disease modifying anti-rheumatic drugs (DMARDs) in patients with dactylitis, refractory to non-steroidal anti-inflammatory drugs (NSAIDs) or local corticosteroids, is recommended by EULAR guidelines, over the use of conventional DMARDs, based in the scarcity of evidence and properly designed studies in this field.

Methods: GO-DACT is an investigator initiated ongoing multicentric trial, involving 13 national Rheumatology departments. Patients older than 18 years, with the diagnosis of PsA and active dactylitis (tenderness score ≥1), refractory to NSAIDs, for 3 months, were included. Patients were randomized on a 1:1 ratio, to either MTX in combination with golimumab or placebo, for a period of 24 weeks. The primary aim of this trial is to determine differences of efficacy between the two treatment arms, in improving dactylitis (and enthesitis), as assessed by the dactylitis severity score (DSS) at 24 weeks. Key secondary outcomes include: Leeds dactylitis index (LDI), Leeds enthesitis index (LEI), joint counts, psoriasis area and severity index (PASI) and nail psoriasis severity index (NAPSI), health assessment questionnaire (HAQ), Dermatology life quality index (DLQI) and composite indexes for disease activity. The effect of treatment arms, on different tissue compartments, will be analysed by contrast-enhanced magnetic resonance imaging (MRI), with high resolution images for dactylitis, at baseline and 24 weeks.

Results: The results from GO-DACT are expected to have implications in clinical practice, bringing robust and valid data for the definition of dactylitis treatment stratification and algorithm. GO-DACT will also contribute to understand dactylitis pathogenesis through the assessment of treatment efficacy, namely in distinct tissue compartments as defined by MRI. <https://www.clinicaltrials.gov/NCT02065713>

Acknowledgements:

Acknowledgments: This investigator initiated trial was supported by a research grant from Merck Sharp and Dohme

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.5462

AB0751 THE DIFFERENCES AND SIMILARITIES BETWEEN PATIENTS AND PHYSICIAN GLOBAL ASSESSMENT IN PATIENTS WITH PSORIATIC ARTHRITIS

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Background: Psoriatic arthritis (PsA) is a chronic inflammatory arthritis associated with psoriasis, axial involvement, enthesitis, dactylitis and uveitis. The differences and similarities between patient's global assessment (PtGA) and physician's global assessment (PhGA) were not assessed clearly in PsA.

Objectives: The aim of this study was to assess differences and similarities between patient's and physician's perspective of global assessment in patients with PsA.