AB0754 COMPARISON OF COMPOSITE INDICES TAILORED FOR PSORIATIC ARTHRITIS TREATED WITH CSDMARDS AND BDMARDS: A LONGITUDINAL OBSERVATIONAL STUDY

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Background: Remission or low disease activity should be the target of therapy in chronic inflammatory arthritis as well as in Psoariatic arthritis (PsA). In a complex disease such as PsA, several methods are available to define remission that comprise the assessment of different clinical features.
Objectives: The aim of this study was to compare the composite indices tailored for PsA in both patients treated with csDMARDs and bDMARDs.
Methods: Adult PsA patients classified with CASPAR criteria and with >6 months follow up treated with first csDMARDs and bDMARDs were consecutively enrolled in our outpatient clinic. To assess disease activity, composite indices tailored for PsA namely DAPSA, cDAPSA, PASDAS, MDA (5/7) and MDA (7/7) were used. DAPSA and cDAPSA score ≤4, MDA 7/7 and PASDAS ≤1.9 identified remission while MDA 5/7and PASDAS <3.2 the minimal disease activity and inactive disease criterion[1–5].
Results: One hundred nine PsA patients were enrolled. Of this, 79 patients were in stable treatment with bDMARDs and 30 with csDMARDs. Overall, 28 (25.6%), 23 (21.1%), 19 (17.4%), 54 (49.5%), 13 (11.9%) and 35 (32.1%) PsA patients were in cDAPSA remission, DAPSA remission, MDA 7/7, MDA 5/7, PASDAS ≤1.9 and PASDAS <3.2. Patients in bDMARDs had a significantly low median DAPSA, cDAPSA and PASDAS score than patients treated with csDMARDs (table 1). Overall, the concordance between the indices ranging from slight to good.

Table 1. Demographic and clinical disease activity characteristics in patients treated with bDMARDs and csDMARDs

	bDMARDs (n=79)	csDMARDs (n=30)	P value
Female/male	38/41	16/14	ns
Mean age (SD), years	52.7 (12.4)	51.6 (12.3)	ns
Disease duration (SD), years	7.8 (9.3)	6.6 (8.2)	ns
PASI, median (25th-75th percentile)	0.3 (0–0.6)	1.5 (0–3.2)	0.02
Enthesitis (LEI) median (25th-75th percentile)	0 (0–1)	1 (0–3)	<0.01
CRP, mg/dl (25th-75th percentile)	0.3 (0.16–0.49)	0.3 (0.2–0.76)	ns
PASDAS, median (25th-75th percentile)	3.28 (2.69–3.72)	4.43 (3.73–4.76)	<0.01
MDA 5/7, n (%)	49 (62)	5 (16.6)	<0.01
MDA 7/7, n (%)	16 (20.2)	3 (10)	ns
DAPSA, median (25th-75th percentile)	6.8 (3.7–9.57)	18.1 (16.5–31.5)	<0.01
cDAPSA, median (25th-75th percentile)	6.5 (3.5–9.5)	17.5 (11.2–26.9)	<0.01

PASI: psoriasis area severity index; LEI: Leeds enthesitis index; CRP: C-reactive protein; PASDAS: psoriatic arthritis disease activity score; MDA: minimal disease activity, DAPSA: disease activity index for psoriatic arthritis.

Conclusions: PsA patients in bDMARD are more likely to reach a status of MDA and remission in respect to csDMARDs. PASDAS ≤1.9 and MDA 7/7 seem to be stringent remission criteria.
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AB0755 DEPRESSION AND ANXIETY MAY CONTRIBUTE TO HIGHER DISEASE ACTIVITY AND WORSE QUALITY OF LIFE IN PSORIATIC ARTHRITIS

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Background: Psoriatic arthritis (PsA) is a heterogeneous disease with variable types of joint involvement, extra-articular features, including skin psoriasis, and with well-known comorbidities such as depression and anxiety[1]. Composite Psoriatic Disease Activity Index (CPDAI) adequately assesses disease activity in this complex condition[2]. To date, no study has evaluated the relationship between depression/anxiety scores and CPDAI in PsA.
Objectives: The aim of this study was to compare 1) depression/anxiety scores; 2) physician-assessed and patient-reported outcome measures (PROMs) between patients with CPDAI≤4 suggesting low disease activity versus with CPDAI>4 reflecting moderate or severe disease activity in PsA.
Methods: PsA patients fulfilling the CASPAR criteria were recruited. Patients underwent musculoskeletal and skin assessments (TCJ68, SJC66, Leeds enthesitis index, dactylitis digit score and PASI) and they have completed questionnaires on physical function and health-related quality of life (HAQ, PsAQoL, DLQI, EQ-5D, BASDAI, BASFI, ASQoL, BRAF-NRS, pain and general health VAS). Patients were assessed for depression/anxiety using the Hospital Anxiety and Depression Scale (HADS-A and HADS-D) and Penn State Worry Questionnaire (PSWQ). Data were analyzed using Mann Whitney, Chi-square tests and linear regression model.
Results: 100 PsA patients were recruited; 57 presented with CPDAI≤4 (age 52.7±9.46 years) and 43 with CPDAI>4 (age 52±11.82 years). Patients with CPDAI>4 had significantly higher TCJ68 (p<0.001), Leeds enthesitis index (p=0.015) and significantly worse HAQ, BASDAI and ASQoL scores. There was no significant difference in other items of CPDAI between the two groups. Patients with CPDAI>4 had significantly higher HADS-D, HADS-A and PSWQ scores (p<0.001; p<0.001; p=0.001, respectively) and significantly worse PROMs, including PsAQoL, EQ-5D score, BASFI, BRAF-NRS, pain and general health VAS (Table 1). Multiple regression analysis revealed significant relationship between PsAQoL, BASFI and CPDAI (B=0.311, p=0.0093; B=0.568, p<0.0001, respectively).

Table 1. Comparison of patient-reported outcome measures between CPDAI ≤4 and CPDAI >4 groups

PROMs	CPDAI <4 n=57	CPDAI >4 n=43	p value
HADS-D	2.32±2.53	5.27±3.13	**<0.0001**
HADS-A	3.44±2.74	5.98±2.81	**<0.0001**
PSWQ	38.7±13.23	46.95±12.22	**0.001**
PAIN VAS	2.07±2.02	4.41±2.07	**<0.0001**
ghVAS	76.73±20.95	66.6±20.15	**0.005**
BRAF-NRS	12.35±4.51	16.41±4.76	**<0.0001**
PsAQoL	1.68±2.47	6.17±5.15	**<0.0001**
EQ-5D SCORE	0.82±0.15	0.66±0.19	**<0.0001**
BASFI	1.53±1.33	4.26±1.74	**<0.0001**

Mann-Whitney test. Results are presented as mean ± SD.

Conclusions: This is the first study assessing the relationship betweeen depression/anxiety and CPDAI in PsA. We have found significantly higher HADS-D, HADS-A, PSWQ scores and worse PROMs in patients with CPDAI>4 compared to those with CPDAI≤4. Based on our results there is significant relationship between depression/anxiety, physical function, quality of life and disease activity in psoriatic arthritis.
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AB0756 PRIMARY EFFICACY AND SAFETY OF ADALIMUMAB IN NAIL PSORIASIS FROM THE FIRST 26 WEEKS OF A PHASE-3, RANDOMIZED, PLACEBO-CONTROLLED TRIAL WITH SUBANALYSIS IN PATIENTS WITH AND WITHOUT PSORIATIC ARTHRITIS

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Background: Psoriasis (Ps) disease burden for patients (pts) with psoriasis (Ps) and concomitant fingernail Ps plus psoriatic arthritis (PsA) is higher compared with pts with Ps alone.
Objectives: We report safety and efficacy of originator adalimumab (ADA) in pts with fingernail Ps, and also for pts with or without concomitant PsA.
Methods: Results are reported from the double-blind PBO-controlled, Period A in which 217 pts with moderate to severe plaque Ps and fingernail Ps were included and randomized 1:1 to receive 40 mg ADA every other week (eow) from wk 1 (initial 80 mg dose at wk 0), or matching PBO, for 26 wks. The primary endpoints were the proportion of pts with ≥75% improvement in modified Nail Ps Severity Index (mNAPSI 75) and the proportion of pts with Physician's Global Assessment of Fingernail Psoriasis (PGA-F) of clear (0) or minimal (1) with ≥2-grade reduction from baseline (primary in US only; for regulatory purposes). Missing data were handled by multiple imputation. Safety was assessed using treatment-emergent adverse events (AEs).
Results: Of the 217 randomized pts (108 PBO, 109 ADA), 84.3% were male; mean age was 46.7 years; 188 (86.6%) completed 26 wks of treatment or early escaped to Period B according to protocol. Both primary endpoints were met: total fingernail mNAPSI 75 was achieved by 3.4% PBO vs 46.6% ADA (p<0.001), and PGA-F 0 or 1 with ≥2 grades improvement was achieved by 6.9% vs 48.9% (p<0.001). At baseline, 28.6% had PsA (29.6% PBO, 27.5% ADA) with mean