duration 7.91 years [SD 8.314]. Total fingernail mNAPSI 75 was achieved by 0.5% PBO vs 61.5% ADA of pts with PsA and 4.6% PBO vs 40.9% ADA without PsA ($p<0.001$ for both groups). PGA-F 0 or 1 with $\geq$2-grade reduction was achieved by 4.4% PBO vs 59.3% ADA with PsA and 7.9% PBO vs 44.9% ADA without PsA ($p<0.001$ for both groups). Adverse events (AEs) in Period A were reported by 55.6% PBO vs 56.9% ADA (with PsA: 56.3% PBO vs 56.7% ADA; without PsA: 55.3% PBO vs 57.0% ADA without PsA); serious AEs by 4.6% PBO vs 7.3% ADA (with PsA: 9.4% PBO vs 10.0% ADA; without PsA: 2.6% PBO vs 6.3% ADA).

Conclusions: The primary results demonstrated that in this population, ADA was more effective than PBO for the treatment of fingernail Ps, and significantly improved signs and symptoms, both overall and regardless of the presence or abscense of PsA; no new safety risks were identified with ADA eow treatment for 26 wks.

Acknowledgements: AbbVie Inc. funded this study and participated in the study design; study research; collection, analysis and interpretation of data; and writing, reviewing and approving of this publication. All authors had access to the data, and participated in the development, review, and approval, and in the decision to submit this publication.

The authors would like to acknowledge Yihua Gu for statistical support, and Jody Bennett, for medical writing support in the production of this abstract; both are employed by AbbVie.

Disclosure of Interest: B. E. Elewski Grant/research support from: Abbvie, Amgen, Boehringer Ingelheim, Celgene, Incyte, Lilly, Merck, Novan, Novartis, Pfizer, Valeant, and Viamet, Consultant for: Anacor, Celgene, Lilly, Novartis, Pfizer, and Valeant, P. A. Rich Grant/research support from: AbbVie, Allergan, Amgen, Anacor, Cassiopea, Dusa, Eli Lilly, Galderma, Janssen, Leo, Meiji, Merck, Novartis, Pfizer, Psolar, Ranbaxy,Sandoz, and Viamet, Consultant for: AbbVie, Eli Lilly, Novartis, Sandoz, Polichem and Valeant, F. Behrens Grant/research support from: AbbVie, Amgen, Celgene, Janssen, Lilly, Novartis, Pfizer, Sandoz, and Sanofi, Consultant for: Abbvie, Chugai, Celgene, Genzyme, Lilly, Novartis, Pfizer, Roche, and Sanofi, G. Guillet Grant/research support from: AbbVie, Z. Geng Shareholder of: AbbVie, Employee of: AbbVie, O. Reyes Servin Shareholder of: AbbVie, Employee of: AbbVie

DOI: 10.1136/annrheumdis-2017-eular.2148

AB0757 IMPACT OF DISEASE ACTIVITY ON PHYSICAL FUNCTION AND HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH PSORIATIC ARTHRITIS

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Background: Psoriatic arthritis (PsA) is a chronic progressive inflammatory disease characterized by peripheral arthritis, dactylitis, axial joint involvement and extraarticular features. Disease consequences such as chronic pain, severe joint damage and fatigue may adversely effect on a patient's physical function and health-related quality of life (QoL) to perform daily activities.

Objectives: The aim of this study was to investigate the potential relationship between physical function and health-related QoL and disease activity measures in patients with PsA.

Methods: For all participating patients, quality of life, functional and disease activity measures were measured by different ways: Nottingham Health Profile (NHP), psoriatic arthritis quality of life (PsAQoL), Ankylosing Spondylitis Quality of Life (ASQoL), SF36 health survey, Health Assessment Questionnaire (HAQ), BASFI, VAS pain, DAS28, BASDAI and acute phase markers including ESR and CRP.Patients with PsA were discriminated into low and high disease activity according to BASDAI ($\geq$6 vs $\leq$4).

Results: A total of 186 patients with PsA (116 female, 70 male, mean age 43,9±12,6) who met CASPAR criteria were included. Their mean symptom duration was 7.9±9.1 years. Patients with higher BASDAI score ($\geq$6) had significantly higher scores on all important items including health related QoL, fatigue, pain, and functional status. Correlation coefficients between disease activity and various health related QoL measurements were given in Table1. SF36 physical component score was significantly correlated with VAS-pain, BASDAI and DAS28 compared to SF36 mental component. Also, physical activity subscore of NHP was found higher correlated with disease activity indices for PsA in all NHP sections. Other quality of life measurements including PsQoL, HAQ and ASQoL were also significantly correlated with disease activity measurements.

Conclusions: Psoriatic arthritis has a major impact on patients' lives. Variable disease activity measurements were found correlated with all important QoL measurementss including NHP, SF36, PsQoL, HAQ and ASQoL. In patients with PsA, high disease activity may lead to severe impairments in daily activities and influence on participation in society.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.6639

AB0758 AUDIT ON USTEKINUMAB DRUG SURVIVAL IN A DISTRICT GENERAL HOSPITAL VERSUS PSUMMIT 1 TRIAL RESULTS

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Background: Psoriatic arthritis (PsA) is an immune mediated inflammatory disorder that affects 10–30% of patients with psoriasis. Ustekinumab, a monoclonal anti–IL-12/23p40 antibody, is approved for the treatment of PsA and plaque psoriasis[1] PSUMMIT 1 was one of two phase 3 trials of ustekinumab in adults with active PsA[2]In England, use of medication is subject to guidance from National Institute for Health and Care Excellence (NICE). [TA340] recommend that Ustekinumab is a possible treatment, alone or with methotrexate, for adults with active psoriatic arthritis when treatment with non-biological disease-modifying antirheumatic drugs has not worked well enough if: treatment with tumour necrosis factor (TNF) alpha inhibitors is not suitable for them, or the person has had a TNF alpha inhibitor before[3] We audited the survival data from our cohort of patients in district general hospital (DGH) against data from PSUMMIT trial.

Objectives: Our objectives were to evaluate drug survival of Ustekinumab in PsA, to compare real world data with that from PSUMMIT trial.

Methods: Our biologics database was searched for patients currently receiving Ustekinumab treatment for Psoriatic Arthritis and those who have had treatment failures. Length of treatment was recorded and any adverse effects which caused the treatment to be stopped. Analysis of treatment non-responders was performed including previous biologics/drug use. We then compared our results to those in the treatment arms (Ustekinumab 45mg or 90mg)of the PSUMMIT trial at week 24 and 52.

Results:

Table 1

	Ustekinumab 45mg	Ustekinumab 90mg
DGH (n=20)	15	5
PSUMMIT (n=409)	205	204

Table 2

	DGH		PSUMMIT	
	(Ust 45mg)	(Ust 90mg)	(Ust 45mg)	(Ust 90mg)
Week 24 withdrawal	4/15	0/5	8/205	7/204
Reasons:				
Adverse effects	3		4	3
Inefficacy	1		2	1
Other (consent, lost follow up)			4	3
Week 52 withdrawal	0/8	0/3	17/197	15/197
Reasons:				
Adverse effects			2	5
Inefficacy			7	3
Other (consent, lost follow up)			8	7

Treatment Failure group (DGH): All patients had had at least one anti-TNF agent prior to Ustekinumab therapy. One patient had trialled 3, two had two, one had one. They had been stopped either due to inefficacy or intolerance.

Conclusions: Ustekinumab has been shown to be a generally well tolerated drug. Our treatment group had proportionally more treatment failures than the PSUMMIT trial (4/20 20% vs 24/409 5.8%). There is the obvious criticism that our patient numbers are very small. For eligibility in PSUMMIT trial the patients had to be anti-TNF naïve. In NHS ENgland, Ustekinumab is not NICE approved as a first line agent except in certain circumstances.Therefore, our patients have had

Abstract AB0757 – Table 1. Correlation coefficients between disease activity and various health related QoL measurements in patients with PsA [r (p)]

	VAS –pain	DAS 28	BASDAI	ESR	CRP
NHP-pain	0.571 (**<0.001**)	0.326 (**<0.001**)	0.644 (**<0.001**)	0.250 (**0.003**)	0.187 (**0.027**)
NHP-physical activity	0.599 (**<0.001**)	0.335 (**<0.001**)	0.652 (**<0.001**)	0.277 (**<0.001**)	0.111 (0.191)
NHP-fatigue	0.425 (**<0.001**)	0.324 (**<0.001**)	0.530 (**<0.001**)	0.287 (**<0.001**)	0.082 (0.337)
NHP-sleep	0.236 (**0.003**)	0.118 (0.162)	0.308 (**<0.001**)	0.113 (0.181)	-0.026 (0.764)
NHP-social isolation	0.214 (**0.008**)	0.299 (**<0.001**)	0.272 (**<0.001**)	0.080 (0.345)	-0.019 (0.824)
NHP-emotional reaction	0.315 (**<0.001**)	0.281 (**<0.001**)	0.326 (**<0.001**)	0.085 (0.315)	-0.023 (0.790)
SF36 physical component	-0.581 (**<0.001**)	-0.333 (**0.005**)	-0.449 (**<0.001**)	-0.346 (**0.004**)	-0.336 (**0.005**)
SF36 mental component	-0.439 (**<0.001**)	-0.232 (0.057)	-0.366 (**<0.001**)	-0.250 (**0.038**)	-0.198 (0.102)
PsAQoL	0.451 (**<0.001**)	0.285 (**<0.001**)	0.484 (**<0.001**)	0.103.(0.223)	-0.005 (0.955)
HAQ	0.428 (**<0.001**)	0.294 (**<0.001**)	0.386 (**<0.001**)	0.097 (0.246)	0.134 (0.107)
ASQoL	0.459 (**<0.001**)	0.459 (**<0.001**)	0.489 (**<0.001**)	0.220 (0.081)	0.068 (0.593)

previous exposure to anti-TNF agents to which they have either been intolerant or found ineffective. More research into drug survival and persistence should be considered as real world data may not reflect RCT results.

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Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.4003

AB0759 NEUROPATHIC PAIN PREVALENCE IN PSORIATIC ARTHRITIS AND ITS CORRELATION WITH DISEASE ACTIVITY

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Background: Psoriatic arthritis (PsA) is a systemic chronic inflammatory disease associated with psoriasis. Neuropathic pain is defined as pain which is produced by a primary lesion or dysfunction of peripheral or central nervous system.
Objectives: The aim of this study is to investigate the neuropathic pain component of chronic joint pain in psoriatic arthritis and to detect its correlation with disease activity and functional capacity.
Methods: During the patients' routine outpatient clinic visit, we gain information about patients' demographics. We used Pain Detect questionnaire to detect neuropathic pain component, Visual Analogue Scale for joint pain, Disease Activity Score 28-Joint (DAS28) for disease activity evaluation and Health Assessment Questionnaire (HAQ) for functional capacity evaluation.
Results: There were 48 PsA patients and 34 control patients in this study. Mean age was 52 (21–79), mean BMI is 27.5 kg/m^2 (20.8–53) and mean disease duration was 5 year in PsA group. Mean age was 54 (20.8–53), mean BMI was 27.6 kg/m^2 (20.8–53) in control group. Neuropathic pain component was positive in 22.9% of PsA and negative in 45.8% of PsA and unclear in 31.2% of PsA group. In control group, neuropathic pain component was positive in 35.3% of patients and negative in 41.2% of patients and unclear in 23.5% of patients. Mean pain detects score was 13 in PsA and 14 in control group. There was no statistically important difference between the PsA and control group's neuropathic pain prevalence (p=0.601) and mean PD score (p=0.24). Mean DAS 28 score was 3.5 (1–3.56) and mean HAQ score was 0.65 (0–2.05) in PsA group. There was a statistically important positive correlation between the PD score and HAQ score in PsA patients (Ro=0.460, p=0.001). In addition, there was a statistically unimportant positive correlation between the PD score and DAS28 score in PsA patients. There was a statistically unimportant positive correlation between the PD score and HAQ score in control group (Ro=0.411, p=0.016).
Conclusions: We detected neuropathic pain component in 22.9% of PsA patients but there was no difference between the PsA group and control group. Diagnosis of concomitant neuropathic pain by Pain Detect Questionnaire may be useful for pain management in PsA patients.

Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.3711

AB0760 EFFICACY OF USTEKINUMAB IN A COHORT OF PATIENTS AFFECTED BY PSORIATIC ARTHRITIS IN REAL-LIFE

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Background: Psoriatic arthritis (APs) is a chronic inflammatory joint disease, that can be treated effectively with synthetic disease modifying anti-rheumatic drugs (DMARDs) and biological agents. Ustekinumab is a monoclonal antibody that inhibits IL-12 and 23 that has recently demonstrated efficacy and safety for the treatment of patients with APs in the PSUMMIT 1 and PSUMMIT 2 studies.
Objectives: To evaluate the efficacy of Ustekinumab in our patients with psoriatic arthritis with peripheral involvement in clinical practice conditions.
Methods: Descriptive, prospective, longitudinal and open study including patients diagnosed with psoriatic arthritis with peripheral involvement. All patients were given ustekinumab at an initial dose of 45 mg administered subcutaneously followed by another 45 mg dose 4 weeks later and then every 12 weeks. Clinimetric scores (DAS28, MASES, Pain VAS, Clinicians VAS) were assessed and CRP was measured al baseline and after 6 months of treatment.
Results: 52 patients were included, 25 were female (48.1%) and 27 male (51.9%). They had a mean age of 46.96±11.39 years, a disease duration of 5.03±5.08 years, and moderate disease activity (DAS 28 of 3.95±0.87), the number of tender and swollen joints were 6.24±4.9 and 2.82±2.36, respectively. The patients had received an average of 1.42±1.75 biological therapies previously. Ustekinumab was prescribed as a first line treatment in 42.3% of patients, 19% after failure of a TNF inhibitor and 38% of patients had received 2 or more biological therapies previously. Ustekinumab was administered alone in 51% of the patients, 36.5% in combination with methotrexate and 11.5% in combination with leflunomide. 23.1% of the patients had dactylitis and 36.5% had enthesitis (mean MASES 1.31±0.86). At 6 months of treatment, there were improvements in the number of tender and swollen joints (mean NAD 4.84±6.4 and NAT 2±3.4 at 6 months, respectively) and MASES index (mean at 6 months, 0.35±0.96). 15 patients had completed at least 6 months of treatment. Improvements in DAS28-CRP scores were observed at 6 months of treatment (3.26±1.62), with a mean DAS28 change after 6 months (∆DAS28) of -0.65±1.88. At month 6, 71.4% of the patients had low disease activity, and 35.7% were in clinical remission according to the DAS28 index.
Conclusions: Ustekinumab is effective in patients with psoriatic arthritis with peripheral involvement in routine clinical practice.

Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.3675

AB0761 THE BIOLOGIC THERAPY USE FOR ENTHESITIS AS A PREDICTOR OF PSORIATIC ARTHRITIS IN PSORIATIC PATIENTS

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Background: According to ACR data 15–20% patients (PTN) with psoriasis are developed with psoriatic arthritis (PsA). Herewith the enthesitis (ETS) as usual is the first signs of PsA manifestations. It is usually asymptomatic at the beginning of the disease, however it is successfully diagnosed with Doppler ultrasound (DU). In average, it takes about 2 years from beginning of the disease till diagnosis PsA is established. PsA treatment is low effective with DMARD, and middle effective with biologic therapy. Wherein no treatment restores the articular changes that have occurred. Thus the actual is to find some resolution to the effective therapy for PTN with psoriasis and also to identify the factors preceding the development of the PsA.
Objectives: Consider the application of biologic therapy before the articular changes in PTN with psoriasis and predictors of psoriatic arthritis.
Methods: Observed 82 PTN with pustural psoriasis without clinical manifestations of PsA. A physical examination (including PASI), a series of laboratory tests (hematology, CRP, RF, anti -ccp, HLA-B27, uric acid), DU to identify the PsA, its activity, as well as to the exclusion of other types of arthritis were used.
Results: 3,7% PTN were diagnosed with PsA with articular changes. 23,1% PTN were founded with enthesitis. The remaining 73,2% PTN had no signs of enthesitis during physical examination and DU. PTN with enthesitis were divided into 2 groups. I – 47% PTN (22% of them had clinical manifestations of enthesitis; the average group PASI– 42,4±8,2) received a 52-weeks course of ustekinumab (45 mg administered subcutaneously initially and 4 weeks later, followed by 45 mg administered subcutaneously every 12 weeks). II group – 53% people (20% PTN had clinical manifestations of enthesitis; the average group PASI– 43,6±9,0) did not receive biological therapy, but only standart treatment for psoriasis. After 1 year follow-up after completion of the treatment course – 11% PTN from group I developed PsA with articular changes. From the group II in 80% PTN developed PsA with articular changes. The average group I PASI– 7,6±1,5; the average group PASI– 6,2±1,3. ($p < 0,05$)
Conclusions: Thus, the ustekinumab use in psoriatic PTN with enthesitis possibly may be reasonable and will hinder the development of PsA. Ustekinumab is also high effective for the improving of the psoriasis skin symptoms.
DU is the high effective diagnostic method for detecting enthesitis without clinical manifestations.
Frequency of screening DU in PTN with psoriasis, for the early detection of enthesitis is the perspective for further study.

Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.6153

AB0762 THE RELATIONSHIP BETWEEN SERUM PENTRAXIN-3 LEVELS, CARDIOVASCULAR DISEASE RISK AND DISEASE ACTIVITY IN PSORIATIC ARTHRITIS PATIENTS

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Background: Psoriatic arthritis (PsA) is an immune-mediated disease affecting skin, joints, entheses, spine, and the vasculature [1,2]. Increased inflammatory mediators are held responsible for impacts on the skin and musculoskeletal system as well as comorbid situations including cardiovascular disease (CVD) and metabolic syndrome [3]. PTX 3 is an acute phase reactant that has prognostic value for rheumatoid arthritis (RA), vasculitis, and psoriasis that also stands out as a novel biomarker for CVD in new researches [4].