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)	189 (75.1)	81 (55.9) [†]	80 (53.8) [†]
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 (41.3) [†]
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)	5.6 (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.

References:

[1] Ibrahim GH, et al. Clin Exp Rheumatol. 2009;27(3):469-74.

[2] Ya YJ, et al. Arthritis Rheumatol. 2016;68(suppl 10):A2744.

Acknowledgements: The Corrona Psoriasis Registry is sponsored by Corrona, LLC and is funded by AbbVie, Boehringer Ingelheim, Eli Lilly and Company and Novartis Pharmaceuticals Corporation. Corrona, LLC has been supported through contracted subscriptions in the last two years by AbbVie, Amgen, AstraZeneca, BMS, Crescendo, Eli Lilly and Company, Genentech, GSK, Horizon Pharma USA, Janssen, Momenta Pharmaceuticals, Novartis, Pfizer, Roche and UCB.

Disclosure of Interest: P. Mease Grant/research support from: Celgene, Novartis, AbbVie, Amgen, BMS, Lilly, Pfizer and UCB, Consultant for: Celgene, Corrona, Novartis, AbbVie, Amgen, BMS, Crescendo, Genentech, Janssen, Lilly, Merck, Pfizer and UCB, Speakers bureau: AbbVie, Amgen, BMS, Crescendo, Celgene, Genentech, Janssen, Pfizer and UCB, J. Palmer Employee of: Novartis, M. Lebowitz Employee of: Mount Sinai, which received research funds from Amgen, Anacor, Boehringer Ingelheim, Celgene, Lilly, Janssen Biotech, Kadmon, LEO Pharmaceuticals, MedImmune, Novartis, Pfizer, Sun Pharmaceuticals and Valeant, C. Karki Employee of: Corrona, LLC, G. Reed Shareholder of: Corrona, LLC, Employee of: Corrona, LLC, C. Etzel Consultant for: Merck, Employee of: Corrona, LLC, J. Greenberg Shareholder of: Corrona, LLC, Consultant for: Eli Lilly, Genentech, Janssen, Novartis and Pfizer, Employee of: Corrona, LLC, P. Helliwell Consultant for: Amgen, BMS, Janssen, Lilly, Pfizer and UCB, Speakers bureau: Novartis, AbbVie, Janssen, Lilly, Pfizer and UCB

DOI: 10.1136/annrheumdis-2017-eular.1478

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

P. Macchioni¹, G. Ciancio², G. Sandri³, A. Zabotti⁴, G. Vukatana⁵, L. Montaguti⁶, M. Focherini⁷, E. Verduci¹, D. Chessa⁸, M. Govoni², A. Spinella³, N. Malavolta⁵, F. Zuliani⁴, M. Bruschi⁶, F. Mascella⁷.

¹Rheumatology, Arcispedale S Maria Nuova, Reggio Emilia; ²Rheumatology, University of Ferrara and Azienda Ospedaliera-Universitaria Sant'Anna, Ferrara; ³Rheumatology, University of Modena e Reggio Emilia, Modena; ⁴Rheumatology Clinic, University of Udine, Udine; ⁵Rheumatology, University of Bologna, Bologna; ⁶Rheumatology, Ospedale Bufalini, Cesena; ⁷Medicina Interna e Reumatologia, Ospedale degli Infermi, Rimini; ⁸Internal Medicine, Ospedale Paolo Dettori, Tempio Pausania (OT), Italy

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

Objectives: To investigate the prevalence of US alterations at entheses, 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 entheses 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 was 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 enthesal involvement using an Esaote MyLabClass with a 5-13 or 6-18 MHz linear probe. The following elementary lesions were assessed at each entheses: morphologic abnormalities (hypoechoogenicity and/or thickening), enthesal calcific deposits, cortical abnormalities (bone erosion and/or proliferation), adjacent bursitis and intraentheses and perientheses (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 enthesal edema or PD signal. US chronic enthesal 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 examiner 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 synovitis	Joint peripheral involvement	Chronic enthesal alterations	Acute enthesal alterations	Tenosynovitis
Patients with abnormality (%)	17.5	66.7	95.2	47.6	29.6

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

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.5010

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. Cábiz. 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 criteria¹, proposed as a definition of very low disease activity (VLDA) in PsA. Patient reported outcomes (PROs), such as those provided by the novel PsAID questionnaire², 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 criteria¹: tender joint count ≤1, swollen joint count ≤1, Psoriasis Area Severity index (PASI) score ≤1 or body surface area ≤3%, patient pain visual analog scale (VAS) score ≤15, patient global disease activity VAS score ≤20, Health Assessment Questionnaire (HAQ) score ≤0.5, and tender enthesal points ≤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.

References:

[1] Coates LC, Fransen J, Helliwell PS. Ann Rheum Dis 2010;69(1):48-53.

[2] Gossec L, de WM, Kiltz U, Braun J, Kalyoncu U, Scivo R et al. Ann Rheum Dis 2014;73(6):1012-1019.

Acknowledgements: MAAPS (Minimal Activity in Psoriatic Arthritis) study group: J.C. Torre Alonso; J.A. Román Ivorra; J. Sanz; J. Salvatierra; J. Calvo Alén;

A. Sellas; F.J. Rodríguez; A. Bermúdez; M. Romero; M. Riesco; J.C. Cobeta; F. Medina; A. Aragón; M.L. García; A. Urruticoechea; C.M. 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 Agirregoikoa, J.J. Bethencourt Baute, S. Bustabad Reyes, P. Tejón Menéndez, M.Á. Belmonte, J.A. Pinto Tasende, E.A. Blanco Morales, J. Ramír. *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. Kobak¹, M. Orman². ¹Rheumatology, Istinye University Faculty of Medicine, LIV Hospital, Istanbul; ²Statistics, 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. Okano¹, K. Inui¹, Y. Sugioka², K. Mamoto¹, H. Yoshimura¹, T. Koike^{2,3}, H. Nakamura¹. ¹Department of Orthopedic surgery; ²Center for Senile Degenerative Disorders (CSDD), Osaka City University Graduate School of Medicine, Osaka; ³Search 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 enthesitis by clinical physical assessment. To date, the modern imaging tool such as ultrasound (US) can detect inflammation in the joint and enthesitis 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 enthesitis was performed. Lateral epicondyle, triceps enthesitis, the proximal and distal patella tendon enthesitis, Achilles tendon and fascia plantaris tendon enthesitis was scanned in both GS and PD assessment. Abnormal findings of enthesitis 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