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PsA: a fascinating disease

OP0106 THE IMPACT OF COMORBIDITIES ON EFFECT AND DISCONTINUATION OF TUMOUR NECROSIS FACTOR INHIBITOR THERAPY IN PSORIATIC ARTHRITIS: A POPULATION-BASED COHORT STUDY

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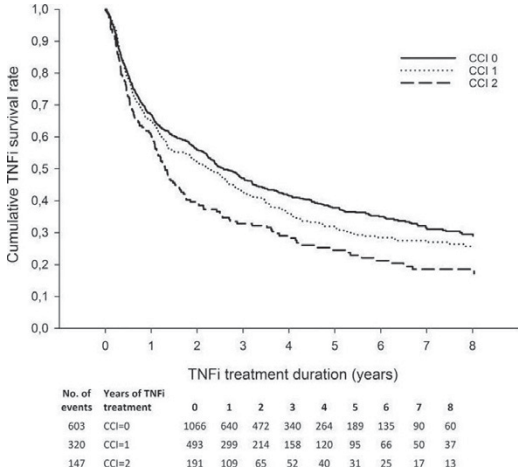
Background: Psoriatic arthritis (PsA) is a chronic inflammatory disorder associated with several severe comorbidities such as cardiovascular diseases, diabetes, and depression. Tumour necrosis factor inhibitor (TNFi) therapy fails among half of patients with PsA treated in routine care.
Objectives: The objective of this population-based cohort study was to investigate if the presence of comorbidities were associated with disease activity, treatment response and adherence to therapy in patients with PsA treated with their first TNFi.
Methods: Data on patient characteristics, disease activity and treatment adherence was obtained from the DANBIO register. Information on comorbidities according to the Charlson Comorbidity Index (CCI) and psychiatric comorbidities was obtained through linkage with the Danish National Patient Register. We performed Kaplan-Meier plots and multivariate Cox proportional hazard regression analyses adjusted for sex, age, disease duration, DAS28-CRP, obesity, smoking, concurrent methotrexate treatment, calendar period, and diagnosis with depression and/or anxiety. Percentages of patients achieving relevant clinical responses were calculated.
Results: We identified 1750 patients eligible for analyses. Patients with higher CCI scores had statistically significantly higher disease activity measures at baseline compared with patients without comorbidities (Table 1). Kaplan–Meier curves showed shorter adherence to treatment for patients with CCI ≥2 compared with patients with lower CCI scores (CCI =0: 2.6 years [2.2 to 2.9], CCI =1: 2.2 years [1.7 to 2.8], CCI ≥2: 1.3 years [1.0 to 1.6], p<0.001) (Figure). Also, for patients with depression and/or anxiety the adherence to treatment was shorter compared with patients without depression and/or anxiety (absence of depression and/or anxiety: 2.4 years [2.1 to 2.6], presence of depression and/or anxiety: 1.7 years [0.26 to 3.0], p<0.027). In the multivariate Cox regression analysis a CCI score ≥2 was associated with increased risk of TNFi treatment discontinuation compared with patients without comorbidities (HR 1.72, [95% CI 1.26 to 2.37], p=0.001). A statistically significantly smaller proportion of patients with a CCI score ≥2 achieved EULAR good response (CCI =0: 41%; CCI ≥2: 23%) and EULAR good-or-moderate response (CCI =0: 54%; CCI ≥2: 47%) at 6 months compared with patients without comorbidities.

Table 1. Baseline characteristics according to Charlson Comorbidity Index (CCI)

	CCI =0 (n=1066)	CCI =1 (n=493)	CCI ≥2 (n=191)	p value
Tender joint count (28) (no.)	6 (2–11)	6 (3–12)	8 (3–15)	0.001
Swollen joint count (28) (no.)	2 (0–5)	3 (0–6)	2 (0–6)	0.016
DAS28-CRP (0 – 10)	4.4 (3.5–5.2)	4.6 (3.8–5.4)	4.9 (3.9–5.7)	<0.001
HAQ score (0 – 3)	0.88 (0.5–1.4)	1.1 (0.6–1.5)	1.4 (0.88–2.0)	<0.001
VAS patient global (0 – 100)	68 (48–84)	69 (52–84)	75 (58–88)	0.021
Depression and/or anxiety, n (%)	46 (4.3)	33 (6.7)	15 (7.9)	0.042

Values are the median/interquartile range except where stated otherwise. Comparisons were assessed by χ^2/Kruskal-Wallis test.



Conclusions: Presence of comorbidities was associated with higher baseline disease activity, increased risk of TNFi treatment discontinuation and reduced clinical response rates in a cohort of Danish patients with PsA.

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OP0107 PAIN STILL REMAINS A HIGH UNMET NEED AMONG PSORIATIC ARTHRITIS PATIENTS RECEIVING EXISTING BIOLOGIC TREATMENT: RESULTS FROM A MULTI NATIONAL REAL-WORLD SURVEY

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Background: Many patients diagnosed with Psoriatic Arthritis (PsA) experience pain which can persist during treatment and may impair health related quality of life (HRQOL) and the ability to work.
Objectives: To assess self-reported pain in patients with PsA receiving biologic therapy, and evaluate the association of increasing severity of pain with HRQOL and employment status.
Methods: Cross-sectional survey data from Rheumatologists and Dermatologists (specialists) treating PsA and their patients in 13 countries spanning the Americas, Asia Pacific, EU, Turkey and the Middle East were analyzed. A geographically diverse sample of specialists in each country completed a detailed form for consecutive consulting PsA patients recording information such as demographics, clinical state and treatment details. Patients voluntarily completed questionnaires providing demographics, self-reported intake of non-prescription pain medication, work status, HRQoL (EQ-5D, SF-36), impairment in physical function (HAQ-DI), and impairment in work productivity and activity (WPAI). Patient reported pain was stratified using tertiles of the SF-36 "Bodily Pain" (BP) subdomain.
Results: Results are presented from 782 patients with PsA receiving traditional biologic treatment (mainly anti-TNF) for ≥3 months who completed SF-36 questionnaires. SF-36 BP domain tertiles were: no/mild pain: BP: >75 to 100: 33.1%; moderate: BP: >52 to ≤75: 30.1%; and severe: BP: 0 to ≤52: 36.8%. A strong positive linear relationship between BP tertiles and EQ-5D pain was observed (correlation coefficient: 0.6678). More severe pain was associated with increased use of prescription NSAIDS (p=0.0026) and opioids (p=0.0065), as well as non-prescription pain medication (p<0.0001).
The level of HRQOL impairment among PsA patients increased as pain increased: SF-36 domains (excluding BP) were lower, all differences were clinically[1] and statistically significant (all p<0.0001); EQ-5D domains (excluding pain/discomfort) were also lower (p<0.0001). More severe pain was associated with greater disability (higher HAQ-DI scores), and greater activity impairment, overall work impairment, work time missed and impairment while working due to PsA (all p<0.0001). Among patients of working age (≤65), the likelihood of unemployment or retirement due to PsA was higher among patients reporting severe pain: Mild (n=21): 19.0%, Mod (n=30): 10.0%, Severe (n=36): 58.3%; p<0.0001.
Conclusions: This analysis of real world patient reported data suggests that pain is common among PsA patients receiving biologic therapy. Increasing severity of pain is associated with more impaired HRQOL, physical functioning, engagement