Conclusions: Fatigue levels were relatively high in these PsA patients whose disease was often well-controlled. Fatigue was lower in patients in remission, according to all definitions of remission; the remission definition with best known-groups validity for fatigue was DAPSA remission. Moreover both composite measures perform better than the physicians opinion of remission. These elements may be important in a context of shared decision-making.

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SAT0319 DESCRIPTION OF MUSCULOSKELETAL SYMPTOMS IN A COHORT OF PATIENTS WITH PSORIASIS

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Background: The BIOmarkers of COMorbidities (BIOCOM) in Psoriasis (Pso) study is a longitudinal study which aims to identify clinical, genetic or protein biomarker features associated with the development of co-morbidities, notably Psoriatic Arthritis (PsA) in patients with Pso. Pso usually precedes the development of PsA with an average interval of 10 years. Thus, Pso patients are an ideal group in which to study the early events in the evolution to PsA.

Objectives: Herein we describe the baseline clinical features in this BIOCOM cohort. Based on these features, we categorise patients into groupings which may be helpful during long-term follow-up.

Methods: Patients are being recruited from the dermatology clinics at St. Vincent's University Hospital, Dublin. Inclusion criteria included a diagnosis of Pso with disease duration of less than 10 years and an age of 18 years or older. Patients with another serious active medical illness, a previous diagnosis of inflammatory arthritis or those who were receiving systemic immunosuppressant therapy for Pso were excluded

Following recruitment, patients were assessed for musculoskeletal (MSK) signs or symptoms: questionnaire detailing history of any MSK complaints including inflammatory back pain, full physical examination including evidence of tender or swollen joints and enthesal tenderness (using the Leeds Enthesitis Index) and routine blood testing including inflammatory markers.

If patients had any MSK findings they underwent routine radiographs, MRI scanning or ultrasound scanning as indicated. Patients were then categorised using all information available as follows: Pso only; Pso+: MSK signs or symptoms but insufficient for diagnosis of PsA; PsA (CASPAR): Diagnosis of PsA meeting CASPAR criteria; Other Rheumatic Disease.

Abstract SAT0319 – Table 1. Breakdown of Features of Inflammatory Articular Disease

MSK Finding(s)	No. of Patients (total 96)
Tender or Swollen Joint(s) (T/S J) only	41
Enthesitis (E) only	12
Inflammatory Back Pain (IBP) only	10
T/S J and E	20
T/S J and IBP	3
E and IBP	2
T/S J, E and IBP	8

Of these 96 patients, 79 patients had some additional imaging studies.

Results: To date 190 patients with Psoriasis have been recruited. Of those, 9 were excluded due to a diagnosis of Pso >10 years previously. One was excluded due to a previous diagnosis of JIA

Of the remaining 180 patients: 106 were male (58.9%). Mean age was 41.5 ±14.8 years. Average duration of Pso: 6.1±2.9 years. On examination: 126 (70%) had psoriatic nail disease (pitting, ridges or onycholysis). 84 patients had no musculoskeletal signs or symptoms. The remaining 96 patients had at least one musculoskeletal finding as outlined in table 1 below.

Abstract SAT0319 – Table 2. shows how patients were subsequently categorised based on their history, clinical examination, laboratory blood results and imaging.

Breakdown of Diagnoses of BIOCOM patients at baseline (180)	
Pso only	84
Pso+	64
PsA (CASPAR)	7
Other Rheumatic Disease	25

Conclusions: Analysis of patients recruited to date for the BIOCOM-Pso study shows that at baseline at least one third of patients with Pso had non-specific MSK signs and symptoms. Previous studies suggest these patients may be more likely to subsequently develop PsA. By following this cohort prospectively, we hope to better characterise which features are predictive of the development of PsA in patients with Pso.

Disclosure of Interest: None declared

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SAT0320 RELIABILITY ANALYSIS OF THE MADRID SONOGRAPHIC ENTHESIS INDEX (MASEI) AND DIFFERENT DOPPLER SUBGROUPS IN PSORIATIC ARTHRITIS

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Background: Enthesitis is the cornerstone of spondyloarthritis, and ultrasound (US) indexes have emerged in the last years being the Madrid Sonographic Enthesis Index (MASEI) one of the more widely used.

Objectives: To evaluate the reliability of MASEI and different entheses power doppler (PD) definitions in Psoriatic Arthritis (PsA).

Methods: 27 consecutive non selected PsA patients were included. An US expert rheumatologist performed the MASEI examination using a MyLab 70 XVG machine, Esaote, Genova, Italy, with a greyscale (GS) 13 MHz probe and 7.1 MHz power Doppler (PD) frequency, PRF 750 Hz and 60 Gain. US images and 3–5 s videos were obtained in transversal and longitudinal views for further reliability analysis. The inter-reader reliability analysis was performed by three readers and true US result was the consensus of at least two of them. In addition to the PD item of MASEI (defined as signal in bone profile or intratendon or bursa on the entheses area), three other PD definitions were evaluated as present or absent: PD OMERACT (PD signal at entheses ≤2 mm to the bone profile), PD bursa (PD signal inside bursa) and PD tendon (PD signal in the entheses tendon >2 mm from the bone profile). Intraclass correlation coefficient (ICC) estimations and 95% confident intervals were calculated for the reliability analysis of MASEI and PD subgroups based on a mean-rating (k=3), absolute-agreement, two-way mixed effect model. Cohen's Kappa test was used for analysis of MASEI's items reliability. SPSS statistical package version 20 (SPSS Inc, Chicago, IL) was used.

Results: Inter-reader reliability of MASEI and PD subgroups is shown in table 1. PD bursa showed the lowest reliability. MASEI, PD MASEI, PD OMERACT and PD tendon showed good to excellent reliability, being PD tendon the best one. table 2 shows reliability data of each MASEI lesion in each entheses included in the index. Best agreement percentages and kappa values were found in erosions and PD with mainly good to excellent data, while the worst ones were found in calcifications with poor to moderate values.

Abstract SAT0320 – Table 1. Inter-reader reliability of MASEI and PD subgroups. Scores expressed as mean±SD for each reader.

	Reader 1	Reader 2	Reader 3	ICC	95% CI
MASEI	28,52 ±13,43	31,89 ±13,99	31,30 ±14,14	0922	0,852– 0962
PD MASEI	6,44±5,80	6,89±6,43	6,78±5,43	0921	0,851– 0962
PD	1,25±1,32	1,41±1,65	1,11±1,39	0895	0,802– 0949
OMERACT					
PD BURSA	0,30±0,67	0,18±0,56	0,11±0,42	0776	0,576– 0891
PD TENDON	1,96±1,74	2,15±2,09	2,22±1,82	0934	0,876– 0968