1) and was significantly correlated with improvement in TJC ($R=0.38$, $p=0.004$), SJC ($R=0.50$, $p<0.0001$), and HAQ-DI score ($R=0.33$, $p=0.013$).

Abstract SAT0322 – Table 1. Change in Dactylitis Score in ACR20/50 and PASI75 Responders and Non-responders

	Mean (SD) change from BL in Dactylitis Score at Wk24		
	Non-responders	Responders	p-value
ACR 20	-1.76 (7.595), n=21	-4.94 (4.666), n=36	0.044
ACR 50	-2.44 (6.213), n=36	-6.05 (5.133), n=21	0.027
PASI 75	-4.00 (2.858), n=13	-3.70 (6.736), n=44	0.924

Figure 1. Proportion of Patients with Dactylitis Resolution over Time

Conclusions: GUS is efficacious in resolving symptoms of dactylitis in pts w/ active PsA. This effect on dactylitis is correlated with improvement in joint symptoms and physical function.

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SAT0323 ADVERSE DRUG REACTIONS RELATED TO DISEASE-MODIFYING DRUGS (DMARD) IN PSORIATIC ARTHRITIS PATIENTS IN DAILY CLINICAL PRACTICE

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Background: Psoriatic arthritis (PsA) benefits from DMARDs and to know more about the adverse drug reactions (ADRs) represent an advance for the management and safety of these patients in clinical practice.

Objectives: To evaluate the discontinuation due to ADRs of DMARDs used in PsA patients and to analyse the possible associated factors.

Methods: Retrospective longitudinal observational study. **Subjects:** inception cohort of patients from January 2010 to December 2014 and followed up to December 2016, diagnosed with PsA according to ICD-10 code. **Main outcome:** discontinuation of conventional synthetic DMARDs (csDMARDs) and biological originator DMARDs (boDMARDs) due to ADR (moderate: drug suspension regardless of the repercussions, severe: hospital admission required or death). **Covariables:** sociodemographic and clinical. **Statistical analysis:** To estimate DMARDs discontinuation rates, survival techniques were used, expressing the incidence rate (IR) per 100patients*year with their respective CI at 95%. Multivariate Cox regression models were performed to analyse the factors associated with DMARDs discontinuation due to ADRs and results were expressed in Hazard ratio(HR) and 95% CI.

Results: 191 patients were included, with a follow-up of 379.70 Patients*year. 50.3% were male, mean age at diagnosis was 50±14.6 years old. 46.6% of the patients had a history of cutaneous psoriasis. HLA-B27 was positive in 20% of patients. Throughout the follow-up, all patients received csDMARDs and 23 used boDMARDs. Methotrexate(MTX) was the most used drug 69.7%. 30% were on combination therapy, the most frequent was antiTNF +MTX. There were 44 discontinuations due to ADRs, IR 11.59 [8.62–15.57] and 3 were severe, requiring hospital admission (two infections and one cancer), no deaths were recorded. Among the most frequent causes of discontinuation related to ADRs were digestive intolerance 32%, nonspecific manifestations 11%, infections 9% and abnormal transaminase levels 9%. Table1 shows the DMARDs discontinuation rates due to ADRs. In the final discontinuation model related with ADRs (Table2), we observed that distress, high disease activity, corticosteroids at diagnosis and combination therapy were associated with a higher rate of discontinuation.

Table1	Patients*years	Events (n)	IR	95% CI
MTX	243.46	23	9.45	
Salazopyrine	84.80	14	16.51	
Leflunomide	21.83	10	27.48	
Antimalarials	25.34	8	15.78	
boDMARDs	57.56	5	8.69	
Combination therapy	101.76	16	15.72	

Table2	HR	95% CI	P
Women	1.38	0.61–3.09	0.436
Age at diagnosis	0.97	0.94–1.00	0.103
Distress level	3.78	1.85–7.71	0.000
C Reactive protein≥1.05 gr/dL	2.31	1.02–5.20	0.043
corticosteroids at diagnosis	2.66	1.10–6.40	0.029
Combination therapy	2.23	1.14–4.38	0.020
boDMARD	0.32	0.08–1.27	0.105
MTX vs rest of DMARD	0.42	0.19–0.92	0.032

Conclusions: The discontinuation rate due to ADRs was 11.59, although most of them did not have an important clinical impact. We have found some psychological, clinical and treatment factors that can modify the DMARDs survival on PsA patients. We also observed that MTX, seems to be safe in the treatment of PsA, presenting the lowest probability of suspension related to ADRs compared with the rest of treatments.

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SAT0324

CERTOLIZUMAB PEGOL PROVIDES SUSTAINED REMISSION AND MINIMAL DISEASE ACTIVITY IN PATIENTS WITH PSORIATIC ARTHRITIS OVER 4 YEARS' TREATMENT

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Background: Disease Activity Index for Psoriatic Arthritis (DAPSA)¹ and the minimal disease activity (MDA) criteria² are instruments recommended for evaluating disease activity in psoriatic arthritis (PsA). The RAPID-PsA trial (NCT01087788) has demonstrated the sustained efficacy of certolizumab pegol (CZP) across the spectrum of PsA symptoms.^{3,4}

Objectives: To report the proportion of CZP-treated patients (pts) achieving DAPSA remission (REM), DAPSA low disease activity (LDA), MDA (fulfilling $\geq 5/7$ MDA criteria), and very low disease activity (VLDA; fulfilling 7/7 MDA criteria) over 216 weeks (wks) in RAPID-PsA.

Methods: RAPID-PsA was double-blind and placebo-controlled to Wk24, dose-blind to Wk48, and open-label (OL) to Wk216. Pts had active PsA and had failed ≥ 1 disease modifying anti-rheumatic drug. Data for pts randomised to CZP at Wk0 (200 mg every 2 wks or 400 mg every 4 wks, following a 400 mg loading dose at Wks0, 2, 4), who continued their assigned dose in the OL period, are presented as observed case and with imputation (figure 1). Outcomes reported are DAPSA (the sum of tender and swollen joint counts [TJC 68; SJC 66], pt global and pain assessment [10 cm visual analogue scale], and C-reactive protein levels [mg/dL]), and pts achieving: 1) DAPSA LDA (DAPSA ≤ 4 and ≤ 14); 2) DAPSA REM (DAPSA ≤ 4); 3) MDA (fulfilling $\geq 5/7$ MDA criteria); and 4) VLDA (fulfilling 7/7 MDA criteria), to Wk216. Pts withdrawing from the study between scheduled visits had their final observed assessment values assigned to the next scheduled visit timepoint.

Results: Of 409 pts randomised; 273 received CZP from Wk0, of whom 248 (90.8%) completed Wk24, 237 (86.8%) completed Wk48, and 183 (67.0%) completed Wk216. The mean (SD) baseline DAPSA was 44.8 (22.9). Of pts completing Wk24, 29.7% (74/249) achieved LDA; 25.3% (63/249) REM; 38.2% (95/249) MDA; and 14.9% (37/249) VLDA. At Wk216, 31.9% (59/185) achieved LDA; 44.3% (82/185) REM; 57.8% (107/185) MDA; and 29.0% (58/183) VLDA (figure 1).

Figure: A) Patients with PsA achieving DAPSA LDA and REM over 4 years' CZP treatment

B) Patients with PsA achieving MDA and VLDA over 4 years' CZP treatment

Data shown for the Randomized Set, for pts on either dose regimen. OC proportions are calculated as the number achieving the target relative to the number of pts assessed at that timepoint. Missing values were imputed using LOCF for DAPSA and NRI for MDA criteria. [a] Number of patients with an observed value at the scheduled visit timepoint; [b] The proportion of pts achieving MDA ($\geq 5/7$ criteria) shown includes those achieving VLDA (7/7 MDA criteria). CZP: certolizumab pegol; DAPSA: Disease Activity Index for Psoriatic Arthritis; DAPSA LDA: DAPSA low disease activity (≤ 4 and ≤ 14); DAPSA remission: DAPSA REM (≤ 4); LOCF: last observation carried forward; MDA: minimal disease activity; NRI: non-responder imputation; OC: observed case; PsA: psoriatic arthritis; pt: patient; VLDA: very low disease activity.

Abstract SAT0324 – Figure 1. A) Patients with PsA achieving DAPSA LDA and REM over 4 years' CZP treatment. B) Patients with PsA achieving MDA and VLDA over 4 years' CZP treatment

Conclusions: A substantial proportion of pts who completed the 4 year study achieved disease inactivity targets: ~75% achieved DAPSA LDA or REM, almost 60% achieved MDA, and half of those also achieved VLDA.

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SAT0325

COMPARATIVE ANALYSIS OF GENDER DIFFERENCES, HLA-B27 STATUS AND SKIN LESION SEVERITY IN EARLY AXIAL AND PERIPHERAL PSORIATIC ARTHRITIS PATIENTS

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Background: Clinical features of axial involvement in psoriatic arthritis (PsA) had been studied before only at advanced stages. Skin lesion severity, HLA-B27 status and gender-specific differences in early PsA patients with axial involvement hadn't been sufficiently studied.

Objectives: To compare clinical features of two early peripheral PsA patient populations – with and without axial involvement.

Methods: 95 patients (pts) (M/F–47/48) with early PsA according to CASPAR criteria were included; all pts had peripheral arthritis for ≤ 2 years; no inflammatory back pain (IBP) pts were specially selected. Mean age 36.5 ± 10.7 years, disease duration 12.2 ± 10.3 mo, disease activity indexes DAS=4.0 $\pm$ 1.4, DAS28=4.2 $\pm$ 1.1, BASDAI=4.5 $\pm$ 1.6 (in pts with axial involvement); patient's global disease activity (PGA) VAS 56.9 $\pm$ 17.1. All pts were evaluated for the presence of inflammatory