risk of infections (33%), and history of malignancy (22.6%), whereas a preference for an oral drug drove the choice only in 7% of patients.

Abstract SAT0327 – Table 1. baseline prevalence of comorbidities

COMORBIDITY	PREVALENCE (n=97)
Hypertension	34%
History of malignancy	22%
Fibromyalgia	15%
Latent tuberculosis	14%
Liver disease	14%
Lung disease	13%
Dyslipidemia	12%
Diabetes	11%
Depression	10%
HBV/HCV infection	9%
Osteoporosis	8%
Hematological disorders	7%
Cardiovascular disease	7%
Gastrointestinal disorders	3%
Neurological disorders	3%

Conclusions: Based on our analysis, apremilast is mainly used in PsA with oligoarthritis, enthesitis, mild skin involvement, and low risk of disease progression, carrying comorbidities (especially history of infections and malignancies) with contraindications to the use of biologic drugs.

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SAT0328 WEIGHT-LOSS IMPROVES DISEASE ACTIVITY IN OBESE PATIENTS WITH PSORIATIC ARTHRITIS

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Background: Obesity is over-represented in patients with psoriatic arthritis (PsA) and associated with increased risk of getting the disease, higher disease activity, poorer effect of treatment and in addition cardiovascular co-morbidity.

Objectives: The aim of this study was to determine the effects of weight-loss treatment on disease activity in patients with PsA and obesity

Methods: Patients with PsA (Caspar criteria) and obesity (body mass index BMI≥33 kg/m²) where recruited from three Rheumatology clinics in the Western Sweden. Weight-loss treatment with Very Low Energy liquid Diet (VLED), which comprises a daily energy intake of 640 kcal, was given during 12–16 weeks, depending on BMI. The first strict period was followed by a structured reintroduction of an energy restricted diet during 18 weeks. The treatment was given within the framework of a structured program including support and medical follow-up at the Obesity Unit at Sahlgrenska University Hospital.

Treatment with DMARDs and biologics was held constant from 3 month before baseline until 6 months after baseline. The patients were assessed with 66/68 joints count, back-mobility tests, body surface area (BSA), questionnaires, ESR, CRP and BMI at baseline, 3 and 6 months. The number of patients reaching Psoriatic Arthritis Response Criteria (PsARC) and Minimal Disease Activity (MDA) was calculated.

Results: Totally 41 PsA patients, median age 54 (IQR 48–62) years, 63% women were included. The median weight-loss was 18.7 (IQR 14.6–26.5) kg. BMI decreased from median 35.2 (34.1–38.1) to 29.7 (26.2–31.5) kg/m². A majority of the disease activity parameters improved significantly (Table). Totally 16 patients (39.0%) reached PsARC and the number of patients with MDA increased from n=12 (29%) to n=22 (54%), p<0.001 between baseline and the 6 months visit.

Conclusions: Weight-loss treatment with VLED had significant positive effects on disease activity in joints, entheses and skin in patients with PsA and obesity.

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n=41	BASELINE Median (IQR)	6 MONTHS Median (IQR)	p-value
Tender joints 68, score	4 (1–14)	2 (0–6.5)	<0.001
Swollen joints 66, score	0 (0–1)	0 (0–0.5)	0.021
Leeds enthesitis index	2 (0–4)	0 (0–3)	0.001
BSA,%	0.75 (0–2.25)	0.25 (0–1.25)	0.014
BASMI, score	2.8 (1.8–3.6)	2.8 (2.0–3.4)	0.664
CRP	4.0 (2.0–8.5)	2.0 (1.0–6.5)	0.041
ESR, mm/h	12.0 (5.5–18.0)	14 (6.0–27.5)	0.008
VAS Pain, mm	30 (17–62)	20 (5.0–56.5)	0.005
VAS Global health, mm	33 (17.5–57.3)	14 (6–51)	0.002
VAS Fatigue, mm	55 (21–66)	30 (8–44)	0.001
HAQ, score	0.63 (0.13–1.0)	0.25 (0–0.63)	<0.001
DAS-28, score	2.62 (1.92–4.02)	2.44 (1.97–3.69)	0.013

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SAT0329 FIBROMYALGIA IN PATIENT WITH PSORIATIC ARTHRITIS: RELATIONSHIP WITH ENTHESTOPATHY, SLEEP, FATIGUE AND QUALITY OF LIFE

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Background: Fibromyalgia is a syndrome characterised by musculoskeletal pain, sleep disturbance and fatigue. Fibromyalgia commonly accompanies rheumatic diseases. Enthesopathy seen in psoriatic arthritis (PsA) patients may have effect on fibromyalgia.

Objectives: To evaluate relationship of fibromyalgia with enthesopathy, sleep, fatigue and quality of life in patients with psoriatic arthritis.

Methods: The psoriatic arthritis patients according to CASPAR criteria were included into the study. Fibromyalgia diagnosis was based on 2010 ACR criteria. Demographic (age, gender, marital status, education, body mass index) and clinical parameters (disease duration, comorbidities, Moll-white classification of PsA) were noted. Disease activity and enthesopathy were evaluated with Disease Activity Score-28 (DAS-28) and Maastricht Ankylosing Spondylitis Enthesitis Score (MASES), respectively. Functional assessment scales in this study were Psoriatic Arthritis Quality of Life (PsAQoL), Pittsburgh Sleep Quality Index (PSQI), Multidimensional Assessment of Fatigue (MAF). Fibromyalgia Impact Questionnaire (FIQ) was used to assess functional status of fibromyalgia. The difference in mean scores between fibromyalgia and the patients without fibromyalgia were analysed with Mann-Whitney U test. Spearman correlation coefficient (rho) was used for correlations between functional parameters. p<0.05 was accepted as significant.

Results: We enrolled 50 PsA patients (32 female, 18 male) with a mean age 49.6 years (SD: 10.4) and mean disease duration 90.2 months (SD: 90.8). Thirty-two patients (64% of PsA patients) fulfilled ACR criteria for fibromyalgia. The mean scores of MASES, PSQI, MAF and PsAQoL were significantly higher in patients with fibromyalgia (p<0.05). The correlations between FIQ and other functional parameters were as follows; MASES (rho=0.73, p<0.0005), PSQI (rho=0.56, p<0.0005), MAF (rho=0.63, p<0.0005), PsAQoL (rho=0.69, p<0.0005). There was no significant correlation between FIQ and disease duration (p>0.05). Weak correlation was existing between FIQ and DAS-28 (rho=0.30, p=0.03).

Abstract SAT0329 – Table 1. Clinical characteristics of patients (n=50)

	Min-Max	Median (SD)	Lower-Upper Quartiles
DAS-28	1,20– 5,60	2,60 ^{1,18}	1,99–3,50
MASES	0–13	3,00 ^{4,84}	0,00–10,00
PSQI	0–14	6,00 ^{4,50}	2,00–11,00
PSAQOL	0–20	6,00 ^{5,79}	1,75–11,25
MAF	1–45,80	27,25 ^{14,98}	10,75–37,75
FIQ	0–92,82	32,25 ^{26,54}	10,75–52,73

DAS-28: Disease activity score-28, MASES: Maastricht Ankylosing Spondylitis Enthesitis Score, PSQI: Pittsburgh Sleep Quality Index, PSAQOL: Psoriatic Arthritis Quality of Life, MAF: Multidimensional Assessment of Fatigue, FIQ: Fibromyalgia Impact Questionnaire, SD: Standart Deviation

Conclusions: Coexistence of fibromyalgia in PsA patients is associated with presence of enthesopathy, poor quality of life, sleep disturbance and fatigue. It is an important aspect to diagnose and treat fibromyalgia in PsA patients for comprehensive treatment.