patients were correctly classified as LDA according to DAPSA, PASDAS, CPDAI and DAS28-CRP.

Only DAPSA (Sensitivity (S)=88.2%, Specificity (Sp)=40.5, $p=0.033$), PASDAS (S=88.2%, Sp=55.0%, $p=0.002$) and the MDA criteria (S=71.4%, Sp=67.3%, $p=0.003$) were able to discriminate patients with and without MUDA at follow-up. A global ultrasound inflammation subscore for joints and entheses (GUIS-j/e), containing the above mentioned US variables, was significantly higher in patients with active disease versus patients in LDA according to DAPSA ($p=0.002$) and PASDAS ($p=0.013$) at baseline and DAPSA ($p=0.007$), PASDAS ($p=0.001$), CPDAI ($p=0.021$) and the MDA criteria ($p<0.001$) at follow-up.

Conclusions: Of all tested LDA definitions, DAPSA was overall the most efficacious in differentiating between high and low ultrasound scores and better identified patients with MUDA as compared to the other tested scores.

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OP0127 CAN ACHIEVING MINIMAL DISEASE ACTIVITY (MDA) PREVENT PROGRESSION OF SUBCLINICAL ATHEROSCLEROSIS AND ARTERIAL STIFFNESS? A TWO-YEAR PROSPECTIVE COHORT STUDY IN PSORIATIC ARTHRITIS

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Background: PsA patients have higher CVD risk due to underlying inflammation. While achieving MDA was associated with articular benefits, its effect on CVD risk remained uncertain

Objectives: To investigate effect of achieving MDA on subclinical atherosclerosis and arterial stiffness

Methods: Subjects without CVD were recruited and received protocolised treatment aiming at MDA for 2 years. High-resolution ultrasound (for subclinical atherosclerosis) and arterial stiffness were assessed yearly. The primary objective was to investigate the effect of achieving MDA (MDA group) at 12 months on the progression of subclinical atherosclerosis (carotid intima-media thickness [IMT] and plaque) over 2 years. Secondary objectives were to compare 1) changes in arterial stiffness (branchial-ankle pulse wave velocity [PWV]) and augmentation index (AIX) over 2 years between MDA and non-MDA group; 2) changes in vascular outcomes in patients who could or could not achieve sustained MDA (sMDA, defined as achieving MDA from month 12 to 24). Carotid plaque progression was defined as an increase in number/region harbouring plaque compared with baseline

Results: 90 patients [male:52(58%); age: 50±11] were included. At 24 months, 62 (69%) were on csDMARDs, 20 (22%) were on anti-TNF- α and 8 (9%) were on Secukinumab. Proportion of patient achieved MDA increased significantly (baseline: 17%; 12 months: 64%; 24 months: 69%) after intensive treatment. Vascular outcomes were similar between MDA and non-MDA group (figure 1). 41 (46%) patients achieved sMDA. At baseline, a higher prevalence of subjects in the non-sMDA group were smokers, treated with NSAIDs and csDMARDs; fewer subjects were on bDMARDs, and they had higher disease activity compared with the sMDA group. 34 (38%) of them had plaque progression and prevalence was numerically higher in the non-sMDA group [22 (45%) vs 12 (29%), $p=0.13$]. Using multivariate analysis, achieving sMDA had protective effect on plaque progression [OR=0.27, 95% CI: 0.09 to 0.84, $p=0.03$] after adjustment of baseline difference (table 1). Achieving sMDA was also related to less progression of total plaque area (TPA), mean and maxIMT, PWV and AIX (table 1)

Conclusions: Effective suppression of inflammation by achieving sustained MDA may prevent subclinical atherosclerosis and arterial stiffness progression in PsA patients

Abstract OP0127 – Table 1. Multivariate analysis on vascular outcomes

Outcome	Baseline covariates	OR/ β	95% CI	p
Plaque progression	Age	1.07	1.01–1.13	0.02
	VAS Physician Global	0.96	0.93–0.99	0.02
	LDL-C	2.63	1.31–5.49	0.01
	bDMARDs use	0.11	0.01–0.65	0.02
TPA change	sMDA	0.27	0.09–0.85	0.02
	BMI	–0.43	–0.76, –0.10	0.01
	LDL-C	2.83	0.72–4.93	0.01
meanIMT change	sMDA	–3.92	–7.18, –0.66	0.02
	bDMARDs use	–0.03	–0.07, –0.00	0.03
	sMDA	–0.04	–0.07, –0.01	0.01
maxIMT change	Any plaque progression	–0.07	–0.13, –0.01	0.02
	sMDA	–0.07	–0.13, –0.01	0.03
PWV change	Age	4.95	0.92–8.99	0.02
	PWV	–0.48	–0.68, –0.29	<0.001
	sMDA	–71.4	–143.2, 0.23	0.05
			0.23	
AIX change	Sex	3.32	0.11–6.56	0.04
	sMDA	–3.06	–6.07, –0.05	0.05

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OP0128 THE PHENOTYPE OF AXIAL PSORIATIC ARTHRITIS: IS IT DEPENDENT ON HLA-B27 STATUS?

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Background: Up to 50% of patients with psoriatic arthritis (PsA) have associated spinal involvement similar to ankylosing spondylitis (AS). HLA-B27 positivity is lower in PsA compared to other SpA which may affect the disease phenotype.

Objectives: Our aim was to compare axial phenotype in PsA patients with and without HLA-B27 with AS patients.