Abstract AB0899 – Table 1

Pregnancy outcomes			
	Number of pregnancies (n=396)		p
before AS onset n=185	after AS onset n=211		
Childbirth: n/%	100/54%	143/67.8%	0.004
-vaginal delivery n	76 (76% of deliveries)	78 (54.5% of deliveries)	0.0005
- Caesarean section n	24 (24% of deliveries)	65 (45.5% of deliveries)	0.0008
Woman's choice abortion	61/33%	30/14.2%	0.0000
Unfavourable maternal outcome *	24/13%	38/18%	0.17
Neonate's birth weight [Me±IQR] (g)	3240 [3050:3600]	3.260 [2950:3600]	0.3
Neonate's birth length [Me±IQR] (cm)	52 [51:53]	51 [50:52]	0.02
Apgar score at 1 min after birth [Me±IQR]	8 [7:8]	8 [7:8]	0.8

* – non-developing pregnancies, spontaneous abortions, medical abortions and preterm births.

There were no pregnancies in 132 (41%) surveyed females (mean age 29.1 ±5.4 y).

Reasons and causes for not getting pregnant in 132 AS females:

- 48% cases – social, household/domestic and familial, including spouses' unwillingness to have children;

- 44% – presence of AS (fear of teratogenic effect of pharmacotherapeutic agents – 18%, fear of AS inheriting by the baby – 3%, physician's forewarnings – 8%, a combination of abovementioned causes – 15%);

- 8% – infertility.

Conclusions: Therefore, data from questionnaire survey of females with AS demonstrates that presence of AS does not increase the incidence of unfavourable maternal outcomes of pregnancies, or negatively affects anthropometric parameters of neonates. Of notice is the fact, that women's choice abortions become more rare after AS diagnosis is established. The rate of Caesarean sections is higher in AS patients. Fear of potentially harmful effects of the disease and its therapy on the fetus and the baby underlies 30% of all not getting pregnant cases among AS female patients of child-bearing age.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.1967

Psoriatic arthritis

AB0900

DESCRIPTIVE STUDY OF PSORIATIC ARTHRITIS IN A HISTORICAL COHORT OF 383 PATIENTS AT A UNIVERSITY HOSPITAL

A. Prior Español¹, L. Mateo¹, M. Mihaylov¹, J. Roca², Y. García Mira¹, J. Camins¹, I. Casafont¹, L. Gifre¹, A. Riveros¹, S. Holgado¹, M. Martínez-Morillo¹, M. Aparicio¹, A. Olivé¹. ¹Rheumatology, ²Epidemiology, Hospital Germans Trias i Pujol, Badalona, Spain

Background: There are few recent large cohort epidemiological studies that analyse the clinical profile of patients with psoriatic arthritis (PsA) who require biological treatment, as well as pharmacological survival and reasons for the suspension of these treatments.

Abstract AB0900 – Table 1

N	383	Basal radiological involvement	
Age at PsA (years), mean (SD)	45.9 (14.5)	Erosive arthritis (%)	33.1
Male sex, n (%)	203 (53)	Mutilating arthritis (%)	1.9
History of psoriasis (%)	84.8	Sacroiliitis (%)	21.2
Nail involvement (%)	46.3	Syndesmophytes (%)	5
Dactylitis (%)	32.9	Immunity	
Enthesitis (%)	36.9	RF positive (%)	6.3
DAS-28 (ESR), mean (SD)	3.5 (1.46)	ANA positive (%)	14.5
CRP mg/L, mean (SD)	8.11 (15.9)	HLA B27 positive (%)	14.1
ESR mm/h, mean (SD)	20.3 (19.2)	Treatment	
Comorbidities		NSAID (%)	96.7
Dyslipidemia (%)	34.2	csDMARDs (%)	84.8
AH (%)	20.9	bDMARDs (%)	32.3
Obesity (%)	28.2		

CRP: C-reactive protein; ESR: erythrocyte sedimentation rate; AH: arterial hypertension; RF: rheumatoid factor; ANA: anti-nucleotide antibodies; NSAID: non-

steroidal anti-inflammatory drugs; csDMARDs: conventional synthetic disease-modifying antirheumatic drugs; bDMARDs: biological disease-modifying antirheumatic drugs.

Objectives: To describe the clinical, demographic, epidemiological and radiographic characteristics of patients with PsA in our centre, as well as pharmacological survival and reasons for the suspension of different biological treatments.

Methods: Retrospective analysis of patients with PsA treated between 1985 and 2015 at a University Hospital with a referral area of 8 50 000 inhabitants. Demographic, clinical, laboratory and imaging data, as well as patients' clinical and medical treatment records.

Results: The main characteristics of the cohort are summarised in table 1:

Approximately one third of patients with PsA (32.3%) required treatment with a biological drug during the course of their disease. The most frequently prescribed first-line drugs (89.5%) were tumour necrosis factor- α inhibitors (TNFi).

During the course of their disease, 27 (21.9%) patients who started biological treatment received a biological drug other than TNFi. Of the 124 patients who started treatment with a biological DMARD, more than half (65, 52.8%) required a change to a second drug, and of these, 27 (41.5%) changed to a third, with up to 7 different biological drugs required in one case. The mean survival time for the first bDMARD was 42.8±42.3 months, with secondary failure the most frequent cause of treatment change (37.8%), followed by adverse effects (27.1%) and primary failure (18.9%). The adverse effects registered were: 20% infections, 20% appearance of neoplasms, 5% allergic reactions and 55% other causes.

Conclusions: PsA presents a similar distribution by sex and is usually diagnosed at around the age of 50, having been preceded by cutaneous involvement. PsA is an entity of considerable severity and up to a third of patients will require biological treatments during its evolution. More than half of them will receive a second biological treatment. The retention rate of each drug varies but tends to decrease with each drug change.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.4393

AB0901

VASPIN AND LIPOCALIN2 LEVELS IN PSORIATIC ARTHRITIS

S. Colak¹, A. Omma¹, S. Can Sandikci², C. Yucel³, T. Turhan³. ¹Rheumatology, Ankara Numune Training and Research Hospital; ²Rheumatology, Diskapi Yildirim Beyazit Training and Research Hospital; ³Biochemistry, Ankara Numune Training and Research Hospital, Ankara, Turkey

Background: Psoriatic arthritis (PsA) is a type of spondyloarthropathies which is affiliated with psoriasis. Metabolic syndrome, diabetes mellitus and cardiovascular diseases are comorbid conditions associated with psoriatic arthritis. Adipokines are suggested to be playing proinflammatory or antiinflammatory roles in the proceeding of inflammatory situations.

Objectives: The aim of this study is to investigate the recently interested adipokines vaspin and lipocalin2 levels and their association with disease activity of patients diagnosed with psoriatic arthritis.

Methods: The study was conducted between October 2017 and January 2018 at the Rheumatology Clinic of Ankara Numune Training and Research Hospital, Turkey. The vaspin and lipocalin2 levels of 50 PsA patients, diagnosed according to the Classification Criteria for Psoriatic Arthritis (CASPAR), and 36 age- and sex-matched healthy subjects were analysed in current study. The disease activity was assessed by using Psoriasis Area Severity Index, Bath Ankylosing Spondylitis Functional Index, Bath Ankylosing Spondylitis Disease Activity Index and Disease Activity Index for Psoriatic Arthritis. Indexes were applied to the patients in order to evaluate the disease activity.

Results: No significant difference was found between groups with respect to age, sex and body mass index. There was significant difference between vaspin (p=0.001) and lipocalin2 (p=0.014) levels among the PsA patients and control groups. There was no significant difference between the groups in terms of disease activity (p>0.05).

Abstract AB0901 – Table 1. The clinical and laboratory parameters in two groups.

	PsA patients (n=50)	Healthy subjects (n=36)	P value
	Mean(±SD)	Mean(±SD)	
Males/Females	15/35	11/25	0.956
Age (years)	44.58 (13.88)	43.08 (11.03)	0.57
Vaspin (ng/L)	391.63 (436.4)	176.67 (122.75)	0.001
Lipocalin2 (ng/L)	5.2 (2.67)	1.94 (2.09)	0.014

PsA: Psoriatic Arthritis, SD:Standard deviation

Conclusions: The results of this study points out the possible role of vaspin and lipocalin2 in PsA. In our knowledge, this is the first study comparing the vaspin and lipocalin2 levels of patients with PsA to healthy subjects and these findings