Abstract AB0914 – Figure 1. 25-Hydroxyvitamin D3 levels in patients with Psoriatic arthritis with and without psoriasis skin involvement (ng/dL)

Conclusions: In patients with PA, the presence of psoriasis skin involvement correlates with higher 25OH-D3 serum levels. This finding could be explained by the treatment received in these patients for moderate-severe skin involvement, which includes topical vitamin D analogues and phototherapy that could increase 25OH-D3 serum levels. After oral supplements, there was no statistically significant difference in the percentage of patients that reached sufficiency levels in both groups.

Disclosure of Interest: None declared

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AB0915 BONE MINERAL DENSITY AND FRACTURE FREQUENCIES IN PATIENTS WITH PSORIASIS OR PSORIASIS ARTHRITIS

D. Freier¹, K. Zeiner¹, R. Biesen¹, E. Wiebe¹, T. Buttgerit², S. Hermann¹, F. Buttgerit¹. ¹Rheumatology and clinical Immunology; ²Dermatology, Charité University Medicine, Berlin, Germany

Background: Reports on the prevalence of osteoporosis, osteoporotic fractures and risk factors for osteoporosis in patients with Psoriasis or Psoriasisarthritis are scarce, and the published results on this are, at least in part, contradictory. Additionally, there is no firm understanding of the impact of potential risk factors such as smoking and low Vitamin D (Vit D) levels have on the occurrence of osteoporotic fractures in this patient group.

Objectives: Rh-GIOP is an ongoing prospective study monitoring glucocorticoid (GC)-induced osteoporosis of rheumatic patients, established in 2015 at the Charité University Hospital. To date, the database comprises clinical data and bone mineral density data measured by dual x-ray absorptiometry (DXA) of 592 patients with inflammatory rheumatic diseases. (ClinicalTrials.gov Identifier NCT02719314) The objective of this cross-sectional analysis was to evaluate the prevalence of osteoporosis and frequency of fractures in patients with Psoriasis (PSO) or Psoriasisarthritis (PSOA). Additionally, smoking and Vit D status were investigated as possible risk factors for low BMD.

Methods: We evaluated the initial visit of 55 patients with PSO (80% female) or PSOA (60% female). Descriptive analyses were performed, and values are displayed as means and standard deviations. For subgroup analyses non-parametric tests were used.

Results: Overall mean age was 60 years (± 12 years), and 69% of the patients were female. The mean disease duration was 16 ± 13 years and patients generally showed a good functional status as quantified by the Health Assessment Questionnaire (HAQ mean: 1.0 ± 0.8). While osteoporosis and osteopenia were present in 16% and 38%, respectively, osteoporotic fractures were found in 33% of all patients. However, the family history for osteoporosis was positive in 20% of the patients. The prevalence of osteopenia and osteoporosis was higher in PSO compared to PSOA patients (70% vs. 45%) without reaching statistical significance. 27% of all patients were treated with glucocorticoids: mean daily dose 3 ± 8 mg, mean cumulative dose (GCCD) $10.9 \text{ g} \pm 20.3 \text{ g}$. No significant difference was seen comparing medians of BMD in patients with a GCCD $> 10 \text{ g}$ versus a GCCD $< 10 \text{ g}$. In terms of risk factors, 27% were smokers and 32% former smokers. 60%

of all patients showed Vit D levels $< 75 \text{ nmol/L}$. Yet, in subgroup analyses neither smoking nor Vit D deficiency could be identified to have a measurable effect on the BMD. The mean body mass index (BMI) was $28.9 (\pm 5.9)$, and a higher BMI correlated positively with BMD ($p=0.01$).

Conclusions: In our patient cohort, the GCCD does not have a measurable impact on the BMD. Additionally, according to current literature the prevalence of osteoporosis seems to be in the same range as in the normal population.¹ Keeping in mind the (still) small number of patients, neither smoking nor Vit D deficiency could be identified as possible risk factors for low BMD, but further investigations are necessary to corroborate these observations.

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AB0916 EFFICACY AND PREDICTIVE FACTORS OF CLINICAL RESPONSE TO TNF INHIBITORS IN PATIENTS WITH AXIAL AND PERIPHERAL PSORIATIC ARTHRITIS

D. Benavent¹, C. Plasencia¹, V. Navarro-Compán¹, B. Hernández-Breijo², A. Villalba¹, D. Peiteado¹, M. de Diego¹, P. Bogas¹, E. Fernández¹, A. Balsa¹. ¹Rheumatology; ²Immunology, Hospital Universitario La Paz, Madrid, Spain

Background: Patients with psoriatic arthritis (PsA) may have predominant axial (axPsA) or peripheral (pPsA) manifestations. The development of TNF inhibitors (TNFi) has changed the course of PsA. However, most published data is focused on pPsA but almost no data is available for TNFi response in axPsA.

Objectives: to analyse the efficacy and the predictive factors of clinical response in patients with axPsA and pPsA starting treatment with TNFi in clinical practice.

Methods: An observational study analysing data from a prospective cohort including 93 patients (pts) with axPsA or pPsA treated with TNFi from 2002–2018 was conducted. Demographic information, disease activity indexes (ASDAS for axPsA and DAS28 for pPsA) and laboratory tests were collected before starting TNFi (baseline visit) and 6 months later (6 m visit). At 6 m, the percentage of pts achieving inactive disease (ASDAS < 1.3) for axPsA or remission (DAS28 < 2.6) for pPsA as well as the percentage of pts achieving clinical improvement (defined as ASDAS-clinically important improvement = $\text{delta-ASDAS} > 1.1$ or $\text{delta-DAS28} > 1.2$) were determined. Baseline predictor factors of inactive disease/remission and clinical improvement at 6 m were identified using a univariable and multivariable binary regression models adjusted for confounder factors.

Results: Out of 93 included pts, 45 pts had predominant axPsA and 48 pPsA. Administered TNFi was etanercept for most pts (42%), infliximab in 29%, adalimumab in 22% and golimumab in 7%. Baseline characteristics are shown in table 1. Male sex was more frequent in axPsA vs pPsA (62% vs 42%; $p=0.04$, respectively). In axPsA, 55% clinically improved and 32% pts achieved inactive disease. After multivariable analysis, male gender (OR 25.8, $p=0.01$) and higher baseline ASDAS (OR 6.3, $p=0.01$) were associated as independent predictors of clinical improvement at 6 m. Also, male gender (OR 15.7, $p=0.03$) and lower BMI (OR