0.7, $p=0.03$) were associated as independent predictor factors for achieving inactive disease. In pPsA, 48% pts clinically improved and 33% pts were on remission at 6 m. The percentage of pts on remission tended to be higher in males than females (47% vs 20%; $p=0.08$, respectively). However, after running the regression analyses, none of the baseline predictor factors was significantly associated neither with clinical improvement nor with remission in patients with pPsA.

Abstract AB0916 – Table 1

	Total n=93		p-value
	axPsA n=45	pPsA n=48	
Male, n (%)	28 (62%)	20 (42%)	0.04
BMI, Mean (SD)	27.4 (5.5)	26.4 (5.5)	0.3
Age (years), mean (SD)	56 (12.9)	60 (14.2)	0.2
Smokers, n (%)	18 (41.9%)	15 (31.9%)	0.3
Disease duration (years), mean (SD)	19 (10.8)	18 (8.4)	0.6
HLA B27, n/N (%)	8/22 (36%)	-	
RF, n/N (%)	-	3/44 (6.8%)	
ACPA, n/N (%)	-	0/45	
csDMARDs, n (%)	25 (68%)	24 (68%)	0.9
bASDAS, mean (SD)	3.1 (1.2)	-	
bDAS28, mean (SD)	-	4.7 (1.3)	
bCRP mg/L, mean (SD)	13.2 (14.7)	10.5 (15.3)	0.3
bESR, mean (SD)	26.3 (20.9)	27.8 (19.8)	0.5

Conclusions: In clinical practice, 1 out of 3 pts with PsA is on remission 6 m after initiating a TNFi, and 1 out of 2 clinically improve; both proportions are similar for axPsA and pPsA. Male gender, higher baseline disease activity and lower BMI are associated with more probability to achieve inactive disease or an important clinical improvement in axPsA.

Disclosure of Interest: None declared

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AB0917 CLINICAL AND RADIOLOGICAL CHARACTERISATION OF AXIAL PSORIATIC ARTHRITIS

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Background: Defining axial involvement in psoriatic arthritis (PsA) is a challenge; thus, according to which criteria used, the differences in prevalence of axial PsA range from 20% to 70%. Two different phenotypes have been suggested in axial PsA. One of them remind us typical Ankylosing Spondylitis (AS) with bilateral sacroiliitis according to the New York modified criteria (mNY) and a strong association with HLA-B27 and another phenotype with more indolent course, with unilateral and asymmetric sacroiliitis and a lower association to HLA B27

Objectives: To define clinical and radiological characteristics of a cohort of patients with axial PsA with associated sacroiliitis in a third level hospital in southern Spain.

Methods: Cross-sectional study of an axial PsA cohort with sacroiliitis from a third level hospital. Demographic, clinical and radiological variables were collected. Sacroiliitis was defined as: sacroiliitis according to mNY, or unilateral sacroiliitis grade II in X-ray, and/or according to ASAS criteria of positive MRI. We excluded those patients with axial PsA without sacroiliitis according to definition. The statistical package SPSS v21 was used. The qualitative variables were analysed by the Chi2 and Fisher tests, as required. The quantitative variables were analysed by Student's T Test/Mann-Whitney U Test. Statistical significance was considered, values of $p<0.05$

Results: Of 209 patients with axial SpA with sacroiliitis according to the definition found, 39 patients with diagnosis of PsA were analysed. The main characteristics of the patients are shown in image 1. Of the 39 patients, 62% did not meet mNY criteria. Regarding the patients who met mNY criteria, those who did not comply them had the following differences (specifying the significance). The initial diagnosis was different from PsA more frequently (40% Vs. 17%, $p=0.124$). They presented a lower evolution of the disease (7 Vs. 13 years, $p=0.052$). They presented as initial symptomatology a greater frequency of peripheral arthritis (71% Vs 27%, $p=0.03$); and consequently, a greater presence of mixed forms (92% Vs 53%, $p=0.015$). They presented a lower frequency of positive HLAB27 (21 V. 60, $p=0.042$).

No significant differences were found in reference to the presence of extra-articular involvement (dactylitis, uveitis, psoriasis, onychopathy), nor in reference to the presence of related family history (spondyloarthritis, psoriasis, uveitis).

Abstract AB0917 – Table 1. MAIN CHARACTERISTICS

VARIABLES	
MEN n(%)	27 (69)
AGE median (IQR)	51 (40-57)
AGE AT DIAGNOSIS median (IQR)	41 (29-52)
YEARS OF DISEASE EVOLUTION median (IQR)	6 (2-13)
INITIAL DIAGNOSIS n(%)	
- AS	4 (10)
- PsA	29 (74)
- Indiferenciated SpA	4 (10)
- SAPHO	2 (5)
FINAL DIAGNOSIS n(%)	
- PsA	39 (100)
SAME DIAGNOSIS AS INITIAL n(%)	29 (74)
INITIAL SYMPTOM n(%)	
- Low back pain	17 (43)
- Oligoarthritis	9 (23)
- Poliarthritis	12 (31)
- Dactylitis	1 (3)
INITIAL JOINT PATTERN n(%)	
- Axial	9 (23)
- Peripheral	12 (31)
- Mixed	18 (46)
FINAL JOINT PATTERN n(%)	
- Axial	9 (23)
- Mixed	30 (77)
POSITIVE HLA B27 n(%)	14 (36)
BIOLOGICAL THERAPY n (%)	13 (33)
FAMILY HISTORY n (%)	9 (23)
EXTRAARTICULAR MANIFESTATION n(%)	
- Psoriasis	30 (77)
- Uveitis	3 (8)
- Dactylitis	2 (5)
- Onychopathy	8 (20)

Conclusions: Patients with axial PsA with sacroiliitis according to ASAS criteria of positive MRI/unilateral grade II X-ray sacroiliitis presented more peripheral joint involvement, and less association with HLA B27 compared to patients who did meet mNY criteria. A smaller proportion of patients with axial PsA that meet the mNY criteria suggests a less aggressive structural sacroiliac involvement.

Disclosure of Interest: None declared

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AB0918 PATIENT-REPORTED OUTCOMES IMPROVEMENT IN THE RUSSIAN COHORT OF EARLY PERIPHERAL PSORIATIC ARTHRITIS PATIENTS TREATED ACCORDING TO TREAT-TO-TARGET STRATEGY (OPEN-LABEL REMARCA STUDY)

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Background: Psoriatic arthritis (PsA) has a significant impact on patients' (pts) mood and quality of life. Patient reported outcome (PRO) measures are an important component to assessing disease impact and therapy response in PsA pts. There is limited data concerning the influence of T2T strategy on PROs.

Objectives: To assess the effect of tight control T2T strategy on the PROs dynamics over 1 year (yr) period.

Methods: 78 pts (M/F=39/39) with early PsA according to CASPAR criteria were included; mean age 36.5 ± 10.7 years, disease duration 12.2 ± 10.3 mo. Disease activity indexes (DAS)= 4.0 ± 1.4 , DAS28= 4.2 ± 1.1 . Pts underwent standard clinical examination of PsA activity. At baseline all pts were treated with MTX (s/c). The dose of MTX was escalated by 5 mg eow from 10 mg/wk to 20–25 mg/wk. If the patient did not achieve minimal disease activity (MDA) or remission after 3 mo of