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AB0922 METABOLIC SYNDROME IS ASSOCIATED WITH ACTIVE DISEASE IN PSORIATIC ARTHRITIS AND MAY CONTRIBUTE TO DEVELOPMENT OF SYNDESMOPHYTES

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Background: An increased prevalence of metabolic syndrome (MetS) has been reported in psoriatic arthritis (PsA) suggesting an association between the inflammation and MetS.

Objectives: The aim of this study is to investigate its relationship with disease activity in patients with PsA. We also evaluated whether an association exists between MetS and axial involvement in PsA.

Methods: This study included patients with PsA followed in the Rheumatology outpatient clinic at Dokuz Eylul University. Age-matched patients with Takayasu arteritis (TA), an inflammatory systemic disease, were enrolled as diseased controls. The NCEP-ACT III criteria were used to identify subjects with MetS. Disease activity was assessed in patients with PsA by using several parameters including BASDAI, ASDAS, VAS patients' and physician' global, Tender and Swollen joint assessment (28/68), DAS28, DAPSA, CPDAI and SPARCC Enthesitis Index. ESR and serum CRP levels were measured. BASFI and BASMI were used to evaluate functional status and HAQ, ASQoL and DLQI to evaluate health and PASI to measure the severity of psoriasis. Hand and pelvis X-rays and sacroiliac joint MRIs were performed when indicated.

Results: There were 104 PsA patients (63.5% F; mean age: 50.9±13.0 years) who fulfilled the CASPAR criteria and 28 TA patients (89% F, mean age: 46.3±9.1) who fulfilled the ^{ACR 1990} criteria. The prevalence of MetS was found to be considerably higher in PsA patients compared to TA patients (45.2% and 21.4% respectively, p<0.001). In the comparison of PsA patients with and without MetS, no differences were found regarding treatment frequencies of NSAIDs, glucocorticoids, DMARDs and anti-TNFs and also mean glucocorticoid dosages. PsA patients with MetS had higher BASDAI, BASFI, BASMI, VAS, ASQoL, CPDAI, ASDAS and HAQ scores compared to PsA patients without MetS (table 1). More patients with syndesmophytes were found among PsA patients with MetS compared to those without MetS (p=0.027). There were no differences in indexes related predominantly peripheral involvement, such as tender and swollen joint counts, enthesitis score and presence of dactylitis. In multivariable regression analysis, presence of syndesmophytes had no relationship with MetS, but still related with ESR and BASMI.

Abstract AB0922 – Table 1. Clinical features and disease activity parameters in PsA patients with and without MetS.

	PsA Patients with MetS (n:47)	PsA Patients without MetS (n:57)	p value		PsA Patients with MetS (n:47)	PsA Patients without MetS (n:57)	p value
Age (mean, yrs)	55.49	47.28	0.001	TJC (med, IQR)	1 (2) min:0 max:9	0 (1) min:0 max:6	0.31
Smoking (%)			0.016	SJC (med, IQR)	0 (1) min:0 max:5	0 (1) min:0 max:4	0.83
None	25/47 (53%)	17/57 (29%)		ESR (med, IQR) (mm/h)	11 (13)	10 (15)	0.478
Ex-smoker	13/47 (27%)	14/57 (24%)		CRP (med, IQR) (mg/L)	5.5 (9.6)	3.8 (5.6)	0.280
Active smoker	9/47 (19%)	26/57 (45%)		Dactylitis (n, %)	2/47 (4.2%)	7/56 (12.5%)	0.140
BMI (med, IQR)	30.3 (6.6)	26.4 (5.9)	<0.001	Enthesitis (n, %)	3/46 (6.5%)	6/56 (10.7%)	0.458
Disease duration (yrs) (med/IQR)	7 (6)	9 (8)	0.386	Uveitis (n, %)	1/47 (2.1%)	2/56 (3.5%)	0.664
BASDAI (med, IQR)	22 (34)	11 (25)	0.042	Syndesmophytes	22/36 (61%)	16/44 (36%)	0.027
BASFI (med, IQR)	18 (36)	5 (14)	0.009	Sacroiliitis (radiographic) (n, %)	8/44 (18%)	13/53 (24%)	0.296
BASMI (med, IQR)	20 (20)	10 (20)	0.001	Hand X-ray erosions (n, %)	12/31 (38%)	14/37 (37%)	0.589
VAS (med, IQR)	31 (33)	20 (31)	0.030	Hand X-ray osteoproliferation (n, %)	9/31 (29%)	10/37 (27%)	0.589
DAS28 (med, IQR)	2.4 (1.2)	2.1 (1.4)	0.059	Obesity/ overweight (n, %)	44/47 (93%)	35/57 (61%)	<0.001
PASI (med, IQR)	0.1 (4.8)	1.5 (7.2)	0.164	Sij MRI positivity (active sacroiliitis) (n, %)	9/13 (69%)	10/18 (55%)	0.44
CPDAI (med, IQR)	6.3 (6.0)	3.6 (7.4)	0.049				
ASQoL (med, IQR)	7 (8)	3.0 (6)	0.017				
DLQI (med, IQR)	0 (4)	1 (2)	0.794				
ASDAS (med, IQR)	2.5 (1.8)	1.7 (1.2)	0.008				
HAQ (med, IQR)	0.375 (1.125)	0.125 (0.438)	0.011				
VAS physician (med, IQR)	16 (17)	13 (16)	0.151				
DAPSA (med, IQR)	15.8 (13.4)	10.6 (19.9)	0.190				

Conclusions: This study demonstrates a higher prevalence of MetS in PsA patients compared to TA. It also suggests that MetS might be associated with high disease activity and more severe disease especially in patients with axial involvement.

Disclosure of Interest: None declared

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AB0923 AUTONOMIC DYSFUNCTION IN PSORIATIC ARTHRITIS PATIENTS AND PSYCHO-EMOTIONAL DISORDERS FREQUENCY

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Background: Progressive autonomic dysfunction syndrome development is a characteristic for the most of immune inflammatory processes. Pain syndrome chronization in patients with psoriatic arthritis (PsA) is one of the leading factors contributing to the development of psycho-emotional disorders. They, in turn, exacerbate the disorders of the autonomic nervous system.

Objectives: to evaluate function of the autonomic in PsA patients and the presence of psycho-emotional disorders in them

Methods: 73 patients with PsA (≥5 SJC and ≥5 TJC; CRP≥0.3 mg/dL) were examined by psycho-emotional testing using the Spielberger anxiety and Hamilton depression scales. Autonomic disorders were detected by "Vein-Patient"-VP method's questionnaire, filled by the patient (when more than 15 points – autonomic dysfunction is possible (AD)) and "Vein-Doctor"-VD questionnaire, filled by the doctor (more than 25 points – confirmation of the presence of AD); studied the general indicators of heart rate variability (HRV) – mode (Mo), mode amplitude (AMo), autonomic equilibrium index (AEI), activity index of regulatory systems (AIRS); spectral characteristics – standard deviation of normal RR intervals (SDNN); square root of the mean of the sum of the squares of the differences between consecutive RR-intervals (RMSSD) and the ratio of balance between sympathetic and parasympathetic activities (LF/HF) of autonomic nervous system (ANS). All the patients received MTX in a stable dose for 6 months at least, prior the time of the study.

Results: in 39 PsA patients (53,4%) increased reactive anxiety (37,0±1,5 points) and personal anxiety (45,4±1,5 points) levels were determined as results of testing. They made up the 1st observation group, and the remaining 34 patients – the 2nd observation group. In the first group, according to the questionnaire VP and VD more significant excess of the norm was defined (19,79±0,54 points and 29,8±0,77 points respectively) than in the 2nd group (16,92±0,62 and 27,1±0,8 points). The decrease of the SDNN и RMSSD in comparison with norm was revealed in the both groups, that evidences an inanced sympathetic regulation. However, more significant LF/HF growth (4,15±0,64) and SDNN decrease (22,4±5,6 ms) in the 1st group, than in the 2-nd (3,0±0,86; 29,1±8,4 ms, respectively) occurred. It indicates a link between the increase in the sympathetic level of regulation and the presence of signs of psycho-emotional disorders. And also the growth of AMO in the 1st group (47,9±8,4%) shows the strength of sympathetic mobilising influence and evidences an increased medullary vasomotor centre activation and growth of sympathetic regulation in PsA patients with depression. In general, the severity of changes in HRV in PsA patients can be due to a high content of pro-inflammatory cytokines, which induce the synthesis of free acid radicals and worsen ANS maintenance of the organisms' activity.

Conclusions: Emotional disorders of the anxiety-depressive spectrum contribute to the regulatory mechanisms tension increase and adaptive capabilities

decrease in PsA patients, and also to the arousal of central heart rhythm regulation mechanisms combined disorders.

Disclosure of Interest: None declared

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AB0924 EFFICACY OF SUBCUTANEOUS USTEKINUMAB THERAPY IN PATIENTS WITH PSORIATIC ARTHRITIS: A SINGLE CENTRE-STUDY

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Background: Ustekinumab is a monoclonal antibody that inhibits IL-12 and 23 that has demonstrated efficacy and safety for the treatment of patients with psoriatic arthritis, plaque psoriasis and Crohn's disease.

Objectives: To evaluate the efficacy of subcutaneous Ustekinumab (USTE) in patients with psoriatic arthritis in a real-world clinical setting in Spain.

Methods: Descriptive, prospective, longitudinal and open study of 66 patients diagnosed with psoriatic arthritis: 63 patients received subcutaneous USTE 45 mg and 3 patients received USTE 90 mg every 12 weeks, both groups received a first dose of induction according to technical specifications. The following variables were collected: age, sex, years of evolution, previous treatment with Synthetic Disease Modifying Anti-Rheumatic Drugs (DMARDs) and/or biologic DMARD, counting of painful and swollen joints, determination of C-reactive protein, presence of dactylitis, onychopathy and cutaneous psoriasis. Clinical efficacy was evaluated by EULAR response criteria and Disease Activity Score (DAS28) according to low activity criteria (DAS28 >2.6–3.2) and remission clinical (DAS28 <2.6) at 6 and 12 months of treatment. Efficacy was compared between 2 subgroups; one group was: patients with USTE monotherapy vs USTE in combination therapy with DMARDs and the other group was: naïve patients vs patients who received previous treatment with biologic DMARD. Enthesis affection was evaluated with the MASES index.

Results: 66 patients were included, 51.5% were female. The mean age was 47.2 ±11.3 years and the mean disease duration was 6±7.76 years. USTE was prescribed in 44% as a first line therapy and was administered in combination with DMARDs in 51.5% of the patients (mostly, methotrexate). In our cohort, 74.2% of patients had exclusively peripheral involvement, 10.6% had axial involvement and 15.2% had mixed involvement. 21% of our patients had dactylitis and 36% enthesitis, as well as cutaneous psoriasis (74%) and onychopathy (42%). At 6 and 12 months of treatment, we observed a statistically significant decrease in the count of painful and swollen joints, in the DAS28 index and in the MASES index. DAS28 low disease activity rates were 38% at 6 months and 21% at 12 months of treatment. DAS28 remission rates were 21% and 14% at 6 and 12 months respectively. When comparing efficacy by subgroups, we observed higher EULAR response rates in patients with USTE in combination therapy with DMARDs (figure 1) and biologic DMARD-naïve patients (Figure 2) at 6 and 12 months of treatment.

Abstract AB0924 – Figure 1. EULAR response rates (%) at 6 (p=0.027) and 12 months

Conclusions: Ustekinumab is effective for the treatment of psoriatic arthritis and constitutes an alternative to treatment with anti-TNFα. The dose of Ustekinumab

90 mg may improve the response to treatment in some patients, but we would need a greater number of studies in clinical practice.

Disclosure of Interest: None declared

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AB0925 COMPARISON OF PSORIATIC ARTHRITIS THERAPEUTIC TARGETS – PSA-MDA AND DAPSA REMISSION/LOW DISEASE ACTIVITY IN PATIENTS TREATED IN THE INSTITUTE OF RHEUMATOLOGY PRAGUE

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Background: According to the Czech Society of Rheumatology guidelines for therapy and monitoring of psoriatic arthritis from 2016⁽¹⁾ which are based on the EULAR recommendations 2015⁽²⁾ the target of the therapy is to attain either minimal disease activity (MDA)⁽³⁾ or remission/low disease activity according to DAPSA⁽⁴⁾. In fact, the majority of our patients have only mild skin disease and that's why DAPSA, which is more feasible to use could be sufficient as a target of therapy, even though these two indices assess the disease from different points of view (MDA being more comprehensive, including also entheses, skin and function and DAPSA only joint disease).

Objectives: To compare the ability of these two indices in the evaluation of the response to treatment.

Methods: We compared both indices from 206 visits in 32 patients with PsA from our database of 247 patients. At first we took the patients who complied with MDA criteria and looked at what percentage of them were in remission/low disease activity, moderate, or high activity respectively at the same time. Then, we took the patients, who did not comply with MDA criteria and again looked at the level of activity according to DAPSA.

Results: In the group of patients who fulfilled the MDA criteria (5/7), 99,5% were also in the state of remission or low disease activity according to DAPSA. In only 1 case the activity was assessed as moderate and no patient was in high disease activity state. In the group of patients who did not comply with MDA criteria, 42,6% of pats. were in mild disease activity state and only 57,4% of patients were in moderate, or high activity according to DAPSA – Tab. 1

Abstract AB0925 – Table 1

Pats. total. (n):	206	100%	Total:				
Fulfilled MDA	105	50,97%					
			Of total in remission (DAPSA):	40	38,10%	99,05%	p<0,01
			Of total in mild activity (DAPSA):	64	60,95%		
			Of total in moderate activity (DAPSA):	1	0,95%		
			Of total in high activity (DAPSA):	0	0,00%		
Not fulfilled MDA	101	49,03%					
			Of total in remission (DAPSA):	0	0,00%		
			Of total in mild activity (DAPSA):	43	42,57%		
			Of total in moderate activity (DAPSA):	50	49,50%	57,43%	p<0,05
			Of total in high activity (DAPSA):	8	7,92%		