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%

Abstract AB0925 – Figure 1

Conclusions: DAPSA correlates well with MDA in patients with mild skin disease and can be used in these patients instead of MDA. In patients who fail to respond to therapy according to MDA there can be a substantial proportion of patients with mild joint disease, due to more severe skin disease and/or presence of enthesitides, which are nevertheless vaguely defined.

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AB0926

EFFECTIVENESS OF CERTOLIZUMAB PEGOL IN PSORIATIC ARTHRITIS. RELATIONSHIP WITH SMOKING STATUS AND BMI

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Background: Previous literature have investigated that tobacco and weight in patients with psoriatic arthritis (PsA) is associated with a poorer response to antiTNF.

Objectives: To investigate the response and survival of Certolizumab pegol (CZP) in PsA patient in daily clinical practice according to their baseline smoking status and Body Mass Index (BMI).

Methods: Multicentric cohort of PsA patients treated with CZP according to routine clinical practice. This study was approved by local Ethics Committee. Maximum observation time was 12 months. Effectiveness variables: DAS28 (CRP). Survival rate: Kaplan-Meier.

Results: 262 patients with PsA were included: 43.5% male, mean (SD) age 49.9 (11.9) years, mean (Q1-Q3) disease duration 6.9 (1.9–9.3) years, and 14.9% of patients were HLAB27 positive. Among these, 229 (87.4%) had known smoking status (29.7% smokers and 70.3% never smokers) and 85 (32%) had known BMI

(median 26.9 kg/m², SD 4.7). Statistically significant differences in DAS28 were observed at last visit comparing to baseline in both groups according to BMI and smoking status (table 1). CZP retention rate was 78.5% in non-smokers and 76.7% in smokers. In patients with BMI <25 kg/m² CZP retention rate was 78.6% compared to 78.9% in patients with BMI ≥25 kg/m² (figure 1). No statistical differences were observed in both sub-groups.

Abstract AB0926 – Table 1

		DAS28
Baseline	BMI<25 kg/m ²	4.6 (0.9)
	BMI≥25 kg/m ²	4.5 (0.8)
	Never smokers	4.6 (0.9)
	Smokers	4.6 (0.9)
Last visit	BMI<25 kg/m ²	3.6 (1.1)*
	BMI≥25 kg/m ²	3.9 (1.0)*
	Never smokers	3.9 (1.0)
	Smokers	3.3 (0.8)
	#	#
	#	#

*p<0,05, Wilcoxon test; #p<0.001 T-Student's test (last visit vs basal).

Abstract AB0926 – Figure 1. CZP Retention Rate according to BMI and smoking status in PsA patients.

Conclusions: In this daily clinical practice study of patients with PsA treated with certolizumab pegol there was a significant decrease in DAS28-CRP independent of smoking status and BMI. No differences were found in the retention rate of certolizumab pegol based on these two variables.

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AB0927

PROBABILITY AND IMPACT OF ACHIEVING LOW DISEASE ACTIVITY OR REMISSION IN PATIENTS WITH PSORIATIC ARTHRITIS TREATED WITH APREMILAST: POOLED ANALYSIS OF THE PALACE 1–3 PHASE 3 TRIALS

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Background: Baseline (BL) disease characteristics and short-term response status and its implications for long-term achievement of low disease activity (LDA) or remission (REM) in pts with active psoriatic arthritis (PsA) treated with apremilast (APR) are unknown.