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.

REFERENCES:

- [1] Štolfa J, Vencovsky J, Pavelka K. Doporučené léčebné postupy pro psoriatickou artritidu. Česká revmatologie 2016; 24(4):142–152
- [2] Gossec L, Smolen JS, Ramiro S. et al., European League Against Rheumatism (EULAR) recommendations for the management of psoriatic arthritis with pharmacological therapies 2015 update. Ann Rheum Dis 2015;0:1–12.
- [3] Coates LC, Fransen J, Helliwell PS. Defining minimal disease activity in psoriatic arthritis: a proposed objective target for treatment. Ann Rheum Dis 2010; 69: 48–53.
- [4] Schoels M, Aletaha D, Alasti F, et al. Disease activity in psoriatic arthritis (PsA): defining remission and treatment success using the DAPSA score. Ann Rheum Dis 2015.

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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.