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AB0929

BURDEN OF SKIN AND JOINT SYMPTOMS OF PSORIATIC DISEASE: RESULTS OF A MULTI-NATIONAL PATIENT SURVEY

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Background: Psoriatic Arthritis (PsA) and Psoriasis (PsO), have a significant impact on health-related quality of life and work productivity loss. In patients with both PsA and PsO, the full extent of the physical and emotional burden due to either joint related or skin related symptoms is not well understood from the perspective of the patient.

Objectives: To evaluate the patients' perspective on the overall burden of skin and joint related symptoms of PsA in a cross-sectional online survey.

Methods: A 20 min web based survey was developed based on analysis of 1-on-1 interviews with 30 PsA patients from the US, France and Germany. The final survey contained validated instruments including the PSA Quality of Life (PSAQoL) and Work Productivity and Activity Impairment (WPAI) questionnaires as well as custom questions designed to capture emotional burden of PsA and its impact on daily activities/situations. Additional data collected included demographics, severity of PsO by patient-reported body surface area involvement (BSA), severity of PsA by RAPID3, impact of PsO and PsA by a Patient Global Assessment scale with focus on skin or joint symptoms. In total, 439 psoriatic arthritis (PsA) patients from the US (68%), Germany (20%) and France (12%) were recruited to complete the survey.

Results: Among all participants, 30% had mild and 70% had mod-severe PsA based on RAPID-3 cutoffs, while 51% had mild and 48% had mod-severe PsO based on BSA cutoffs. According to multiple regression analyses, severity of joint symptoms and skin symptoms were significantly associated with lower PSAQoL ($p < 0.0001$) as was age ($p < 0.0001$). In patients with mild joint severity, impact of skin symptoms was significantly associated with PSAQoL ($p < 0.0001$) as well as age and gender ($p < 0.05$). Joint severity and impact of joint symptoms were the strongest contributors to the WPAI scores ($p < 0.05$). When asked to select the 2 emotions most associated with the impact of their joint symptoms, patients most often chose fatigue (36%), worry/concern (19%) and depression (17%), and with respect to their skin symptoms, patients most often chose embarrassment (24%), fatigue (23%), worry/concern (14%) and depression (12%). When asked to rate the impact of their disease in certain scenarios or situations, more than 25% of patients reported that their joint symptoms had a severe impact (a choice of 8, 9 or 10 on a 10-point scale with 0=no impact and 10=severe) on fatigue (32%) "leisure activities" (26%), "how they think of themselves" (25%) and "how others felt about them" (26%). More than 25% of patients reported that their skin symptoms had a severe impact on fatigue (28%) "how they think of themselves" (27%), "how others thought of them" (27%) and "making a first impression" (28%).

Conclusions: In this survey of patients with PsA, we evaluated the patient's perspective on the burden of both skin-related and joint-related symptoms with the PSAQoL and WPAI as well as with a set of novel questions. Both skin and joint symptoms have a broad and meaningful impact on patient QoL, work productivity and patients reported a range of emotions as well as a variety of impacts on their daily activities with respect to skin and joint symptoms. This data highlights that there is a unique impact of PsA for each patient.

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REAL-WORLD EFFECTIVENESS AND SAFETY OF APREMILAST IN GERMAN PATIENTS WITH PSORIATIC ARTHRITIS: ANALYSIS OF AN ONGOING MULTICENTRE, PROSPECTIVE, NON-INTERVENTIONAL STUDY

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Background: Apremilast (APR) has been studied extensively in phase III randomised, controlled trials. However, there is a lack of real-world evidence of effectiveness and safety in a broad population of pts with psoriatic arthritis (PsA).

Objectives: To assess effectiveness and safety of APR in pts with active PsA from routine clinical practice settings in Germany.

Methods: In this multicentre, prospective, non-interventional study, the primary endpoint was the proportion of pts reaching ≥ 1 point ($\geq 20\%$) improvement from baseline (BL) in the Physician's Global Assessment of Disease Activity (PhGA) score. Other endpoints included effects on tender and swollen joint counts, psoriasis-affected body surface area (BSA), enthesitis, dactylitis, Patient's Global Assessment of Disease Activity score (PtGA), Psoriatic Arthritis Impact of Disease tool (PsAID), pain and pruritus. The current analysis is based on observed data.

Results: The first 202 of a planned 500 German pts receiving APR for ≥ 4 month (≥ 1 month [V1], ≥ 4 month [V2]) and 127 pts receiving APR for ≥ 7 months (V3) were evaluated. Mean age was 54 years, mean BMI was 29 kg/m² and 61% were female. The mean duration of psoriasis was 25 years and of PsA was 18 years; $\approx 30\%$ of pts were biologic-experienced. The mean (SD) PhGA was 2.5 (0.56) at BL. After V1, 60% of pts achieved ≥ 1 point improvement in PhGA, which increased to 76% (V2) and 87% (V3). Mean (SD) PhGA decreased to 1.7 (0.69), 1.4 (0.73) and 1.1 (0.74) at V1, V2, and V3 respectively. Achievement of a PhGA of 0-1 increased from 0% of pts at BL to 36.8% (V1), 65.0% (V2) and 77.2% (V3). Median improvements in tender and swollen joint counts from BL to V3 were 57.1% and 60.0%, respectively. BSA improved from 11.4% at BL to 8.3%, 5.1% and 3.5% at V1, V2 and V3, respectively. At BL, 48.4% of pts had enthesitis based on Leeds Enthesitis Index; 46% reached a score of 0 by V1, 57% by V2% and 60% by V3. At BL, 27.3% of pts had dactylitis; a score of 0 was achieved by 40.0%, 66.7% and 71.9% of pts by V1, V2, and V3, respectively. BL mean PsAID score (5.33; max=10.00) decreased to 4.40 (V1), 3.85 (V2) and 3.36 (V3). Improvements were also seen in PtGA, overall pain and pruritus. A sub-analysis suggests that APR was associated with greater benefits in biologic-naïve pts compared with pts who previously received biologic therapies. The observed safety and tolerability after V3 was consistent with the known overall safety profile of APR. Common AEs in clinical trials were similar, with a lower incidence: diarrhoea (10.4%), nausea (5.6%), headache (4.0%), and respiratory tract infection (1.2%).

Conclusions: The first results from this real-world PsA study reinforce findings from previous clinical trials of APR. In pts with ≥ 4 and ≥ 7 months of follow-up, APR was associated with improvements in both physician-assessed and patient-reported outcomes, with possibly a greater benefit in biologic-naïve compared with biologic-experienced pts. Safety and tolerability were similar to the known profile of APR.

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