AB0938

TREATMENT PATTERNS IN EARLY PSORIATIC ARTHRITIS ACCORDING TO THE AGE OF ONSET

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Background: The initial treatment of Psoriatic Arthritis (PsA) is largely based on the extent of musculoskeletal involvement and disease severity according to the stepwise approach of EULAR and GRAPPA recommendations for PsA management, but without regard to the age of onset.

Objectives: This prospective observational study aimed¹ to describe treatment prescribing patterns in PsA over the first 2 years of follow-up and² to determine if the treatment patterns are conditioned by the age of onset.

Methods: Patients with at least 2 years of follow-up within the PsArT (Psoriatic arthritis Age-related Treatment patterns) study were included. Patients with a diagnosis of early (symptom duration <52 weeks) PsA, made by rheumatologists with long-standing expertise in PsA, were consecutively recruited and divided into Adult-Onset (AOPsA) (age <60 years) and Late-Onset (LOPsA) (onset age ≥60 years) PsA according to the age at the onset of musculoskeletal manifestations. For the aim of this study, patient's data were collected at the enrolment (baseline) (T0), at 12 months (T12) and at 24 months (T24). Clinical, laboratory features and treatment patterns, over 2 years were described according to the age stratification.

Results: 46 PsA patients (22 M, 24 F; age 49±16, range 16–90 years) with a disease duration of 20±15 weeks (range 1–52) were enrolled. Compared to the 31 patients with AOPsA, the 15 patients with LOPsA had a significant shorter disease duration (17±15 vs. 21±15 weeks, $p<0.05$) and showed more frequently increased levels of ESR (75% vs. 43%, $p<0.05$) and CRP (87% vs. 52%, $p<0.01$). In addition, patients with LOPsA developed more frequently inflammatory extremity swelling with pitting oedema (IESPE) over the dorsum of hands and/or of the feet (56% vs. 13%, $p<0.01$). There were no other significant differences between the 2 groups even though more males were observed in the LOPsA group (56% vs. 42%, $p>0.05$). The sensitivity of the CASPAR criteria was similar in AOPsA (78%) and LOPsA (75%). Of 46 patients during the first year 80.4% received non steroidal anti-inflammatory drugs, 32.6% received oral corticosteroids, 13.0% received local corticosteroids, 19.5% received synthetic disease-modifying anti-rheumatic drugs (sDMARDs) and 6.5% received biologics (bDMARDs: IFX, ADA, GOL, ETN). During the second year of follow up 73.9% received non steroidal anti-inflammatory drugs, 30.4% received oral corticosteroids, 50% received synthetic disease-modifying anti-rheumatic drugs (sDMARD), 15.2% received biologics (IFX, ADA, GOL, ETN) and received 30.4% local corticosteroids. (see figure) About the drug intake the only statistical significant difference between the two groups was the rate of patients using NSAIDs in LOPsA group during the first year (100% vs. 70.9%, p value 0.02). There were no other significant differences in drug intake, therapy changes, discontinuation, add-on therapy according to the age of PsA onset.

Abstract AB0938 – Figure 1

Conclusions: During the two years of follow up period a high proportion of patient received NSAIDs in LOPsA group during the first year. The main limit of our study is the low number of patients, therefore a greater number could help to understand whether the age of onset may affect the use of specific type of drugs.

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OFF-LABEL SECUKINUMAB DOSE ESCALATION IN THE TREATMENT OF MODERATE-TO-SEVERE PSORIASIS: A MULTICENTER, RETROSPECTIVE STUDY

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Background: There have been significant advancements in the development of biologics over the past decade that revolutionised treatment for psoriasis and psoriatic arthritis. Interleukin (IL)–17A is a pro-inflammatory cytokine that plays a pivotal role in the pathogenesis of psoriatic disease, and is therefore a target for biologic drug development. Secukinumab is an IL-17A antagonist approved in 2015 for the treatment of psoriatic arthritis and moderate-to-severe psoriasis in adults. Its current approved dosing schedule for psoriasis patients is 300 mg subcutaneous weekly for 5 weeks, followed by monthly maintenance dosing.¹

Some psoriasis patients in clinical practice exhibit a suboptimal response to secukinumab or experience relapse with the approved dosing schedule. In these cases, clinicians may use off-label secukinumab dose escalation regimens, which involve increasing the maintenance dosing frequency to every 2 or 3 weeks, or increasing the monthly dose to 450 mg. No guidelines currently exist for high dose secukinumab regimens.

Objectives: The objective of this study was to assess the efficacy and safety of off-label high dose secukinumab regimens in adults with moderate-to-severe psoriasis.

Methods: We performed a retrospective chart review for adult patients diagnosed with moderate-to-severe psoriasis treated with an off-label secukinumab up-dose regimen. Efficacy was measured using Psoriasis Area and Severity Index (PASI)–75 or a Physician Global Assessment (PGA) score of 0 or 1 after dose escalation. To assess safety, adverse events (AEs) were recorded.

Results: Twenty-five patients were included in this study, 13 (52%) of which also had psoriatic arthritis. The mean treatment time with secukinumab prior to dose escalation was 44.5 weeks. Twelve patients had PASI recorded prior to dose escalation, with a mean score of 5.7. Of the remaining 13 patients, 1 had no documentation of disease severity and 12 had PGA scores of 0 (n=2), 1 (n=1), 2 (n=5), 3 (n=2), and 4 (n=2). These patients then increased their dose to 300 mg secukinumab every 3 weeks (n=10), 300 mg every 2 weeks (n=9), or 450 mg monthly (n=6). Mean follow-up time was 15.9 weeks after dose escalation, where 4 patients achieved PASI-75 and 10 achieved PGA 0 or 1. Therefore, 14 out of 25 (56%) patients had effective outcomes from secukinumab dose escalation based on our study endpoints. AEs included one case of the common cold and an upper respiratory tract infection after dose escalation.

Conclusions: This study provides evidence of safety and moderate efficacy for high dose secukinumab regimens in psoriasis patients who display an inadequate response to the approved regimen. Increased dosing did not result in more AEs compared to secukinumab phase 3 clinical trials that used the approved regimen.² As such, there may be a role for increased dosing in psoriatic arthritis patients.

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AB0940

HEALTH SERVICES RESEARCH PROJECT FOR THE EARLY DIAGNOSIS OF PSORIATIC ARTHRITIS: MONOCENTRIC QUESTIONNAIRE-BASED STUDY TO IDENTIFY PATIENTS WITH ARTHRITIS AND DETECT SIGNS OF DEPRESSION IN 150 PATIENTS

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Background: Psoriatic arthritis (PsA) is an inflammatory rheumatic disease affecting approximately 30% of psoriasis (PsO) patients. Despite increased awareness there is still a considerable delay in diagnosis. Untreated PsA may lead to irreversible joint destruction associated with a high rate of disability and depression. A timely diagnosis and initiation of treatment are therefore essential.