AB0938

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

M. Gilio^{1,2}, G. Tramontano¹, U. Bottoni³, A. Padula¹, S. D'Angelo¹. ¹Rheumatology Institute of Lucania (IRel), the Rheumatology Department of Lucania, San Carlo Hospital of Potenza, Potenza; ²PhD Scholarship in Life Sciences, Department of Health Sciences, University of Catanzaro "Magna Graecia"; ³Department of Health Sciences, University of Catanzaro "Magna Graecia", Catanzaro, Italy

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.

Acknowledgements: The authors would like to express their special appreciation and thanks to Prof. Ignazio Olivieri

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.2197

AB0939

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

M. Phung¹, A. Ighani², J.R. Georgakopoulos³, R. Vender⁴, L. Giroux⁵, P. Lansang⁶, J. Yeung^{7,8}. ¹Department of Pharmacology and Toxicology, ²Faculty of Medicine, University of Toronto, Toronto; ³Schulich School of Medicine and Dentistry, Western University, London; ⁴Division of Dermatology, Department of Medicine, McMaster University, Hamilton; ⁵Department of Dermatology, The Northern Ontario School of Medicine, Sudbury; ⁶Division of Dermatology, Sunnybrook Health Sciences Centre; ⁷Division of Dermatology, Faculty of Medicine, University of Toronto, Toronto; ⁸Probiy Medical Inc., Waterloo, Canada

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.

REFERENCES:

- [1] Novartis Pharmaceuticals Canada. Dorval, QC. Cosentyx. Available at: https://pdf.hres.ca/dpd_pm/00040683.PDF. Accessed Sept 6, 2017
- [2] Langley RG, et al. Secukinumab in Plaque Psoriasis – Results of Two Phase 3 Trials. *N Engl J Med*. 2014;371:326–338

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.2134

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

N. Frede¹, F. Schauer², C. Schempp², S. Finzel¹, F. Röther¹, R. Voll¹, J. Thiel¹, N. Venhoff¹. ¹Department of Rheumatology and Clinical Immunology; ²Department of Dermatology, Medical Center – University of Freiburg, Freiburg, Germany

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.

Objectives: In order to minimise diagnostic delay and improve patient care, we have implemented a questionnaire-based screening procedure in the dermatology outpatient clinic to identify patients with suspected PsA.

Methods: A questionnaire-based screening (PEST, FFbH, WHOQOL-BREF, Phq9, GHQ-12) was used to assess PsO patients for PsA, depression, comorbidities, and quality of life (QOL).

Results: So far we have assessed 150 PsO patients. 79% reported joint affection with a mean number of 4.58 involved joint regions, predominantly at the lower extremities. 34% described axial involvement. 42% had a score of ≥ 3 in the PEST tool, being suspicious for PsA. 4% had a clinically relevant functional impairment in daily life assessed by FFbH questionnaire (score $<60\%$). In WHOQOL-BREF PsO patients scored lower on the physical health as well as the psychological wellbeing scale when compared to reference values for healthy controls, while results in the social relationship and environment domains were comparable. When comparing patients with suspected PsA to PsO without arthritis the former group reached significantly lower scores in the physical health domain ($p=0.0001$), in the psychological wellbeing ($p=0.0434$), and environment domains ($p=0.0384$), especially regarding items assessing body image/appearance and negative feelings for psychological wellbeing as well as physical security and mobility/transport in the environment domain. For the social domain there were no differences. In the Phq9 questionnaire patients reached a mean of 6.5 points equalling mild depressive symptoms. 16% of PsO patients had moderate depressive symptoms, while 9% had severe depressive symptoms. In patients with suspected PsA 44% had moderate (26%) or severe (18%) depression compared to 7% and 2% respectively in PsO patients without arthritis.

Conclusions: Screening questionnaires are valuable tools for dermatologists as well as general practitioners and help to identify PsO patients with musculoskeletal involvement pointing towards psoriatic arthritis. Thus, screening questionnaires can add to ensure timely referral of patients with inflammatory joint involvement and depression to the corresponding specialists and help to avoid a delay of treatment. Our data confirm an association of psoriasis, depressive symptoms and reduced quality of life, which was even stronger in patients with psoriatic arthritis.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5834

AB0941

PATIENT AND PHYSICIAN GLOBAL ASSESSMENTS REFLECT STRONGLY DIVERGING ATTITUDES BETWEEN PATIENTS WITH PSORIATIC ARTHRITIS AND THEIR RHEUMATOLOGISTS TO SEVERITY OF DISEASE AND TO THE RELATIVE IMPORTANCE OF DIFFERENT OUTCOME MEASURES

O. Rintek Madsen. Center for Rheumatology and Spine Diseases and the DANBIO Registry, Copenhagen University Hospital Rigshospitalet/Gentofte, Hellerup, Denmark

Background: Assessment of disease activity is important in the evaluation and monitoring of patients with psoriatic arthritis (PsA) in clinical care and research. As there is no single 'gold standard' variable for assessment of disease activity several markers of disease activity are used, among these "global assessment" by the patient (PaGI) and by the physician (PhGI). The agreement and interplay between PaGI and PhGI are not well clarified in patients with PsA, however.

Objectives: The study aimed to examine associations on the group level and agreements on the individual patient level between PaGI and PhGI as scored on visual analogue scales (VAS) in the daily clinic by patients with active PsA and by their rheumatologists.

Methods: Traditional disease activity data on 76 PsA patients with active disease planned to initiate biological treatment were extracted from the Danish DANBIO registry for biological treatment in rheumatology. Data comprised PaGI, PhGI and pain (0–100 VAS), 28 swollen joint count (SJC), 28 tender joint count (TJC), CRP, HAQ-DI and DAS28-CRP(4 v). Analyses were performed using parametric statistics. The association between PaGI and PhGI was examined by simple linear regression analysis. The predictability of PaGI and PhGI, respectively, by all other disease markers mentioned and by age and sex was examined using stepwise multiple regression analysis. Agreement between the VAS scores was expressed as the bias (mean difference between intra-individual scores) and the 95% lower and upper limits of agreement (LLoA; ULoA) according to the Bland-Altman method.

Results: Mean age was 52.2 ± 11.1 years and mean DAS28-CRP $4.7\% \pm 1.1$. 59.2% of the patients were women. Mean PaGI was 63.7 ± 23.2 and mean PhGI 39.9 ± 19.8 ($p < 0.0001$). Thus the difference between PaGI and PhGI was substantial on the group level. Differences between PaGI and PtGI were even more

pronounced on the individual level, however. The average difference was 23.8 (bias) but differences on the individual level ranged from -21.9 (LLoA) to $+69.5$ (ULoA). The corresponding results for PaGI vs. pain was 4.9 (bias), -17.1 (LLoA) and 22.0 (ULoA), and for pain vs. PhGI 18.9 (bias), -23.0 (LLoA) and 60.8 (ULoA). PaGI was significantly but weakly correlated with PhGI ($R=0.42$, $p < 0.0001$) with a high standard error of estimation (SEE)=21.2. PaGI was independently predicted by pain ($\beta=0.76$, $p < 0.0001$) and HAQ-DI ($\beta=0.19$, $p < 0.01$) and was not predicted by PhGI ($p=0.61$) ($R=0.78$, $SEE=10.5$, $p < 0.0001$). PhGI was independently predicted by SJC ($\beta=0.43$, $p < 0.0001$) followed by pain ($\beta=0.41$, $p < 0.0001$) and CRP ($\beta=0.20$, $p < 0.05$) ($R=0.70$, $SEE=14.4$, $p < 0.0001$) with no significantly contribution by PaGI ($p=0.49$).

Conclusions: In patients with active PsA initiating biological treatment, PaGI was in general scored considerably higher than PhGI. On the individual patient level, differences between PaGI and PhGI varied substantially. PaGI was best explained by pain, and PhGI by SJC. The findings reflect strongly diverging attitudes between PsA patients and their rheumatologists to severity of disease and to the relative importance of different outcome measures.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3791

AB0942

CONCORDANCE BETWEEN FATIGUE, PAIN AND PATIENT GLOBAL ASSESSMENT IN INDIVIDUAL PATIENTS WITH PSORIATIC ARTHRITIS

O. Rintek Madsen. Center for Rheumatology and Spine Diseases and the DANBIO Registry, Copenhagen University Hospital Rigshospitalet/Gentofte, Hellerup, Denmark

Background: Associations between fatigue (FTG), pain and patient global assessment (PaGI) have been examined on the group level in patients with psoriatic arthritis (PsA), but studies focusing on the concordance between these patient-reported outcome measures (PROMs) in individual patients are missing. A better understanding of how tight the measures are bounded in individuals may improve our ability to deal with them in the daily clinic.

Objectives: To examine associations on the group level and concordance on the individual patient level between FTG, pain and PaGI as scored on 0–100 visual analogue scales (VAS) in the daily clinic by patients with PsA. The influence of other clinical disease activity measures on these measures was also examined.

Methods: Data on 132 outclinic PSA patients treated with biological agents were extracted from the Danish registry for biological treatment in rheumatology (DANBIO). Data comprised VAS FTG, pain, PaGI and physician global assessment (PhGI), and HAQ-DI, swollen and tender joint counts (66/68), CRP, DAS28-CRP and age. Simple linear regression analyses were used to assess the association between FTG, pain and PaGI. Independent predictors of FTG, pain and PaGI were identified using stepwise multiple regression analysis. Degrees of association were expressed by coefficients of correlation, beta-values and standard errors of estimation (SEE). Concordance between FTG, pain and PaGI on the individual patient level was examined using the Bland-Altman method yielding 95% lower and upper limits of agreement (LLoA and ULoA) and corresponding biases (mean of intra-individual differences).

Results: Mean age was 54 ± 13 years, mean DAS28 3.7 ± 1.5 and mean PaGI 56 ± 28 . FTG, pain and PaGI were strongly inter-associated but errors of estimation were substantial (r -range 0.80–0.94, $p < 0.0001$, SEE-range 11.5–16.9). FTG, pain and PaGI were only poorly correlated with objective measures of disease activity (for example, r -range for swollen joint count 0.19–0.25, $p < 0.05$). FTG was independently predicted (β , p -value) by PaGI (0.51, < 0.001) and pain (0.31, < 0.05) ($R^2=0.66$, $p < 0.05$, SEE=16.7), pain by PaGI (0.82, < 0.0001) and HAQ-DI (0.15, < 0.005) ($R^2=0.88$, $p < 0.005$, SEE=10.5) and PaGI by pain (0.80, < 0.0001) and fatigue (0.17, < 0.001) ($R^2=0.89$, $p < 0.001$, SEE=12.4). Swollen and tender joint count, CRP and PhGI did not add to the explanation of the patient-reported VAS scores. The bias [LLoA; ULoA] for FTG versus pain was 8.5 ± 19.1 ($p < 0.0001$) [-29.1 ; 45.9], for FTG versus PaGI 4.1 ± 19.4 ($p < 0.05$) [-34.0 ; 42.2] and for PaGI versus pain 4.4 ± 11.5 ($p < 0.0001$) [-18.1 ; 26.9]. Thus biases were small but limits of agreement were pronounced.

Conclusions: In patients with PsA, VAS FTG, pain and PaGI were nearly identical and were strongly inter-associated on the group level with no explanatory influence of more objective measures. However, on the individual patient level substantial discrepancies between the VAS scores were observed. The findings emphasise the complexity of understanding and dealing with PROMs in the daily clinic.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3546