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, Phq4, GHQ-12) was used to assess PsO patients for PsA, depression, comorbidities, and quality of life (QOL). 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.

Results: In the Phq4 questionnaire patients reached a mean of 6.5 points equaling 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


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/Gentotto, Helleport, 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 (PaGl) and by the physician (PhGl). The agreement and interplay between PaGl and PhGl are not well clarified in patients with PsA, however.

Methods: We examined associations on the group level and by the physician (PhGl) vs. patients with suspected PsA. The corresponding results for PaGl vs. pain was 4.9 (bias), –17.1 (LoA) and 22.0 (UloA), and for pain vs. PhGl 18.9 (bias), –23.0 (LoA) and 60.8 (UloA). PaGl was significantly but weakly correlated with PhGl (r=0.42, p<0.0001) with a high standard error of estimation (SEE)=21.2. PaGl 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 PhGl (p=0.61) (R=0.78, SEE=10.5, p<0.0001). PhGl 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 PaGl (p=0.49).

Conclusions: In patients with active PsA initiating biological treatment, PaGl was in general scored considerably higher than PhGl. On the individual patient level, differences between PaGl and PhGl varied substantially. PaGl was best explained by pain, and PhGl 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


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/Gentotto, Helleport, Denmark

Background: Associations between fatigue (FTG), pain and patient global assessment (PaGl) have been examined at 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 PaGl 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 outclinique PSa patients treated with biological agents were extracted from the Danish registry for biological treatment in rheumatology (DANBIC). Data comprised VAS FTG, pain, PaGl and physician global assessment (PhGl), 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 PaGl. Independent predictors of FTG, pain and PaGl 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 PaGl on the individual level was examined using the Bland-Altman method yielding 95% lower and upper limits of agreement (LoA 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 PaGl 56±28. FTG, pain and PaGl were strongly inter-associated but errors of estimation were substantial (r=0.80–0.94, p<0.0001, SEE-range 11.5–16.9). FTG, pain and PaGl 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 (beta, p-value) by PaGl (0.51, <0.001) and pain (0.31, <0.05) (R²=0.66, p<0.05, SEE=16.7), pain by PaGl (0.82, <0.0001) and HAQ-DI (0.15, <0.005) (R²=0.88, p<0.005, SEE=10.5) and PaGl by pain (0.80, <0.0001) and fatigue (0.17, <0.001) (R²=0.69, p<0.0001, SEE=12.4). Swollen and tender joint count, CRP and PhGl did not add to the explanation of the patient-reported VAS scores. The bias [LoA; ULoA] for FTG versus pain was 8.5±19.1 (p<0.0001) [–29.1; 45.9], for FTG versus PaGl 4.1±19.4 (p<0.05) [–34.0; 42.2] and for PaGl 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 PaGl 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