Abstract AB0951 – Table 1. The thickness of proximal nail fold, nail bed and proximal nail fold + nail bed in patients with psoriasis, psoriatic arthritis and other rheumatic disease

	proximal nail fold (mm)	nail bed (mm)	proximal nail fold + nail bed (mm)
Psoriasis (n=25)	1.23±0.27	1.33 ±0.47	2.55±0.58
Psoriatic arthritis (n=35)	1.33±0.35	1.25 ±0.38	2.58±0.56
Psoriasis or psoriatic arthritis with nail psoriasis (n=41)	1.34±0.34	1.36 ±0.45	2.68±0.62
Psoriasis or psoriatic arthritis without nail psoriasis (n=19)	1.18±0.27	1.11 ±0.29	2.30±0.41
Rheumatoid arthritis (n=23)	1.14±0.27	1.14 ±0.33	2.27±0.46
Ulcerative colitis (n=28)	1.21±0.28	1.22 ±0.33	2.43±0.49
Crohn's disease (n=13)	1.11±0.25	1.14 ±0.37	2.25±0.49

Conclusions: Soft tissue thickness around the nail in patients with PsO and PsA was compared with other rheumatic diseases by ultrasonographic assessment. In patients with PsO and PsA with nail psoriasis, soft tissue swelling around nail was observed.

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AB0952

HIGH PREVALENCE OF INFLAMMATORY AND NON-INFLAMMATORY LIVER AND GASTROINTESTINAL DISEASES IN YOUNG PATIENTS WITH PSORIATIC ARTHRITIS: A HOSPITAL-BASED STUDY

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Background: Psoriatic arthritis (PsA) is associated with numerous comorbidities, including gastrointestinal (GI) and liver diseases (LD). But there is limited data about the prevalence of these disorders among patients (pts) with PsA and severe psoriasis (PsO) in Russian population.

Objectives: to evaluate the prevalence of LD and GIT comorbidity in a hospital-based cohort of PsA pts.

Methods: 417 (304 Male (M.)/113 Female (F.)) PsA pts, according the CASPAR criteria, mean age 38.5±11.3/36.1±11.0 years (yrs) accordingly, PASI 49.4±0.56, PsA duration 6.6±7.4 years were included. PsA pts with all GIT and LD, including Diseases of oesophagus, stomach and duodenum (K20–K31), Disorders of gallbladder, biliary tract and pancreas (K80–K87), Alcoholic and toxic liver disease (K70–K77) (LD), Viral hepatitis (B15–B19) (VH), non-infectious enteritis and colitis (K55–K63) (NEC) were identify in the hospital Database and coding by International Statistical Classification of Disease and Related Health Problems (ICD-10) between 2010–2015 years. M±m, t-test, (%) were calculated. All p<0.05 were considered to indicate statistical significance.

Results: 229 (159 – M./70 – F.) out of 417 pts (54.9%) had LD and GIT disorders. Gallbladder, biliary tract and pancreas disease coding as K80–K87 were found in significantly more cases in F. compare to M. pts – in 26 out of 70 pts (37.4%) and in 31 out of 159 pts (19.4%) accordingly (p<0.05). NEC coding as K55–K63 was found in M. only – in 1 out of 159 (0.62%) pts. Diseases of oesophagus, stomach and duodenum coding as K20–K31 were found in 96 out of 229 pts (42%). All of the alcoholic, toxic and viral liver disease were found in 75 out of 229 pts (32.75%). LD coding as K70–K77 were found in 33 out of 75 pts (44%). VH coding

as B15–B19 were found in 42 out of 75 pts (56%). No significantly gender differences were found in those group of pts.

Conclusions: GIT and LD were found in more than half of young pts with PsA and severe PsO. That information should be taken in account during the choice of safety therapy in this group of pts.

Disclosure of Interest: None declared

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AB0953

PSAID-12 CAN BE USED TO DETERMINE THE ANTI-TNF TREATMENT DECISION IN THE PSORIATIC ARTHRITIS REGISTRY

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Background: Psoriatic Arthritis Impact of Disease (PsAID-12) score has 12 questions and each question has its own weight. PsAID-12 is developed to be used in daily practice. However, in the daily practice, there has been no information on the utilisation of determining the response of the biological DMARD treatment.

Objectives: The assessment of utilisation of PsAID-12 for PsA patients on determination of the efficiency and inefficiency of anti-TNF treatment in a biological registry.

Methods: In this study patients were taken from Hacettepe University biological database (HUR-BIO). Since January 2013 PsAID-12 score was built in HUR-BIO database. PsAID-12 score was known for 116 patients before starting off the first anti-TNF treatment and 88 patients whose PsAID-12 score was 4 and above were included in the enquiry. Overall, 70 PsA patients included to analysis. Demographic data before anti-TNF treatment of PsA patients were noted. The decision of continuation, stopping or switching to another anti-TNF drugs were performed by both clinicians and the patients agreement. According to baseline evaluation, decrease of 20 mm and above on pain-VAS score and PGA, improvement of 0.22 unit and above on HAQ-DI score, or decrease of 1.2 unit and above on DAS-28 score were considered favourable to the anti-TNF treatment. Stopping or switching the anti-TNF treatments due to inefficiency was definitely a negative response. Pain-VAS score being under 15 mm or below, global-VAS score being 20 mm and below, HAQ-DI score being 0.5 and below, DAS-28 score being 2.6 and below were determined as targeted goals. Changes were analysed comparing to baseline level in PsAID-12 score, in compliance with the favourable and unfavourable responses to Anti-TNF treatments. In determining the response of the treatment, standardised response mean (SRM) was used.

Results: Seventy (78.6% female) patients were analysed, mean age was 45.5 (12.0). Mean follow-up duration was 18.3 (12.6) months, and total of 213 clinical visits were performed, median 3rd control visits were done. At baseline, the mean (SD) DAS-28 4.07 (1.22), HAQ-DI 0.86 (0.53), pain-VAS 6.9 (2.1), PGA-VAS 6.4 (1.7), and PsAID-12 6.6 (1.5) were as follows. Anti-TNF treatments were stopped due to inefficacy in 43/210 (20.5%) outpatient visit during the follow-up period. The results of anti-TNF stopped and continuing patients; Δ PsAID-12 were 0.38 (1.71), and 3.12 (2.14), respectively and PsAID-12 baseline/control visits 0.96 (0.29) vs 0.50 (0.33), respectively. Level of favourable response and achieving to goal according to ΔPsAID-12 and PsAID-12 Baseline/control visit were shown table 1. On the follow up visits, among measured parameters one of the highest SRM was detected in PsAID-12; PsAID-12 (1.10), DAS-28 (1.14), PGA (0.88), Pain (0.85), and HAQ-DI (0.51), respectively.

Abstract AB0953 – Table 1. Goals and responses of Anti-TNF treatment

Level of favorable response to anti-TNF treatments	of		ΔPsAID-12		PsAID-12 Baseline/control
			Yes n=136	3.4 (1.9)	0.47 (0.33)
		Δ Pain ≥ 20 mm	No n=77	1.1 (1.9)	0.81 (0.34)
		Δ PGA ≥ 20 mm	Yes n=133	3.4 (2.1)	0.45 (0.33)
			No n=80	1.2 (2.0)	0.84 (0.31)
		Δ HAQ-DI ≥ 0.22	Yes n=110	3.5 (2.0)	0.44 (0.29)
			No n=103	1.6 (2.1)	0.74 (0.38)
		Δ DAS-28 ≥ 1.2	Yes n=122	3.5 (2.1)	0.44 (0.31)
Level of achieving the goal of treatment	of PsA		No n=70	1.2 (1.8)	0.80 (0.32)
		Pain ≤ 15 mm	Yes n=57	4.3 (2.1)	0.28 (0.32)
			No n=156	1.9 (2.1)	0.71 (0.32)
		PGA ≤ 20 mm	Yes n=68	4.2 (2.1)	0.28 (0.29)
			No n=145	1.8 (2.0)	0.74 (0.32)
		HAQ-DI ≤ 0.5	Yes n=136	3.5 (2.1)	0.43 (0.32)
			No n=77	0.9 (1.7)	0.89 (0.28)
		DAS-28 < 2.6	Yes n=118	3.1 (2.3)	0.48 (0.35)
			No n=85	1.7 (2.2)	0.75 (0.36)

Conclusions: Having 3.5 unit or 50% decrease in the PsAID-12 score indicates a favourable response to anti-TNF treatment, 4 unit or 70% decrease indicates level