(respectively $p < 0.001$, $p = 0.004$). Calprotectin level was correlated with baseline disease activity index (BASDAI ($r = 0.16$, $p = 0.001$), ASDAS-CRP ($r = 0.26$, $p < 0.001$)) and disability score (BASFI ($r = 0.14$, $p = 0.003$), ASQoL ($r = 0.16$, $p = 0.001$)). Interestingly, calprotectin at baseline did not predict radiographic progression at M24 (mSASSS worsening $0.27 \mu\text{g/mL} \pm 0.14$ vs without mSASSS worsening $0.29 \mu\text{g/mL} \pm 0.19$ (mean $\pm$ SD)). There was also no correlation between calprotectin level and number of syndesmophytes.

Conclusions: Calprotectin do not seem to be a helpful biomarker predicting clinically relevant radiographic progression at 2 years although calprotectin levels at baseline are moderately correlated with disease activity in early axSpA.

REFERENCES:

- [1] Gupta L, et al. Clinical Rheumatology 2016.
- [2] Turina MC, et al. Ann Rheum Dis 2014.

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THU0279 GENDER DIFFERENCE IN PSYCHOLOGICAL STATUS AND SLEEP QUALITY IN THE PATIENTS WITH ANKYLOSING SPONDYLITIS

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Background: Ankylosing spondylitis (AS) is a chronic inflammatory disease which mainly involves the spine and sacroiliac joints. Anxiety and depression, are common among people with arthritis and interplay independently and synergistically with clinical outcomes such as pain and disability.¹ Psychological variables can be found either within the body functions or within the personal factors.² Meanwhile, AS patients may suffer from various sleep problems. Pain intensity, anxiety, and depression correlated significantly with poorer sleep quality.³ Whether gender difference exists in psychological status and sleep disturbance in AS patients remains unknown.

Objectives: Our aim was to investigate the prevalence of psychological disorders and sleep disturbance in Chinese patients with AS and then to explore gender difference in psychological status and sleep quality in the patients with AS.

Methods: Patients fulfilling modified New York criteria were enrolled from several rheumatology centres in China. Participants were required to complete a set of questionnaires and examinations, including demographic and clinical information, Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Zung self-rating anxiety scale (SAS), Zung self-rating depression scale (SDS) and the Pittsburgh Sleep Quality Index questionnaire (PSQI). Independent T test was performed to compare patients with different gender.

Results: Totally 3117 patients were included in the study. 2501 were males, and mean age were 27.20 ± 9.13 years. While 616 were female patients' whose mean age were 28.84 ± 9.21 years. 32.3% of the patients had anxiety. 62.2% had depression according to SDS. 63.4% had sleep disturbance. Male patients had an earlier age of disease onset than females ($p < 0.01$). Although female patients had a shorter disease duration, they had higher scores of SAS and SDS ($p < 0.05$). There was no significant difference in sleep quality between male and female patients.

Conclusions: A large number of AS patients were found to have anxiety, depression, sleep disturbance. Male AS patients tend to have an earlier age of disease onset, while female patients are more likely to have psychological disorders. Clinicians should take these factors into account during the assessment of the patients.

REFERENCES:

- [1] McWilliams L A, Cox BJ and Enns MW. Mood and anxiety disorders associated with chronic pain: an examination in a nationally representative sample. PAIN 2003;106:127-33.
- [2] Boonen A. Towards a better understanding of the role of psychological variables in arthritis outcome research. Arthritis Res Ther 2010;12:106.
- [3] Sayar K, Arıkan M, and Yontem T. Sleep quality in chronic pain patients. Can J Psychiatry 2002;47:844-8.

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Psoriatic arthritis

THU0280 EARLY AND LONG-TERM TREATMENT RESPONSE AS WELL AS HIGH TOLERABILITY LEAD TO HIGH TREATMENT SATISFACTION OF A THERAPY WITH USTEKINUMAB IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS – RESULTS OF THE NON-INTERVENTIONAL STUDY SUSTAIN

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Background: SUSTAIN is a prospective, multi-centre non-interventional study in Germany to observe long term efficacy and safety, quality of life and further patient reported outcomes in patients with active psoriatic arthritis under treatment with ustekinumab in routine clinical care.

Methods: In this study nearly 400 patients were planned to be documented at 75 centres for 160 weeks with documentation intervals at week 0 and 4 and then every 12 weeks. The treatment with Ustekinumab is according to the label (Stelara®). Besides demographic data, the following data will be documented: Number of swollen and tender joints, tender entheses, amount of skin symptoms (BSA and PASI), patient reported outcome concerning disease activity and pain, Health Assessment Questionnaire (HAQ), quality of life (SF-12), sleep quality (VAS), satisfaction with therapy of patient and physician, safety (adverse events [AE]/serious adverse events [SAE]), pharmacoeconomic aspects, number of patients with ...Minimal Disease Activity" (MDA), number of patients with MDA at week 28 and 52. For the present second interim analysis baseline data of all 336 patients and results of the documented visits up to week 76 were analysed.

Results: For the present analysis 336 patients (57% women) at 75 centres were observed. The visit at week 4 was documented for 290 patients, at week 16 for 305 patients, at week 28 for 262 patients, and at week 76 for 100 patients. At baseline, the patients had a mean age of 54 years²²⁻⁸⁵ and BMI of 30 kg/m².¹⁹⁻⁵² 53.9% of the patients had as prior medication a TNF inhibitor and stopped because of inadequate response. Only 38% of the patients used MTX as concomitant medication. The patients showed arthritis at small (73.2%) and/or large (52.1%) joints, spinal involvement (16.7%) and enthesitis (13.1%). Number of tender joints improved from a mean of 10.0 (CI 95% 8.6/11.3) at baseline to 6.4 (5.4/7.3) at week 4 and 2.1 (1.4/2.9) at week 76. Number of swollen joints improved from 4.1 (3.4/4.9) at baseline to 2.6 (2.1/3.1) at week 4 and to 0.7 (0.4/1.0) at week 76. Efficacy of the therapy with ustekinumab was assessed as "very good" or "good" by 76.2% of the treating physicians at week 16 and by 89.9% at week 76. The patients assessed the efficacy as "very good" or "good" by 71.2% at week 16 and by 90.7% at week 76. Until data cut off point (32 months after study start), 67 SAEs have been documented, of which only 13 were related to ustekinumab. All in all, safety of therapy with ustekinumab was assessed as "very good" or "good" by 96.0% of the treating physicians after 16 weeks and by 98% after 76 weeks. The patients assessed the safety as "very good" or "good" by 93.3% at week 16 and by 98.0% at week 76.

Conclusions: The non-interventional study SUSTAIN showed relevant improvements with high therapy satisfaction and good safety in patients with active psoriatic arthritis treated with Ustekinumab after 4 weeks up to 76 weeks in daily practice life.

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