THU0281

DO IMPROVEMENTS IN HEALTH-RELATED QUALITY OF LIFE DURING DMARD TREATMENT DIFFER BETWEEN PSORIATIC AND RHEUMATOID ARTHRITIS PATIENTS? DATA FROM THE PROSPECTIVE OBSERVATIONAL NOR-DMARD STUDY, INCLUDING BASELINE COMPARISONS WITH NORWEGIAN GENERAL POPULATION CONTROLS

^{1,2,3}B. Michelsen, T. Uhlig¹, J. Sexton¹, H.B. Hammer¹, E.K. Kristianslund¹, G. Haugeberg^{3,4}, J.H. Loge⁵, T.K. Kvien¹. ¹Dept. of Rheumatology, Diakonhjemmet Hospital, Vinderen, Oslo; ²Dept. of Medicine, Hospital of Southern Norway Trust, Kristiansand; ³Dept. of Neuroscience, University of Science and Technology, Trondheim; ⁴Dept. of Rheumatology, Martina Hansens Hospital, Baerum; ⁵Faculty of Medicine, University of Oslo, Oslo, Norway

Background: Only few longitudinal observational studies exist on the comparison of Health-related quality of life (HRQoL) between PsA and RA patients using the Medical Outcomes Survey Short Form-36 (SF-36), as well as with general population controls.

Objectives: The aims were 1) to explore if improvements in SF-36 scale scores differ between PsA and RA patients, 2) to compare proportions of PsA and RA patients achieving Minimum Clinically Important Improvements (MCII) in scale scores at 6 months follow-up¹, 3) to compare HRQoL between RA, PsA patients and Norwegian general population controls.

Methods: We included first-time enrolled PsA and RA patients from the prospective observational multicenter NORwegian-Disease Modifying Anti-Rheumatic Drug (NOR-DMARD) study, starting conventional synthetic and/or biologic (cs/b) DMARDs between year 2000 and, 2012 as well as data from Norwegian general population controls.² Continuous variables were compared using independent t-test or Mann-Whitney U test as appropriate. Prespecified ANCOVA analyses adjusted for age and gender were performed to compare changes in scale scores from baseline to 6 months follow-up between PsA and RA patients. Radar diagram was made to visualise changes in scale scores (0 worst, 100 best) and bar charts to visualise improvements from baseline to 6 months as well as proportions of patients fulfilling MCII (≥ 5) in scale scores at 6 months.

Results: A total of 1515 PsA and 3898 RA patients as well as 2323 Norwegian general population controls² were included (mean (SD) age 48.1 (12.6)/55.9 (31.6)/44.9 (16.5) years, 50.3%/71.4%/51.3% women, respectively; median (25th-75th percentile) disease duration RA; 2.0 (0.1–9.6), PsA: 1.9 (0.1–11.0) years). Mean (SD) DAS28 was lower in PsA vs. RA patients at baseline 4.2 (1.3)/4.9 (1.4) and at 6 months ((3.1 (1.3)/3.5 (1.5)), as well as median (25th-75th percentile) 28 swollen joint count at baseline (2 (1–5)/6 (3–10) and at 6 months (0 (0–2)/2 (0–4) follow-up, all $p < 0.001$. All scale scores were worse in PsA and RA compared with the general population ($p \leq 0.001$), but improved during cs/bDMARD treatment (figure 1a). The improvements were marginally better in RA versus PsA patients for bodily pain, vitality and mental health (figure 1b). Similar percentages of RA and PsA patients achieved MCII ≥ 5 in scale scores from baseline until 6 months.

Abstract THU0281 – Figure 1a. Estimated marginal means of scale scores in RA and PsA patients as well as Norwegian general population controls, adjusted for age and gender. **Abstract THU0281 – Figure 1b.** Mean improvements in SF-36 scale scores from baseline to 6 months, adjusted for age, gender and the respective baseline values. **Abstract THU0281 – Figure 1c.** Similar proportions of RA and PsA patients achieved MCII ≥ 5 in scale scores from baseline to 6 months follow-up. * $p=0.002$; ** $p=0.005$

Conclusions: These findings indicate that PsA patients have at least as high disease burden in terms of HRQoL as RA patients, in spite of higher levels of joint inflammation in the RA patients. Improvements during treatment were overall similar, except for somewhat larger improvements in bodily pain, vitality and mental health in RA patients. Similar proportions of PsA and RA patients achieved MCII at 6 months.

REFERENCES:

- [1] Strand, et al. Drugs 2010;70:121–45
- [2] Loge, et al. Scand J Soc Med 1998;26:250–8.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.1758

THU0282

THE IMPACT OF COMORBIDITIES ON PHYSICAL FUNCTION IN PATIENTS WITH ANKYLOSING SPONDYLITIS (AS) AND PSORIATIC ARTHRITIS (PSA) ATTENDING RHEUMATOLOGY CLINICS

¹C. Fernández-Carballido, M. Martín-Martínez², C. García-Gómez³, S. Castañeda⁴, C. González-Juanatey⁵, F. Sánchez², R. García-Vicuña⁴, C. Erasquin⁶, J. Lopez-Longo⁷, M. Sánchez-González⁸, A. Corrales⁹, E. Quesada¹⁰, E. Chamizo¹¹, C. Barbadillo¹², J. Bachiller¹³, T. Cobo¹⁴, A. Turrión¹⁵, E. Giner¹⁶, J. Llorca¹⁷, M. González-Gay¹⁸. ¹H Elda, Elda; ²UIFER, Madrid; ³CST Terrassa, Barcelona; ⁴La Princesa, Madrid; ⁵L Augusti, Lugo; ⁶Negrin, Las Palmas; ⁷G Marañón, Madrid; ⁸Clínico, Salamanca; ⁹Valdecilla, Santander; ¹⁰V Hebrón, Barcelona; ¹¹H, Mérida; ¹²P Hierro; ¹³R y Cajal; ¹⁴Inf Sofía, Madrid; ¹⁵P Asturias, Alcalá Henares; ¹⁶O Polanco, Teruel; ¹⁷U Cantabria; ¹⁸IDIVAL, Santander, Spain

Background: Regardless of disease activity, functional status gets worse in patients with rheumatoid arthritis (RA) with comorbidities. However, the impact of comorbidities on physical function in ankylosing spondylitis (AS) and psoriatic arthritis (PsA) is less known.

Objectives: To assess the impact of comorbidities on physical function (PF) in patients with AS and PsA.

Methods: Analysis of the baseline visit from the ongoing multicentric, observational, prospective, CARMA study. Data from patients with AS and PsA were analysed. Two different adjusted multivariate models were performed, where PF was the dependent variable (BASFI in AS and HAQ in PsA) and the following independent variables: comorbidities, a proxy for the Charlson index (ChI) (minimum 0; maximum 11), sociodemographic, disease activity (ESR, CRP and BASDAI in AS; while SJC, TJC, CRP, ESR, DAS, dactylitis count and PASI in PsA) and duration, radiographic damage and treatments. Results are presented as β coefficients and p-values.

Results: 738 patients with AS and 721 with PsA included (mean age at inclusion 48.1 $\pm$ 11.7 and 51.8 $\pm$ 12 years, respectively). AS patients: median BASFI 3.1 [interquartile range (IQR): 1.3–5.2], BASDAI 3.5 [IQR: 1.7–5.3], mean ChI 1.32 $\pm$ 0.73. PsA patients: HAQ 0.4 [IQR: 0.0–0.9], DAS28 2.9 [IQR: 2.0–3.8], mean ChI 1.30 $\pm$ 0.66. A ChI > 1 found in 21% of the patients. Hypertension in 25.7% and 29.5%; hypercholesterolemia in 27% and 35.6% and diabetes in 7.6% and 9.2% of the patients with AS and PsA, respectively. Cardiovascular events occurred in 7.6% AS and 7.2% PsA, in most cases after the rheumatic disease diagnosis. Only patients with PsA with higher ChI showed worse adjusted physical function (β : 0.09; $p=0.03$). Also female sex (β : 0.03; $p=0.001$), obesity (β : 0.09; $p=0.04$), disease duration (β : 0.01; $p=0.009$), NSAIDs (β : 0.1; $p=0.02$), corticosteroids (β : 0.12; $p=0.02$) and biologics (β : 0.15; $p=0.07$) were associated with worse function in patients with PsA. In contrast, a higher educational level was associated with less disability. In patients with AS, thyroid disease (β : 1.19, $p=0.002$) and raised ESR (β : 0.01, $p=0.010$) were independently associated with function.

Conclusions: The presence of comorbidities in patients with PsA is independently associated with worse physical function, similar to what happens in RA. Early detection and control may yield an integral management of the disease and better final outcomes.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.4260

THU0283

PATIENTS WITH PSORIATIC ARTHRITIS WHO ARE NOT ELIGIBLE FOR RANDOMISED CLINICAL TRIALS FOR TNF INHIBITORS HAVE SIMILAR TREATMENT RESPONSE AND DRUG SURVIVAL. RESULTS FROM THE ICEBIO REGISTRY

¹O. Pálsson, B. Guðbjörnsson¹, G.A. Jóhannsdóttir², A. Gunnarsdóttir², P. S. Gunnarsson², T.J. Love², E. Rúnarsdóttir². ¹Rheumatology; ²Landspítali, Reykjavik, Iceland

Background: We have recently reported that a majority of patients with psoriatic arthritis who are being treated with TNF inhibitors in Iceland would not have been