Conclusions: In PsA, across independent European cohorts, HAQ is higher for women, and significantly decreases for both genders when anti-inflammatory treatment is initiated. HAQ does not depend on CRP, VAS-pain or disease duration during longitudinal follow-up. However, a significant increasing trend was identified with ageing.

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Abstract THU0285 – Table 1. Relative Risks in patients with or without family history of psoriasis or PsA

<table>
<thead>
<tr>
<th>Family history</th>
<th>Psoriasis</th>
<th>Nagel involvement (ever)</th>
<th>Enthesitis (ever)</th>
<th>Not achieving MDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>p</td>
<td>RR</td>
<td>95% CI</td>
<td>p</td>
<td>RR</td>
</tr>
<tr>
<td>Psoriasis before 40 years</td>
<td>&lt;0.05</td>
<td>1.138</td>
<td>1.063</td>
<td>1.219</td>
</tr>
<tr>
<td>PsA</td>
<td>&gt;0.05</td>
<td>1.246</td>
<td>1.04–1.335</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>Nail involvement (ever)</td>
<td>&gt;0.05</td>
<td>1.350</td>
<td>0.871</td>
<td>2.092</td>
</tr>
<tr>
<td>PsA</td>
<td>&gt;0.05</td>
<td>1.191</td>
<td>0.917</td>
<td>1.461</td>
</tr>
</tbody>
</table>

PsA: Psoriatic Arthritis; MDA: Minimal Disease Activity

Figure: Distribution of skin lesions according to the family history in patients with PsA. Numbers are given as percentages. PsO: Psoriasis; PsA: Psoriatic Arthritis

Conclusions: The family history of psoriasis and PsA has impacts on skin phenotypes, musculoskeletal features and the disease severity. The differences between family history of psoriasis and PsA and pustular vs plaque phenotypes may point out to a different genetic background and pathogenic mechanisms in these subsets.

Disclosure of Interest: None declared


THU0266

PREDICTORS FOR ORTHOPAEDIC SURGERY IN PATIENTS WITH PSORIATIC ARTHRITIS. RESULTS FROM A RETROSPECTIVE COHORT STUDY OF 590 PATIENTS DIAGNOSED 1954–2011, AND FOLLOWED UP UNTIL 2017

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Background: Psoriatic arthritis with peripheral joint affection is a progressive disease in most patients, and erosions are seen in 47% within the first two years. Synthetical disease modifying anti rheumatic drugs (DMARDs) are generally prescribed, to inhibit inflammation, but have not been proven to slow or prevent radiographic changes. Biologic treatment is recommended when other agents are not efficient, and has been shown to give better control of structural damage. Orthopaedic corrective surgery has been a necessary part of treating patients with psoriatic arthritis, when medication fails to prevent joint damage, and studying time trends in orthopaedic surgery thus gives valuable information regarding the prognosis of patients with inflammatory arthritis. In patients with rheumatoid arthritis there has, over time, been a declining incidence of orthopaedic interventions. The change in available medical treatment is believed to be responsible for this. As synthetic
DMARDs may be less efficient in patients with psoriatic arthritis, it is uncertain whether a decline of the same magnitude can be expected among these patients.

**Methods:** We reviewed the medical history of 1432 patients with possible psoriatic arthritis at Haukeland University Hospital in Bergen, Norway from 1954–2011, of which 590 (mean age 49, 52% women) had a confirmed diagnosis of psoriatic arthritis, and sufficient journal information, and were included in the present study. Relevant orthopaedic procedures were obtained from the Norwegian Arthroplasty Register and the hospital’s administrative patient records. 171 procedures (25% joint synovectomies, 15% arthrodeses and 53% prostheses) were performed in 117 patients. Survival analyses were completed to evaluate the impact of different factors such as year of diagnosis, age, sex, radiographic changes, disease activity and treatment, on the risk of undergoing surgery.

**Results:** Female sex, older age (>70) and maximum ESR 30–59 significantly increased the risk of surgery whereas time period of diagnosis had no effect on the outcome. Anti-rheumatic treatment changed significantly over time.

**Conclusions:** 20% of patients with psoriatic arthritis needed surgery during disease course. In our material, the prognosis of patients with psoriatic arthritis has not changed, with regard to the risk of orthopaedic surgery, despite significant changes in treatment. This is contrary to what is seen for patients with rheumatoid arthritis.

**REFERENCES:**

**Disclosure of Interest:** None declared

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**THU0288**

**IMPLEMENTATION OF THE TREAT TO TARGET CONCEPT IN EVALUATION OF PSORIATIC ARTHRITIS PATIENTS**

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**Background:** Minimal disease activity (MDA) in psoriatic arthritis (PsA) is a composite outcome measure that represents the multifaceted domains of psoriatic disease including the joints, enthesis and skin, as well as patient-reported outcomes (PRO). MDA is currently used as a goal of treatment in the "treat-to-target" (T2T) approach in PsA management.

**Objectives:** To assess the implementation of the T2T concept in PsA patients.

**Methods:** A retrospective analysis of all the patients included in a PsA registry during 2016–2017 was performed. Medical charts were reviewed by an independent rheumatologist and the following data were collected: patient demographics, duration of PsA and psoriasis, alcohol and tobacco use, treatment changes, as well as items that constitute the MDA including the tender and swollen joint count, enthesal and psoriasis area skin score (PASI), physician and patient evaluation of disease activity and pain and the health assessment questionnaire (HAQ) score. Medical records were reviewed to assess whether T2T concept was indeed followed by the treating rheumatologist to determine whether MDA was achieved and medication changes were made. The associations between T2T concept implementation and categorical and continuous variables were assessed by Chi square test, or t-test as appropriate. The association between the physician’s assessment at each visit with each of the MDA parameters (active versus inactive) was assessed by Chi square test.

**Results:** The records of 117 consecutive patients were evaluated, one patient was excluded due to lack of data. The mean age was 58.4±13 years, of whom 76 (65.5%) were women. The T2T approach was implemented in 76 (65.5%) patients. There was no correlation between the T2T implementation and patient age, gender, alcohol and tobacco use, disease activity parameters at the patient’s visit and the various treatment regimens. The physician assessment of disease activity did not correlate with the MDA score in 40 (34.5%) patients. In most cases 30 (75%), this discrepancy occurred because physicians labelled patients as having inactive disease while disregarding the PRO category of the MDA score. In most cases 30 (75%), this discrepancy occurred because physicians labelled patients as having inactive disease while disregarding the PRO category of the MDA score. In most cases 30 (75%), this discrepancy occurred because physicians labelled patients as having inactive disease while disregarding the PRO category of the MDA score. In most cases 30 (75%), this discrepancy occurred because physicians labelled patients as having inactive disease while disregarding the PRO category of the MDA score.

**Conclusions:** In our cohort, the T2T concept was implemented in 65.5% of the visits in accordance with other PsA studies. The main obstacle that we encountered in implementation of MDA concept was in physicians’ overlooking the PRO components of the score. Efforts are needed to increase the accurate use of the MDA score and treat to target concept in daily practice.