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THU0289

BURDEN OF PSORIATIC ARTHRITIS IN DIFFERENT DEFINITIONS OF DISEASE ACTIVITY: COMPARING MINIMAL DISEASE ACTIVITY AND DISEASE ACTIVITY INDEX FOR PSORIATIC ARTHRITIS

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Background: Treat-to-target strategies have improved outcomes in rheumatic diseases. In psoriatic arthritis (PsA), the proposed targets are the multidimensional target Minimal Disease Activity (MDA) and the articular target Disease Activity index for PsA (DAPSA).

Objectives: We aimed to compare burden of PsA in patients with low disease activity according to the two definitions MDA and DAPSA-Low Disease Activity (DAPSA-LDA), one year after diagnosis.

Methods: We obtained data on MDA, DAPSA-LDA and disease burden one year after diagnosis from patients included in the Dutch southwest early PsA cohort. Disease burden was assessed in two domains: 'Body Functions', including Short Form 36 Bodily Pain (SF36-BP), and 'Activity', including Health Assessment Questionnaire (HAQ).

Results: Of the 292 patients included, 48% achieved MDA and 64% DAPSA-LDA. Average 'Body Functions' and 'Activity' were similar in patients in MDA and patients in DAPSA-LDA. However the scores were significantly better in the 44% of patients in both MDA and DAPSA-LDA than in the 20% of patients only in DAPSA-LDA. The average SF36-BP was higher in patients achieving both targets (74.7, 95% CI 72.0–77.4) than in patients only in DAPSA-LDA (58.7, 95% CI 54.8–62.6). Similarly, mean HAQ scores measuring 'Activity' were 0.19 (95%CI 0.14–0.25) and 0.61 (95%CI 0.48–0.73) respectively.

SF36-BP: Short Form 36 Bodily Pain, HAQ: Health Assessment Questionnaire, MDA: Minimal Disease Activity, DAPSA: Disease Activity Index for Psoriatic Arthritis, MDA -: not in MDA, MDA +: in MDA, DAPSA -: not in DAPSA-Low Disease Activity (DAPSA-LDA), DAPSA +: in DAPSA-LDA

Abstract THU0289 – Figure 1. SF36-BP and HAQ scores in MDA and DAPSA subgroups.

Conclusions: Of patients newly diagnosed with PsA, 48% achieved MDA and 64% DAPSA-LDA after one year receiving usual care. Average disease burden was similar in patients in MDA and in patients in DAPSA-LDA. However, those that only achieved DAPSA-LDA reported worse outcomes than those also achieving MDA.

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THU0290

EFFECTS OF BIOLOGIC DMARDS ON PHYSICAL FUNCTION IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS: RESULTS OF NETWORK META-ANALYSES

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Background: Psoriatic arthritis (PsA) is a chronic inflammatory rheumatic disease associated with psoriasis and characterised by pain, stiffness, swelling of joints, joints ankylosing and low patient quality of life.¹ The economic burden of PsA is substantial², and biologic treatments for PsA are increasingly scrutinised in health technology assessments. The most commonly used economic model framework for assessing biologics in PsA is the York Assessment Group model developed as part of a NICE appraisal (the "York model").³ In this model improvement in Health Assessment Questionnaire- Disability Index (HAQ-DI) reflects physical function, and is linked to initial treatment response measured by joint improvement assessed by PsARC.

Objectives: To assess the effectiveness of biologic DMARDs on HAQ-DI among active biologic-naïve PsA patients through Bayesian network meta-analyses (NMAs) and to understand the relationship to PsARC response.

Methods: Data for the NMA was identified through a systematic literature review of published and grey literature (1990-May 2017) in EMBASE/MEDLINE. Bayesian NMAs were conducted in line with NICE guidelines⁴ to assess the mean HAQ-DI scores change from baseline for ixekizumab, adalimumab, ustekinumab, etanercept, golimumab, infliximab, apremilast, secukinumab, certolizumab pegol, and placebo in the biologic-naïve overall population as well as in PsARC responders and non-responders. Results were expressed as absolute mean change from baseline and associated standard deviations, and 95% credibility intervals.

Results: Overall, 42 publications reporting 19 randomised clinical trials were included for the NMAs, most of these evaluated outcomes at 12 and 24 weeks. Mean changes in HAQ-DI score (overall and by PsARC response) from baseline are shown in figure 1. Among PsARC responders, the greatest mean changes were observed for infliximab, etanercept, ixekizumab, and secukinumab. Among PsARC non-responders, those values were greatest for infliximab, etanercept, ixekizumab Q2W, secukinumab, and adalimumab. The relatively wide 95% credibility intervals reflect the scarcity of available evidence.

Abstract THU0290 – Figure 1. Mean changes in HAQ-DI in patients on different biologic DMARD treatments

Conclusions: The results of the NMAs suggest that among the biologic DMARDs infliximab, etanercept, ixekizumab Q2W, secukinumab 150 mg, and certolizumab had the highest HAQ-DI improvements in biologic-naïve patients with active PsA. Changes in HAQ-DI were strongly associated with PsARC response for each treatment.

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