The Early Psoriatic Arthritis Screening Questionnaire Identifies Patients with Psoriatic Arthritis Amongst Treated Patients with Psoriasis


Background: Studies suggest a high prevalence (approximately 15%) of undetected psoriatic arthritis (PsA) amongst patients with psoriasis. A number of screening questionnaires have been designed to allow detection of such patients. This includes the Early Psoriatic Arthritis Screening Questionnaire (EARP) which detects early PsA in untreated patients with psoriasis, with a specificity of 91.6% and sensitivity of 85.2%.

Objectives: To study anxiety, depression and fatigue disorders (according to FACIT) in patients with PsA in a tertiary centre.

Methods: 153 patients were invited to complete the EARP. Of these, 8 were known to have PsA and under rheumatologic care. A further 21 attended for formal rheumatologic assessment. Thirteen of the 21 patients (61.9%) were found to have psoriasis and 6 out of 193 (29%) accordingly. Anxiety disorders were detected in 16 out of 66 (24.2%) pts, depression disorders in 9 out of 66 (13.0%) pts. Negative correlation was found between FACIT score and DAS (r 0.20), CRP (r 0.27), PGA (r 0.35) and pain Vas (r 0.25). Depression was more pronounced in pts with erosive arthritis in hands and/or feet (r 0.31). Negative correlation of FACIT score (r 0.54), correlation of anxiety (r 0.26) and depression (r 0.33) indexes was found with health-related functional indexes according to HAQ. DAS indexes (anxiety and depression) are cross-correlating (r 0.51) and are negatively correlated with fatigue (r 0.49 and r 0.48, accordingly). An association was found of anxiety and depression indexes with the severity of psoriasis PASI index (r=0.38 and r=0.31, accordingly).

Conclusions: In early treatment-naïve PsA patients, increased fatigue and in a quarter of cases anxiety disorders, in 13% of patients depression disorders had been found. Psychological disorders are associated with PsA activity, the severity of psoriasis and joints erosive arthritis in psoriasis patients. Higher scores for FACIT scales indicate better quality of life (less fatigue). Skin lesion severity was evaluated in terms of body surface area (BSA) affected and Psoriasis Area Severity Index (PASI). When BSA was >3%, PASI was calculated. PASI>1 indicates moderate and severe psoriasis. Descriptive statistics was used. U-test were performed; p<0.05 was considered to indicate statistical significance.

Disclosure of Interest: None declared

REFERENCES:

ASSOCIATION OF ANXIETY, DEPRESSION AND FATIGUE WITH DISEASE ACTIVITY, JOINTS EROSION AND SKIN LESION SEVERITY IN EARLY PSORIATIC ARTHRITIS PATIENTS

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Background: MDA is a valid instrument for evaluating PsA treatment results. There is limited data about MDA attainment after starting bDMARDs and non-bDMARDs in routine care. RU-PsART collected data from 25 rheumatology clinics in the Russian Federation.

Objectives: evaluate MDA attainment after starting bDMARDs and non-bDMARDs treatment in PsA pts in routine care.

Methods: 294 (MF=133/161) pts with PsA, diagnosed according to CASPAC criteria, mean age 41.2±1.9 (Min 21 – Max 72) years, (PsA) duration 6.1±5.3 (Min 0 – Max 31) yrs., psoriasis duration 13.6±10.7 (Min 0.2 – Max 54.8) yrs. were included in the RU-PsART after signing consent participation forms. The present analysis included 274 pts who have data concerning PsA activity, treatment and MDA. The number of pts who reached MDA at least once were calculated. At the time of evaluation 81 out of 274 pts (29.6%) were taking bDMARDs/semi bDMARDs/semi DMARDS Infliximab (25 pts), Entanetap (16 pts), Adalimumab (14pts), Ustekinumab (8pts), Golimumab (5pts), Sekukinumab (2pts). 193 out of 274 pts (70.4%) were taking other types of treatment - sDMARDs±NSAID, mostly methotrexate (74.2%), sulfasalazine (12%), lefleunomide (3.6%), hydrochlorothiazine (0.4%); steroids (9.8%). All pts underwent evaluation of PsA activity by DAS28, CRP, Ps/Physician GA. Pain GA by VAS (0–100 mm), swollen/tender joints count (SJC/TJC), DAPSA and considered REM;LDA/D4/LCDA; MS/SD, MD (Q25; Q75), Min-Max, %, U-test, ORs with 95% CI were performed. All CI >1, p<0.05 were considered to indicate statistical significance.

Results: At time of evaluation 60 out of 274 pts (21%) reached MDA at least once. Mean duration of bDMARDs and bDMARDs+DMARDS was 11±3 Min - Max 204 months and 9±2 Min - Max 82 months accordingly. 28 out of 193 pts (10.4%) taking sDMARDs achieved MDA. Among 81 pts taking bDMARDs/MsDMARDs MDA was seen in significantly more cases - 32 pts (30.8%), OR=3.85 [CI 95% 2.11–7.01]. REM/LDA by DAPSA was found in significantly more cases compared to pts taking other therapies – in 50 out of 81 pts (61.7%) and in 56 out of 193 pts (29%) accordingly (p<0.05, U-test). Pts who had ever had standard clinical examination of PsA activity. Mean disease activity indexes (DAS)=4.0±1.4, DAS28=4.2±1.7. 78 patients were studied for fatigue (according to FACIT), patient global disease activity (PGA), patients pain and functional capacity (HAQ), and Health Assessment Questionnaire (HAQ); 66 patients (MF=33/33) were studied for anxiety and depression (according to HADS). At HADS score ≥8 patients had anxiety and depression disorders. Higher scores for FACIT scales indicate better quality of life (less fatigue). Skin lesion severity was evaluated in terms of body surface area (BSA) affected and Psoriasis Area Severity Index (PASI). When BSA was >3%, PASI was calculated. PASI≥1 indicates moderate and severe psoriasis. Descriptive statistics was used. U-test were performed; p<0.05 was considered to indicate statistical significance.

Results: Mean FACIT score was low amounting to 35.3±3.6, testifying increased fatigue; mean anxiety index was 5.7±3.1, depression index was 3.8±3.0. Anxiety disorders were detected in 16 out of 66 (24.2%) pts, depression disorders in 9 out of 66 (13.0%) pts. Negative correlation was found between FACIT score and DAS (r=0.26), DAS28 (r=0.28), CRP (r=0.27), PGA (r=0.35); and pain Vas (r=0.25). Depression was more pronounced in pts with erosive arthritis in hands and/or feet (r=0.31). Negative correlation of FACIT score (r=0.54), correlation of anxiety (r=0.26) and depression (r=0.33) indexes was found with health-related functional indexes according to HAQ. DAS indexes (anxiety and depression) are cross-correlating (r=0.51) and are negatively correlated with fatigue (r=0.49 and r=0.48, accordingly). An association was found of anxiety and depression indexes with the severity of psoriasis PASI index (r=0.38 and r=0.31, accordingly).

Conclusions: In early treatment-naïve PsA patients, increased fatigue and in a quarter of cases anxiety disorders, in 13% of patients depression disorders had been found. Psychological disorders are associated with PsA activity, the severity of psoriasis and joints erosive arthritis. Fatigue, anxiety and depression in early PsA patients result in the reduction of their functional capacity.

Disclosure of Interest: None declared

taken bDMARDs±sDMARDs had significantly less PsA activity compared to those who had taken other types of treatment (table 1).

Abstract THU0306 – Table 1

<table>
<thead>
<tr>
<th>Parameters</th>
<th>bDMARDs</th>
<th>other therapy</th>
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<tbody>
<tr>
<td>DAS28</td>
<td>1.8 [1.8;4.2]</td>
<td>3.4 [2.8;5.1]</td>
</tr>
<tr>
<td>CRP</td>
<td>1.3 [0.9;7.9]</td>
<td>6 [2.5;17.8]</td>
</tr>
<tr>
<td>Pain, VAS</td>
<td>20 [13;50]</td>
<td>30 [30;60]</td>
</tr>
<tr>
<td>PGA, VAS</td>
<td>30 [17;60]</td>
<td>40 [30;60]</td>
</tr>
<tr>
<td>PsGQA, VAS</td>
<td>30 [10;50]</td>
<td>38 [30;60]</td>
</tr>
<tr>
<td>SJC</td>
<td>1 [0.5]</td>
<td>1 [0.8]</td>
</tr>
<tr>
<td>TJC</td>
<td>1 [0.2]</td>
<td>1 [0.6]</td>
</tr>
</tbody>
</table>

* p<0.05, U-test

Conclusions: MDA was seen in 21% of PsA pts in routine care but starting bDMARDs has a significantly higher probability of reaching MDA in most cases despite duration of treatment.

Disclosure of Interest: None declared


THU0306 CLINICAL SPECIALTY SETTING AS A DETERMINANT FOR DISEASE MANAGEMENT IN PATIENTS WITH PSORIATIC ARTHRITIS: RESULTS FROM LOOP, A CROSS-SECTIONAL, MULTI-COUNTRY, OBSERVATIONAL STUDY

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Background: Evidence suggests that timely and effective management can improve long-term outcomes in patients (pts) with psoriatic arthritis (PsA); however factors influencing treatment management decisions are not well understood.

Objectives: To evaluate the association between the clinical specialty setting and time from inflammatory musculoskeletal symptom onset to PsA diagnosis and to different management steps in pts with a diagnosis of PsA.

Methods: LOOP is a large cross-sectional, multi-centre, observational study conducted in 17 countries across Western and Eastern Europe, Latin America, and Asia. Adult pts (> 18 years) with a suspected or an established diagnosis of PsA routinely visiting a rheumatologist (rheum), dermatologist (derm) or non-rheum/derm site were eligible to participate in this study. Each enrolled patient in the study was assessed by both rheum and derm. Main endpoints assessed were time from inflammatory musculoskeletal symptom onset to PsA diagnosis, time from PsA diagnosis to first csDMARD and to first bDMARD, and time from first csDMARD to first bDMARD.

Results: Of the 1483 pts enrolled in this study, 1273 pts with a confirmed diagnosis of PsA were included in this analysis. A majority of pts were recruited by a rheum in 726 pts (57.0%), followed by derms in 541 pts (42.5%). Pt demographics and disease characteristics were mostly comparable between rheum and derm settings. Current disease activity and burden of patients with PsA categorised by clinical specialty were shown in table 1. Disease activity was higher in PsA pts in derm setting compared with rheum setting. The timing of different disease management steps by clinical specialty is reported in table 2. Notably, mean time to first csDMARD was significantly shorter in rheum setting, PsA pts in derm setting had significantly higher disease activity. These data lend further support to the need for rheum-derm collaborative approach to optimise management of pts with PsA.

Acknowledgements: AbbVie funded the LOOP study, contributed to its design, and participated in data collection, analysis and interpretation of the data, and in writing, review, and approval of the publication. AbbVie and the authors thank all study investigators for their contributions and the patients who participated in this study. Medical writing was provided by Deepa Venkitaramani, PhD, of AbbVie.

Disclosure of Interest: W.-H. Boehncke Grant/research support from: AbbVie, Biogen Idec, Celgene, Covagen, Galderma, Janssen, Leo, Lilly, MSD, Novartis, Pantec Biosolutions, Pfizer, and UCB, Consultant for: AbbVie, Biogen Idec, Celgene, Covagen, Galderma, Janssen, Leo, Lilly, MSD, Novartis, Pantec Biosolutions, Pfizer, and UCB, Speakers bureau: AbbVie, Biogen Idec, Celgene, Covagen, Galderma, Janssen, Leo, Lilly, MSD, Novartis, Pantec Biosolutions, Pfizer, and UCB, R. Horváth Grant/research support from: AbbVie, Msd, Novartis, Pfizer, and UCB, Consultant for: AbbVie, Msd, Novartis, Pfizer, and UCB, E. Dakilçi Grant/research support from: AbbVie, Msd, Novartis, Pfizer, and UCB, Speakers bureau: AbbVie, Msd, Novartis, Pfizer, and UCB, S. Lima Consultant for: AbbVie, Bm, and Janssen, Speakers bureau: AbbVie, BMS, and Janssen, M. Hojnik Consultant for: AbbVie, BMS, and Janssen, M. Okada Grant/research support from: AbbVie, Japan, Aymui Pharmaceutical, Eli Lilly and Company, Mitsubishi Tanabe Pharma, and Ono Pharmaceutical, Consultant for: AbbVie Japan, Aymui Pharmaceutical, Eli Lilly and Company, Mitsubishi Tanabe Pharma, and Ono Pharmaceutical, Consultant for: AbbVie Japan, Aymui Pharmaceutical, Eli Lilly and Company, Mitsubishi Tanabe Pharma, and Ono Pharmaceutical, Consultant for: AbbVie Japan, Aymui Pharmaceutical, Eli Lilly and Company, Mitsubishi Tanabe Pharma, and Ono Pharmaceutical, Consultant for: AbbVie Japan, Aymui Pharmaceutical, Eli Lilly and Company, Mitsubishi Tanabe Pharma, and Ono Pharmaceutical, M. Hojnik Shareholder of: AbbVie, Employee of: AbbVie, F. Ganz Shareholder of: AbbVie, Employee of: AbbVie, E. Dakilçi Grant/research support from: AbbVie, Celgene, Galderma, Janssen, MSD, Novartis, and Pfizer, Consultant for: AbbVie, Celgene, Janssen, MSD, Novartis, and Pfizer, Speakers bureau: AbbVie, Celgene, Janssen, MSD, Novartis, and Pfizer