Conclusions: Although pts with BLE had more severe BL clinical characteristics than pts with No BLE, SEC showed higher efficacy than PBO at Wk 16 and sustained efficacy over 104 wks in both groups with greater magnitude of improvement in pts treated with SEC 300 mg than 150 mg.

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THU0312 RISK OF INFECTION IN PATIENTS WITH PSORIASIS/ PSORIATIC ARTHRITIS: A POPULATION-BASED STUDY IN THE PROVINCE OF BRITISH COLUMBIA

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Background: Psoriasis (PsO) is a chronic autoimmune disease of the skin with a third of patients (pts) also developing inflammatory arthritis (PsA), which can lead to joint destruction. Research suggests that pts with PsA have an increased risk of complications (e.g. cardiovascular disease). There are limited data on the risk of infections among pts with PsO/PsA.

Objectives: To assess the risk of mild and severe infections in pts with newly diagnosed PsO/PsA in a general population.

Methods: Using administrative health data from British Columbia (Canada) we developed an incident cohort of pts diagnosed with PsO/PsA between 1996 and 2013, with equal control pts matched on sex, age and calendar year. PsO/PsA cases were determined by: a) one International Classification of Diseases code (696.X) for PsO/PsA assessed by a rheumatologist or dermatologist; b) ≥2 diagnostic codes for PsO/PsA, ≥2 months apart in a 2 year period assessed by a non-rheumatologist or dermatologist; c) ≥1 hospitalisation with a diagnostic code for

PsO/PsA. Individuals with a history of HIV or tuberculosis were excluded. Outcomes were mild infections (requiring a physician visit and antibiotics) or serious infections (requiring hospitalisation). Adjusted risks of these infections were estimated using generalised estimating equation extensions of multivariate Poisson regression models.

Results: We identified 84 616 newly diagnosed pts with PsO/PsA (51.6% female; mean age 49.5 years [SD: 18.2]) who were matched with an equal non-PsO/PsA cohort. Pts with PsO/PsA had a higher risk of developing mild infections during follow-up, including HIV (2.6-fold) and mycosis (2-fold), compared with the general population. PsO/PsA also increased the risk of severe infections including *Chlamydia* (1.7-fold) and viral diseases with exanthema (2.6-fold) (table 1).

P-Y=patient years

Conclusions: This large epidemiological study demonstrates that pts with PsO/PsA are at significantly higher risk of acquiring infections. The role of therapy for PsO/PsA on the risk of these infections needs to be evaluated.

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THU0313 IXEKIZUMAB IMPROVES NAIL AND SKIN LESIONS THROUGH 52 WEEKS IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS AND INADEQUATE RESPONSE TO TUMOUR NECROSIS FACTOR INHIBITORS

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Background: Ixekizumab (IXE) is a high-affinity monoclonal antibody selectively targeting interleukin-17A. Compared to placebo (PBO), IXE resulted in significantly greater reduction and clearance of fingernail and skin lesions at Wk 24 in patients (pts) with active psoriatic arthritis (PsA) and inadequate response (IR) to tumour necrosis factor inhibitors (TNF-i).¹

Objectives: This analysis examined the persistence of effect at 1 year.

Methods: In this Phase 3, double-blind trial (SPIRIT-P2; NCT02349295), pts with active PsA who were TNF-i-IR were randomised to PBO or 80 mg IXE SC every 2 or 4 Wks (IXEQ2W, IXEQ4W), after a 160 mg starting dose.² At Wk 16, pts with IR to treatment (ERB supplement defined) received rescue therapy and pts on PBO

Abstract THU0312 – Table 1. Incidence Rate (IR) and Rate Ratio (RR) of Mild and Severe Infections Among PsO/PsA Pts Compared With the General Population

Outcomes	PsO/PsA cohort		Mild infections Non-PsO/PsA cohort		RR (95% CI)	Severe infections PsO/PsA cohort		Non-PsO/PsA cohort		RR (95% CI)
	n	IR (per 100K P-Y)	n	IR (per 100K P-Y)		n	IR (per 100K P-Y)	n	IR (per 100K P-Y)	
Viral diseases with exanthema	5612	912.7	3735	611.3	1.49 (1.43–1.56)	47	7.3	18	2.9	2.56 (1.49–4.40)
HIV-related infections	119	18.6	41	6.5	2.63 (1.91–3.63)	–	–	–	–	–
Intestinal infections	3659	587	2420	392.5	1.50 (1.42–1.57)	835	130.6	508	81	1.61 (1.44–1.80)
Mycoses	5318	867.9	2520	409.3	2.12 (2.02–2.22)	–	–	–	–	–
Poliomyelitis	78	12.2	48	7.6	1.59 (1.11–2.28)	–	–	–	–	–
Syphilis venereal	514	80.4	391	62.4	1.29 (1.13–1.47)	–	–	–	–	–
Tuberculosis	340	53.1	212	33.8	1.52 (1.29–1.79)	–	–	–	–	–
<i>Chlamydia</i>	3580	575.8	2140	346.8	1.66 (1.57–1.75)	113	17.6	67	10.7	1.65 (1.22–2.23)
Zoonotic	73	11.4	48	7.6	1.49 (1.03–2.14)	–	–	–	–	–
Pneumonia	9622	1613.1	6306	1053.4	1.53 (1.48–1.58)	1685	264.8	1236	198	1.34 (1.24–1.44)
Intracranial abscess	37	5.8	18	2.9	2.01 (1.15–3.53)	–	–	–	–	–
Rickettsioses	140	21.8	97	15.5	1.41 (1.09–1.83)	–	–	–	–	–
Helminthiasis	110	17.2	77	12.3	1.40 (1.05–1.87)	–	–	–	–	–