Physicians and patients independently provided information on satisfaction with disease control on a 5-point scale (very satisfied/satisfied/neither/dissatisfied/very dissatisfied). Physician and patient reports of satisfaction were compared to assess levels of misalignment. Physicians also provided information on demographics and disease history/severity. Patients provided information on involvement in treatment decisions, EuroQol-5D Visual Analogue Scale (EQ-5D), Work Productivity and Activity Impairment (WPAI) and Health Assessment Questionnaire Disability Index (HAQ-DI). Factors associated with misalignment were analysed by a multivariate logistic regression modelled using predictors identified as significant in univariate logistic regression. Data entered in the analyses included demographics, time diagnosed, treatment history, disease severity, flaring, pain, patient-reported involvement in treatment decisions, EQ-5D, WPAI, HAQ-DI.

Results: 519 physicians (331 rheums, 188 derms) provided data for 2467 PsA patients, 656 meeting all inclusion criteria. Mean age was 49.9 (SD 12.1) years, mean disease duration 6.7 (6.2) years, 53.8% patients were male and 66.1% employed. Satisfaction with disease control was generally high amongst both patients (78.3%) and physicians (91.9%) with alignment in 79.4% of cases. In 16.8% of cases there was misalignment where patients were dissatisfied but physicians satisfied.

Multivariate logistic regression showed that worse HAQ-DI (OR [95% CI]: 0.54 [0.38–0.77], $p=0.001$), worse EQ-VAS (OR 1.03 [1.02–1.04], $p<0.001$), lack of involvement in treatment decisions (OR 1.26 [1.07–1.50], $p=0.007$) and physician-reported severe disease as opposed to mild (OR 0.20 [0.05–0.78], $p=0.020$) were all independently associated with misalignment.

Conclusions: Satisfaction with disease control was generally high for both patients and physicians; however, misalignment was not rare. Patients had higher levels of symptoms/increased impact on activities where there was misalignment. An independent factor associated with misalignment was patient-perceived involvement in condition management. Improving patient-physician engagement in overall disease management may lead to greater patient satisfaction and patient-physician alignment.

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THU0316

GENDER DIFFERENCES IN BIOLOGIC TREATMENT OUTCOMES – A STUDY OF 1750 PATIENTS WITH PSORIATIC ARTHRITIS USING DANISH HEALTH CARE REGISTERS

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Background: Previous studies have shown conflicting findings on the impact of gender on effectiveness of tumour necrosis factor alpha inhibitor (TNFi) treatment in patients with psoriatic arthritis (PsA).

Objectives: To investigate gender differences in disease manifestations, patient-reported outcomes, comorbidities and treatment effectiveness among patients with PsA treated with their first TNFi

Methods: In this observational cohort study, the nationwide DANBIO register provided prospectively collected data on disease activity and treatment outcomes for PsA patients who initiated their first TNFi in 2000–2015. Data on comorbidities, diagnosed in hospital departments, were obtained by cross-linkage to the Danish National Patient Register. Treatment response was evaluated according to EULAR and ACR criteria at 3- and 6 months. Cox- and logistic regression models analysed the impact of gender on TNFi persistence and response, respectively, while adjusting for a priori selected confounders including clinical-, laboratory- and patient-reported factors, comorbidities and lifestyle characteristics

Results: A total of 1750 PsA patients (53% females) were included. At baseline, women were older (49 years/47 years), more often smokers (32%/26%), had worse patient-reported scores (e.g. global score 71 mm/65 mm) and higher frequencies of hospital-diagnosed anxiety or depression (7%/4%) and chronic pulmonary disease (7%/3%), than men (all $p<0.01$). Median TNFi persistence was 3.8 years (95% CI 3.0–5.7) in men versus 1.4 (1.1–1.8) in women ($p<0.001$), figure 1. Men had higher odds of achieving response according to all response criteria, e.g. adjusted odds ratio=3.2 (1.6–6.1) for EULAR good/moderate response at 6 months (vs. women).

FIGURE: KAPLAN MEIER PLOTS

Abstract THU0316 – Figure 1. Kaplan meier plots

Conclusions: Male patients had better TNFi treatment outcomes. Adjustment for baseline risk factors including patient-reported outcomes, disease activity, comorbidities and lifestyle factors did not influence this relationship, which suggests a role of biological factors.

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THU0317

CREATING A EUROPEAN DATABASE OF PSORIATIC ARTHRITIS PATIENTS TREATED IN ROUTINE CARE – FIRST, PRELIMINARY RESULTS FROM THE EUROSPA RESEARCH NETWORK COLLABORATION

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Background: A research network collaboration of 15 European registries collecting data on patients with spondyloarthritis (SpA), "EuroSpA", has recently been created to strengthen research capabilities in the real world setting¹. Here we present initial findings from the collaboration.

Objectives: To investigate the feasibility of creating a common database within the EuroSpA collaboration and to conduct proof-of-concept analyses by investigation of baseline characteristics, disease activity at baseline and after 6 months and 12 months' TNFi retention rate in patients with psoriatic arthritis (PsA) initiating Tumour Necrosis Factor inhibitors (TNFi).