SAT0362

DEPRESSIVE SYMPTOMS ARE ASSOCIATED WITH A GREATER CARDIOVASCULAR RISK IN PATIENTS WITH PSORIATIC ARTHRITIS.

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Background: Cardiovascular (CV) events are the leading cause of death in patients with psoriatic arthritis (PsA) but current cardiovascular risk prevention strategies in these subjects appear to be inadequate. The prevalence of depressive symptoms, even in the absence of a diagnosed depressive disorder, is greater in patients with PsA than in the general population.

Objectives: The objective of the study is to evaluate the association between CV risk factors and depressive symptoms in a cohort of patients with PsA.

Methods: We enrolled consecutive patients with PsA (CASPAR criteria) without a diagnosis of major depression or history of major CV events. The presence of significant depressive symptoms was defined by the Hospital Anxiety and Depression Scale (HADS) for scores ≥ 8 . The subjects were characterized by disease phenotype, duration and activity (according to the DAPSA index) and immunosuppressive, antihypertensive, glucose-, urate- and lipid-lowering therapy. In order to assess the prevalence of traditional CV risk factors, patients were characterized by BMI, waist and hip circumference, blood pressure (BP), smoking habits, physical activity and familiarity for myocardial infarction, lipid, glucose and serum urate. The predicted risk of CV events was calculated by the Framingham Risk Score (FRS), Atherosclerotic Cardiovascular Disease (ASCVD) score and Systematic COronary Risk Evaluation (HeartSCORE) risk charts.

Results: One-hundred patients with PsA were enrolled (males 47.0%, mean age 54.9 $\pm$ 12.5 years, duration of illness 9.1 $\pm$ 10.6 years) of which 20.6% were in remission, 43.3% in low disease activity, 28.8% in moderate disease activity and 10.3% in high disease activity according to DAPSA; 38% had significant depressive symptoms according to the HADS questionnaire. Patients without depressive symptoms had a higher mean age (57.8 $\pm$ 12.3vs52.1 $\pm$ 12.4 years, $p=0.002$) compared to patients with significant depressive symptoms but were comparable according to M:F ratio, duration and domains of psoriatic disease, PASI, DAPSA and immunosuppressive therapy. The presence of depressive symptoms was associated with a higher prevalence of obesity (34.2%vs9.7%, $p=0.002$) and ω eat risk ω abdominal circumference (84.2%vs61.3%, $p=0.015$) and hip/waist ratio (81.6%vs50.0%, $p=0.002$). Moreover, these patients had more frequently a history of active or previous smoking (63.2% vs.40.3%, $p=0.027$) but did not differ according to lifestyle, BP, antihypertensive therapy or familiarity with myocardial infarction compared to patients without depressive symptoms. With regard to the metabolic profile, patients with and without depressive symptoms did not differ in terms of exposure to lipid- and glucose-lowering drugs and fasting glucose values. However, patients with depressive symptoms had increased atherogenic risk index more frequently (76.3%vs54.8%, $p=0.046$) and greater LDL/HDL ratio (2.6 $\pm$ 1.2vs2.1 $\pm$ 0.7, $p=0.017$) and serum triglycerides values (135.1 $\pm$ 53.7 mg/dl vs 108.8 $\pm$ 58.6 mg/dl, $p=0.046$). The estimated risk of cardiovascular events at 10 years for traditional risk factors was greater for patients with depressive symptoms (FRS 16.8 $\pm$ 12.3vs10.4 $\pm$ 6.0, $p=0.003$; HeartSCORE 1.9 $\pm$ 1.5vs1.1 $\pm$ 1.0, $p=0.011$; ASCVD 11.7 $\pm$ 8.8vs7.8 $\pm$ 8.4, $p=0.05$).

Conclusion: The presence of depressive symptoms is associated with a higher incidence of modifiable CV risk factors and a higher predicted risk of CV events in patients with PsA. Systematic research of depressive symptoms in patients with PsA could contribute to the correct assessment of CV risk, helping to implement more effective prevention strategies.

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SAT0363

ENTHESITIS BUT NOT DACTYLITIS CONTRIBUTES TO BURDEN OF DISEASE IN PSA PATIENTS: DATA FROM THE BEPAS REAL LIFE COHORT

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Background: Psoriatic arthritis (PsA) significantly impacts physical function and quality of life. Limited data are available to specifically evaluate the impact of the different disease domains such as arthritis, axial involvement, skin disease, enthesitis and dactylitis. The BEPAS cohort, a prospective daily life cohort of PsA patients allows to study the impact of enthesitis and dactylitis on disease activity, disability and quality of life in PsA patients.

Objectives: 1) to measure the impact of enthesitis and dactylitis on health-related quality of life in PsA patients in Belgium.

Methods: At the inclusion visit, a cross-sectional analysis of dactylitis and enthesitis was performed among 462 patients from the BEPAS cohort and impact of enthesitis and/or dactylitis was studied. Patients were evaluated for the demographics, clinical disease manifestations, disability, disease global assessment and inflammatory markers at inclusion. Differences of tested variables between patients with and without dactylitis and/or enthesitis were evaluated by T-test or Chi-square testing.

Results: 462 patients (273 males and 189 females) with a mean disease duration of 8.53 years (SD: 9.25yrs) were recruited in 17 BEPAS centers from December 2012 to July 2014. 111 patients had enthesitis and 63 patients had dactylitis at inclusion. 17 patients had both enthesitis and dactylitis. Results are summarized in the table below:

Conclusion: Enthesitis has a larger impact on Quality of Life and Health Status than dactylitis in PsA. Patients with enthesitis and dactylitis have higher joint scores but not higher markers of systemic inflammation than those without.

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	Enthesitis (n=111)	No Enthesitis (n=351)	Dactylitis (n=63)	No Dactylitis (n=399)
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Disease duration	7.97 (8.87)	8.71 (9.37)	5.12 (6.35)	9.07 (9.53)*
BMI	27.89 (4.94)	27.30 (4.95)	27.35 (4.97)	27.47 (4.94)
TJ78	7.71 (10.34)	23.49§	8.57 (11.99)	3.36 (5.89)§
SJ76	2.94(4.40)	1.86 (4.51)*	6.33 (7.42)	1.45 (3.41)§
BSA	5.11 (13.22)	2.85 (6.67)*	3.18 (5.74)	3.44 (9.20)
CRP	4.88 (6.06)	6.17 (11.14)	6.04 (6.16)	5.82 (10.64)
PTGAVAS	47.04 (19.88)	32.92 (23.49)§	42.54 (26.78)	35.33 (22.63)*
PGAVAS	34.88 (21.23)	21.28 (20.12)§	39.2 (23.63)	22.16 (19.79)§
DAS28CRP	3.42 (1.14)	2.66 (1.06)§	3.55 (1.39)	2.73 (1.03)§
DAPSA/DAREA	24.11(15.66)	17.27 (16.66)*	19.03 (16.65)	17.17(15.39)§
MDA	9/111 (8%)	164/349 (47%)§	10/63 (16%)	163/397 (41%)§
HAQ	0.93(0.60)	0.65 (0.63)§	0.82 (0.69)	0.70 (0.62)
HAQ score status (<0.3)	16/111 (14%)	135/359 (38%)§	19/62 (30%)	132/399 (33%)
PSAQOL	8.20(5.25)	5.17(5.27)§	7.24(6.46)	5.70(5.22)*
SF36 phys funct	51.56(25.85)	65.39(27.13)§	57.84(31.56)	62.69(26.73)
SF36 role-physical	44.15(27.28)	59.70(29.86)§	51.81(33.90)	56.62(29.31)
SF36 role-emotional	57.63(31.98)	72.22(25.33)§	65.18(35.37)	69.30(30.40)
SF36 vitality	40.51(19.03)	54.58(21.91)§	50.06(24.70)	51.37(21.67)
SF36 mental health	53.56(21.53)	66.41(20.73)§	62.06(24.17)	63.51(21.22)
SF36 social funct	60.69(25.16)	72.41(25.33)§	65.72(26.19)	70.18(25.66)
SF36 bodily pain	38.70(19.59)	54.00(23.92)§	45.19(24.07)	51.12(23.75)
SF36 general health	40.42(18.33)	50.14(21.10)§	48.72(21.68)	47.69(20.76)
SF36 Phys Comp Sum	35.88(8.64)	41.32(10.42)§	38.14(10.25)	40.33(10.27)
SF36 Ment Comp Sum	39.49(12.80)	46.44(12.77)§	43.60(14.71)	45.00(12.84)

*p<0.05, §p<0.001

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