So Young Park Employee of: Eli Lilly and Company, Matthew Hufford Shareholder of: Eli Lilly and Company, Employee of: Eli Lilly and Company, Peter Nash Grant/research support from: AbbVie, Bristol-Myers Squibb, Eli Lilly, Janssen, Novartis, Pfizer Inc, Roche, Sanofi, UCB, Consultant for: AbbVie, Bristol-Myers Squibb, Eli Lilly, Janssen, Novartis, Pfizer Inc, Roche, Sanofi, UCB, Speakers bureau: AbbVie, Bristol-Myers Squibb, Eli Lilly, Janssen, Novartis, Pfizer Inc, Roche, Sanofi, UCB
DOI: 10.1136/annrheumdis-2019-eular.1240

SAT0375

MILD COGNITIVE IMPAIRMENT IN PSORIATIC ARTHRITIS: PREVALENCE AND ASSOCIATED FACTORS

Marco Di Carlo^{1,1}, Andrea Becciolini², Antonella Incorvaia¹, Giacomo Beci¹, Martina Biggiongero², Ennio Giulio Favalli², Fausto Salaffi¹. ¹Rheumatological Clinic, Dipartimento di Scienze Cliniche e Molecolari – Università Politecnica delle Marche, Jesi, Italy; ²Gaetano Pini-CTO Institute, Department of Rheumatology, Milan, Italy

Background: A growing body of data demonstrated that systemic inflammation is a predisposing condition for developing cognitive impairment. Different studies highlighted that psoriasis (PsO), a multisystem chronic inflammatory disorder, is associated with cognitive impairment. No data are available regarding psoriatic arthritis (PsA).

Objectives: To assess the prevalence and the factors associated with mild cognitive impairment (MCI) in patients suffering from PsA.

Methods: Consecutive PsA patients, classified as suffering from PsA with the CIASification criteria for Psoriatic ARthritis (CASPAR), were enrolled in this study. For each patient were collected the sociodemographic data (age, gender, years of school attendance, years of articular disease duration, years of cutaneous disease duration, treatment), the values of C-reactive protein (CRP) and the following clinical variables: 68 tender joint count (TJC), 66 swollen joint count (TJC), the Leeds Enthesitis Index (LEI), the dactylitis digit count, the Psoriasis Area and Severity Index (PASI), 10 cm numerical rating scale (NRS) for pain and for assessment of disease activity (PaGA), the Dermatology Life Quality Index (DLQI), the 12-item Psoriatic Arthritis Impact of Disease (PsAID-12), the Health Assessment Questionnaire (HAQ), and the Self-administered Comorbidity Questionnaire (SCQ). Cognitive impairment was assessed through the Montreal Cognitive Assessment (MoCA). The exclusion criteria were represented by the presence of: age older than 70 years, major depressive disorder, dementia, Parkinson's disease, active skin disease other than PsO, concomitant inflammatory joint conditions (such as gout or calcium pyrophosphate deposition), and comorbid fibromyalgia.

Results: The study involved 96 PsA patients, with a mean age of 52.8 years. Twenty (20.8%) patients were suffering from PsA sine PsO. The mean articular disease duration was 9.9 years, and the mean cutaneous disease duration was 14.9 years. The mean Disease Activity index for Psoriatic Arthritis (DAPSA) was 11.8, and the mean PASI was 0.95. MCI (defined as a MoCA score <26/30) was detected in 47 (48.9%) patients, with a mean value of MoCA of 25.1±3.1. Short-term memory was the most affected domain (mean value 2.6 on 0-5 point scale). The variables under investigation significantly correlated with a worsening cognitive performance (Spearman's Rho) were functional capacity (MoCA vs HAQ, $r_s = -0.227$, $p = 0.026$) and fatigue (MoCA vs PsAID item 2, $r_s = -0.222$, $p = 0.029$).

Conclusion: MCI is present in a significant proportion of PsA patients, and is present in a relative young age. MCI occurrence is associated with the presence of a worse functional capacity and a greater fatigue. Short-term memory is the more frequently affected domain. Although not predominantly of rheumatological interest, the MCI presence should be carried out in all patients with PsA.

REFERENCES

- [1] Gisondi P, Sala F, Alessandrini F, et al. Mild cognitive impairment in patients with moderate to severe chronic plaque psoriasis. *Dermatology*. 2014;228(1):78-85.
- [2] Colgecen E, Celikbilek A, Keskin DT. Cognitive Impairment in Patients with Psoriasis: A Cross-Sectional Study Using the Montreal Cognitive Assessment. *Am J Clin Dermatol*. 2016;17(4):413-9.

Disclosure of Interests: Marco Di Carlo: None declared, Andrea Becciolini: None declared, Antonella Incorvaia: None declared, Giacomo Beci: None declared, Martina Biggiongero: None declared, Ennio Giulio Favalli: None declared, Fausto Salaffi Grant/research support from: Abbvie, Roche, Novartis, BMS, Pfizer, Sanofi, Speakers bureau: Abbvie, Roche, Novartis, Pfizer, Sanofi, BMS

DOI: 10.1136/annrheumdis-2019-eular.4695

SAT0376

MAKING THE NEXT STEPS IN PSORIATIC ARTHRITIS MANAGEMENT: DOMAIN DRIVEN, TREAT-TO-TARGET, TAILORED MANAGEMENT APPROACH

Yasser El Miedany¹, Mohammed Hassan Abu-Zaid², Waleed Hassan³, Mohammed A. Mortada⁴, Dalia Mekawy⁵, Samah Ismail Nasef⁶, Nadia El Aroussy⁵, Mervat Eissa⁷, Yossra Atef⁸, Eiman Dessouki⁹, Maha El Gaafary¹⁰.

¹Darent Valley Hospital, Rheumatology, Dartford, United Kingdom; ²Tanta University School of Medicine, Rheumatology and Rehabilitation, Tanta, Egypt; ³Benha University school of medicine, Rheumatology and Rehabilitation, Benha, Egypt; ⁴Zagazig University school of medicine, Rheumatology and Rehabilitation, Zagazig, Egypt; ⁵Ain Shams University School of medicine, Rheumatology and Rehabilitation, Cairo, Egypt; ⁶Suez canal university, Rheumatology and Rehabilitation, Ismailia, Egypt; ⁷Cairo University school of medicine, Rheumatology and Rehabilitation, Cairo, Egypt; ⁸Assiut University, school of medicine, Rheumatology and Rehabilitation, Assiut, Egypt; ⁹Alexandria University, school of medicine, Ophthalmology, Alexandria, Egypt; ¹⁰Ain Shams University school of medicine, Community and Public Health, Cairo, Egypt

Background: The diverse clinical picture of psoriatic arthritis (PsA) suggests the need to identify suitable therapies to address the different combinations of clinical manifestations and comorbidities. The current treatment paradigms recommend early diagnosis and treatment, and a strategic, target orientated approach, aiming at a low disease activity status. The introduction of new treatment modalities highlighted the need for guidelines to prioritize these options for doctors and patients

Objectives: To develop an evidence-based recommendation for the management and treatment of PsA. The management paradigm should cover all domains of psoriatic disease and provide a stepwise tailored treatment options giving clear advice on treatment from the initial diagnosis, including inclusion/exclusion criteria for treatment, monitoring requirements and how to quantify response to treatment.

Methods: A Steering Committee formulated a set of overarching principles for the management of PsA based on evidence derived from a systematic literature review. These were subsequently discussed, amended and voted on by a Task Force of 20 rheumatologists, dermatologists and patient research partners. Using the nominal group technique and Delphi method, 7 domains were identified (peripheral arthritis, axial disease, enthesitis, dactylitis, skin and nails as well as comorbidities including uveitis). A multidisciplinary, evidence- and consensus-based treatment recommendations for PsA were developed for each of the domains based on three consensus discussions. A set of recommendations for a sequential DMARD/biologic treatment algorithm for patients with PsA was also set.

Results: literature review provided evidence regarding an optimised domain specific, treat-to- target approach to management. The guidelines addressed both drug and non-drug interventions. 20-statements regarding diagnosis, disease activity scoring, US/MRI scanning, and drug therapy were generated. Percentage of positive votes ranged between 86-100%; whereas mean±SD level of agreement was 9.6±0.3. The main treatment outcome is to achieve remission status or at least low disease activity state, which should be based on a shared decision with parents/patients. Treatment should be adapted according to disease activity. Treatment should be also adapted if the remission state got lost.

Conclusion: Although no clear correlation exists between joint inflammation and the skin in every patient, the skin and joint aspects of the disease often must be treated simultaneously. Treatment recommendations for the cardinal physical manifestations of PsA were developed based on a literature review and consensus between rheumatologists, dermatologists and patients. It is anticipated that periodic updates will take place using this framework as new data become available.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.1850

SAT0377

DIFFERENCES IN CLINICAL CHARACTERISTICS, QUALITY OF LIFE, DISABILITY, AND WORK PRODUCTIVITY IN PSORIATIC ARTHRITIS PATIENTS BY GENDER: FINDINGS FROM A CROSS-SECTIONAL SURVEY IN THE US AND EUROPE

Laure Gossec¹, Jessica A. Walsh², Kaleb Michaud³, Steve Peterson⁴, Elizabeth Holdsworth⁵, Chetan Karyekar⁴, Nicola Booth⁵, Jessalyn Kemp⁵, Soumya D. Chakravarty^{6,7}, Shelly Kafka⁶, Alexis Ogdie⁸. ¹Sorbonne Universite, Paris, France; ²University of Utah, Salt Lake City, UT, United States of America; ³University of Nebraska Medical Center, Omaha, NE, United States of America; ⁴Janssen Global Services, LLC, Horsham, PA, United States of America; ⁵Adelphi Real World, Manchester, United Kingdom; ⁶Janssen Scientific Affairs, LLC, Horsham, PA, United States of America; ⁷Drexel University College of Medicine, Philadelphia, PA, United States of America; ⁸Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, United States of America

Background: Psoriatic arthritis (PsA) prevalence is equal in men and women, though gender may play a role in driving mechanisms of PsA leading to differences in manifestations of clinical disease (1).

Objectives: Assess key differences in clinical characteristics, disability, quality of life, and work productivity by gender in real-world practice.

Methods: Cross-sectional survey of rheumatologists and dermatologists and their patients in France, Germany, Italy, Spain, UK, and US. Data were collected from Jun-Aug 2018 via physician-completed patient record forms and patient self-completed forms. Data were analyzed by gender. Demographic characteristics, treatment use, and clinical characteristics (Tender Joint Count [TJC], Swollen Joint Count [SJC], Body Surface Area [BSA] psoriasis) were reported by physicians, while quality of life (EQ5D and PsAID12), disability (HAQ-DI), and work productivity (WPAI) were reported by patients. Men and women were compared using parametric tests and non-parametric tests where appropriate.

Results: Data were collected for 2270 patients (595 US, 1675 Europe). Demographic characteristics, time from first symptoms to diagnosis, biologic treatment, and clinical characteristics were comparable between women and men (Table 1). More women reported worse quality of life,

Table 1. Demographic and clinical characteristics in women and men [mean (SD) or n (%)]

	Women	Men	P value
n (%)	1047 (46.1)	1223 (53.9)	-
Age, years	48.3 (13.7)	48.8 (12.8)	0.42
Working full time*, n (%)	206 (49.4)	350 (68.6)	<0.01
Charlson Comorbidity Index score	1.10 (0.51)	1.15 (0.58)	<0.01
Time from first symptoms to diagnosis, years	1.48 (3.53) 4.87 (6.15)	1.14 (2.48) 4.95 (5.79)	0.76
PsA duration, years			0.42
Currently receiving biologic treatment, n (%)	557 (53.2)	674 (55.1)	0.38
BSA psoriasis involvement, mean%	5.5 (8.4)	5.5 (8.1)	0.87
Swollen Joint Count	3.2 (7.0)	3.5 (6.9)	0.39
Tender Joint Count	4.1 (5.2)	4.5 (8.0)	0.03
Enthesitis, n (%)	59 (5.6)	72 (5.9)	0.86
Dactylitis, n (%)	79 (7.5)	75 (6.1)	0.21

*Outside the home

disability, and work activity impairment than men (Table 2).

Table 2. Quality of life, disability, and work productivity in women and men [mean (SD)]

	Women	Men	P value
EQ5D utility score	0.80 (0.18)	0.82 (0.17)	0.02
HAQ-DI score	0.56 (0.60)	0.41 (0.52)	<0.01
PsAID12 score	2.66 (2.07)	2.27 (1.98)	<0.01
WPAI percentage of activity impairment	27.9 (22.0) 4.0 (14.0)	24.6 (22.4) 5.8 (19.2)	<0.01
WPAI percentage of work time missed			0.62

Conclusion: In women and men with similar PsA disease activity and treatment rates, women experienced worse quality of life, greater disability, and greater work impairment, despite a lower burden of comorbidities.

REFERENCE

- [1] Billi AC, Kahlenberg JM, Gudjonsson JE. Sex bias in autoimmunity. *Curr Opin Rheumatol.* 2019 Jan;31(1):53-61.

Disclosure of Interests: Laure Gossec Grant/research support from: AbbVie, BMS, Celgene, Janssen, Lilly, MSD, Novartis-Sandoz, Pfizer, Sanofi, and UCB, Consultant for: AbbVie, Biogen, BMS, Celgene, Janssen, Lilly, MSD, Nordic Pharma, Novartis-Sandoz, Pfizer, Roche, Sanofi, and UCB, Consultant for: L Gossec has received honoraria from Celgene as investigator for this study, Jessica A. Walsh Grant/research support from: AbbVie, Pfizer, Consultant for: AbbVie, Celgene, Lilly, Novartis, Kaleb Michaud Grant/research support from: Pfizer (within past 2 years), Steve Peterson Shareholder of: Janssen, Employee of: BMS (2000-2002), Janssen (2002-present), Elizabeth Holdsworth Employee of: Adelphi Real World, Chetan Karyekar Shareholder of: J&J, Employee of: Janssen Scientific Affairs, LLC, Abbott, BMS, Novartis, Nicola Booth Employee of: Adelphi Real World, Jessalyn Kemp Employee of: Adelphi Real World, Soumya D Chakravarty Shareholder of: Johnson & Johnson, Employee of: Johnson & Johnson, Shelly Kafka Shareholder of: J&J, Employee of: J&J, Alexis Ogdie Grant/research support from: (To my university) Novartis, Pfizer, Grant/research support from: Novartis, Pfizer, Grant/research support from: Novartis, Pfizer, Consultant for: AbbVie, Bristol-Myers Squibb, Celgene, Corrona, Eli Lilly and Company, Novartis, Pfizer, and Takeda, Consultant for: AbbVie, Amgen, Bristol-Myers Squibb, Celgene, Corrona, Eli Lilly, Novartis, Pfizer Inc, Takeda, Consultant for: AbbVie, Amgen, BMS, Celgene, Corrona, Lilly, Novartis, Pfizer, Takeda, Consultant for: AbbVie, Amgen, BMS, Celgene, Corrona, Lilly, Novartis, Pfizer, Takeda

DOI: 10.1136/annrheumdis-2019-eular.7370

SAT0378

DRIVERS OF DISCORDANCE IN PSORIATIC ARTHRITIS WHEN ANALYZING THE LINK BETWEEN PATIENT-PERCEIVED GOOD STATUS AND THE DISEASE ACTIVITY IN PSORIATIC ARTHRITIS (DAPSA) COMPOSITE SCORE: AN ANALYSIS OF 436 PATIENTS FROM THE INTERNATIONAL REFLAP OBSERVATIONAL STUDY

Laure Gossec, Maarten de Wit, Laura C. Coates, Umut Kalyoncu, Emmanuelle Dernis, Adeline Ruyssen-Witrand, Ying Ying Leung, Rossana Scrivo, Juan D. Cañete, Penelope Palominos, Sandra Tälli, Uta Kiltz, Martin Soubrier, Lihi Eder, Ana-Maria Orbai, Josef S. Smolen. *REFIP study group, PARIS, France*

Background: In Psoriatic arthritis (PsA), the objective of treatment is remission or low disease which can be defined using the Disease Activity in Psoriatic Arthritis (DAPSA) (ref1). We previously showed DAPSA was associated to patient-perceived good status (i.e., self-assessed remission or low disease, yes/no) (ref2). However, some discordance was noted between patient-perceived status and the composite score. This discordance may be linked to demographic elements (such as age, gender or country), disease activity components (such as skin involvement which is not assessed in DAPSA) or patient-reported outcomes (such as fatigue or depressive affects). A better understanding of this discordance would be helpful in the context of shared decision-making.

Objectives: To explore the drivers of discordance between patient-perceived remission or low disease and DAPSA-defined remission or low disease.

Methods: This is an analysis of the first visit of ReFlap (NCT03119805, ref2), an observational study in 14 countries of consecutive adult patients with definite PsA >2 years of disease duration. Discordance in assessment of remission/low disease status was defined as a disagreement between a specific patient question (are you in remission or low disease, yes/no) and DAPSA-defined remission/low disease (i.e., score <=14, yes/no). Potential drivers of this discordance were analysed through univariable then stepwise multivariable logistic regression. Variables analysed were demographic (age, gender, disease duration, gross domestic product of country of origin), disease-related (joint counts, psoriasis BSA, enthesitis, CRP) and patient-reported outcomes (pain, fatigue, depressive affect and anxiety). There was no imputation of missing data.

Results: Among 436 patients, mean age 52.3 (SD 12.5) years, mean disease duration 10.1 (8.1) years, 218 (50.8%) male; 259 (63.5%) were taking a conventional DMARD and 247 (60.5%) a biologic. Disease activity was moderate: 36.1% had no current psoriasis skin lesions and mean swollen joint count was 2.2 (7.1). Remission or low disease was frequent both using the patient question (N=286, 65.6%) and using DAPSA (N=246, 56.4%). Discordance between patient-reported status and DAPSA