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

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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.

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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

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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