Conclusion: In clinical practice, the sDMARD given to the majority of pts is MTX, but its use achieves the recommended treatment target of MDA only in 16.5% of pts. The SC MTX treatment significantly, up to 30%, improves the achievement of MDA. The use of SC MTX could be a therapy optimized option in clinical practice.

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SAT0380

FIBROMYALGIA IS THE STRONGEST NEGATIVE PREDICTOR FOR THE ACHIEVEMENT OF EITHER REMISSION AND MINIMAL DISEASE ACTIVITY IN NAIVE PSORIATIC ARTHRITIS PATIENTS STARTING BIOLOGIC DRUGS

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Background: There is evidence that fibromyalgia (FM) can increase the burden of disease in patients affected with psoriatic arthritis (PsA) and interfere with the assessment of clinical disease activity, but studies focusing the impact of FM on long-term clinical outcomes are lacking.

Objectives: We aimed at evaluating the impact of FM on the achievement of clinical remission or minimal disease activity (MDA) in naïve PsA patients on treatment with a first biologic drug in real life settings.

Methods: We retrospectively assessed PsA patients, fulfilling CASPAR criteria, from 1st January 2010 through 30th June 2017, starting a first biologic drug or apremilast. At baseline and at each visit thereafter, DAPSA, PASI, MDA, ASDAS-CRP, and HAQ were evaluated. Rate of patients achieving DAPSA based low disease activity (LDA) was assessed at 3 months, and MDA or DAPSA-remission at 12 months. LOCF method was carried out for those patients who did not reach 12 months follow-up or discontinue the treatment before 12 months. The persistence on the first treatment was evaluated by Kaplan-Meier survival curves. Estimated hazard ratios (HRs) of discontinuing therapy or achieving remission or MDA at last observation were assessed by a multivariate stepwise backward Cox regression model, adjusting for patient demographics (gender, age, BMI, comorbidities) and disease characteristics (co-therapy with MTX or glucocorticoids, DAPSA).

Results: Upon excluding pure axial PsA without peripheral involvement, 238 patients (126 female) with mean age 51 years (95% CI, 40-59), BMI 26 (95% CI, 23-30), disease duration 24 (95% CI, 10-60) months were analyzed. At baseline, 120 had polyarticular involvement (≥ 5 joints), 118 had oligoarticular pattern, and 64 had concomitant spine involvement. One hundred-fifteen began a treatment with anti-TNF-receptor, n.106 with anti-TNF-mAb, n.9 with ustekinumab, n.6 with apremilast, and n.2 with secukinumab. FM was diagnosed, according to both 1990 and 2019 ACR classification criteria, in 58 (female 74%) patients. Crude drug survival rate was significantly lower in FM-PsA patients (50%) (mean survival time (MST, 95% CI) 32 (25-38) months) than in PsA patients without FM (74%) MST 42 (38-45) months (log rank=15.6, p=0.0001) (Figure 1a). This large difference was also seen estimating drug survival by ineffectiveness, FM-PsA 58.6% (MST 35 (28-42) months) vs PsA 82% (MST 45 (42-48) months) (log rank=18.5, p=0.0001) (Figure 1b), but not by adverse events (data not shown). LDA at 3 months was reached by 78% of PsA patients and by 21% of FM-PsA patients (p=0.0001). At 12 months, MDA was achieved by 62% of PsA and only by 2% (1 out of 58) of FM-PsA (p=0.0001), and likewise remission was seen in 47% of PsA and in 2% of FM-PsA p=0.0001) Figure 2. FM was the only independent factor associated to drug discontinuation (HR 2.5, 1.6-4.1 (95% CI), or to the achievement of either MDA (HR 0.23, 0.1-0.5 (95% CI) and clinical remission (HR 0.26, 0.1-0.6 (95% CI), with the first biologic drug within the time span of the study.

Conclusion: Our findings clearly demonstrate the FM has a striking negative impact on clinical outcomes in PsA, as early as 3 months of treatment. Clinicians should be aware that treating PsA patients with comorbid FM is demanding, and appropriate patient shared strategies should be adopted in these settings.

Figure 1. Kaplan-Meier curves of crude drug survival (left) and by ineffectiveness in PsA patients with or without fibromyalgia.

Figure 2. Percentage of PsA patients with or without fibromyalgia achieving LDA-DAPSA at 3 months, and MDA or DAPSA-remission at 12 months.

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SAT0381

MINIMAL DISEASE ACTIVITY IN PSORIATIC ARTHRITIS PREDICTS LOW IMPACT OF DISEASE

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Background: Psoriatic arthritis (PsA) is the commonest form of inflammatory spondyloarthropathy with prevalence of 0.19% in UK. Patients suffering from PsA often have significant impact on daily life due to articular, non-articular and psychological symptoms. Minimal disease activity is an increasingly used target of therapy in both clinical trials and clinical practice.

Objectives: We aimed to assess relationships between physician and patient reported outcomes in routine clinical practice.

Methods: We performed a retrospective analysis of routinely collected patient reported and physician reported outcomes. We obtained clinical information of patients with PsA attending clinic from March 2018 to December 2018. Data was gathered from clinical letters (swollen and tender joint count, Leeds enthesitis index, Body surface area psoriasis), laboratory results (ESR, CRP) and questionnaire responses (HAQ, global assessments and PSAID12). Data were analysed using SPSS25. Logistic regression was used to assess patient reported outcomes which were associated with achieving MDA.

Results: Data were available for 205 patient visits. Presence of MDA could be evaluated at 187 patient visits (MDA n=60, Not MDA n=127).

All components of PSAID12 were associated with MDA achievement on univariate logistic regression but only pain remained an independent variable on multiple logistic regression. Disease duration, age and sex were not associated with achievement of MDA.

Patients in MDA had significantly lower PSAID12 than those not in MDA (mean $2.1 \pm SD 1.9$ vs. 5.8 ± 1.9). We also looked at individual components of PSAID (Figure 1, mean values for numerical rating scales). Patients in MDA continue to report pain and discomfort despite good clinical outcomes, albeit far lower than patients not in MDA.

PSAID12 of less than 4 is considered a good outcome. All components of MDA assessment were associated with low PSAID12 on univariate analysis, but only pain VAS and HAQ remained independent predictors on multiple regression analysis.

Patients with active but not severe arthritis (SJ or TJ 2-3) continued to have high PSAID (one way ANOVA $p < 0.001$), driven by other psoriatic disease manifestations including skin and enthesitis.

Conclusion:

- MDA is a relevant treatment target in psoriatic arthritis, with markedly lower PSAID12 in patients in MDA
- Patients with even low numbers of tender or swollen joints continue to have significant impact of disease, supporting the use of a multidimensional treatment target.
- Pain and fatigue are dominant symptoms in patients with psoriatic arthritis, even in those in MDA

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SAT0382

THE RISK FACTORS RELATED TO MENTAL HEALTH PROBLEMS IN PATIENTS WITH PSORIATIC ARTHRITIS IN A LARGE MULTICENTER STUDY; DATA FROM TLAR-NETWORK

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Background: Psoriatic arthritis (PsA) can lead to significant mental burden affecting several aspects of life in majority of patients. Mental health

problems, such as depression and anxiety may result in poor treatment adherence and difficulty in coping with disease burden.

Objectives: The aim of this study is to determine the risk factors associated with clinically significant depression and anxiety in patients with PsA.

Methods: The data from 1128 patients with PsA who met CASPAR classification criteria enrolled by Turkish League Against Rheumatism (TLAR)-Network derived from 25 investigating centers. All of the patients underwent clinical, radiological and also laboratory assessment by using standardized protocol. The associations between psychological variables and clinical parameters were assessed by univariate and multivariate analyses.

Results: Of the 1128 patients with PsA (the mean age 46.9 ± 12.2 , %64 F), 574 (%50.9) had high risk for depression (HADS-D score ≥ 7) and 270 (%23.9) for anxiety (HADS-A score ≥ 10). By univariate analysis, the highest odds ratio (OR) associated with both depression and anxiety were SF36-MCS<50 (OR 6.9, [95%CI:5.3-9]; OR 9, [95%CI:6.5-12.6], respectively. The lowest OR associated with depression belong to PASI total score (OR 1.1, [95%CI:1-1.1]), while the lowest OR associated with anxiety belong to BASMI (OR 1.2, [95%CI:1.1-1.3]). Multivariate logistic regression analysis of potential risk factors for mental health revealed that BASFI (OR 1.9, [95%CI:1.3-2.9]), BASDAI (OR 1.6, [95%CI:1.2-2.3]), BASRI (OR 1.1, [95%CI:1-1.2]), SF36 MCS<50 (OR 4.7, [95%CI:3.3-6.8]) and unemployed (OR 1.4, [95%CI:1-1.9]) were factors that influence the risk of depression whereas the BASDAI (OR 1.6, [95%CI:1-2.4]), SF36 MCS<50 (OR 6, [95%CI:4-9.2]), BASMI (OR 1.2, [95%CI:1.1-1.3]) and FIRST ≥ 5 (OR 3, [95%CI:2-4.5]) were factors that influence the risk of anxiety.

Conclusion: This large nationwide database indicated that higher disease activity, functional disability, fibromyalgia (FMS), poor health related quality of life as well as structural damage were estimated as the important risk factors for mental disorders in PsA.

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SAT0383

COMPARISON OF THE EFFICACY AND SAFETY OF TOFACITINIB AND APREMILAST IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS: A BAYESIAN NETWORK META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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Background: The therapeutic options for psoriatic arthritis (PsA) include conventional disease-modifying antirheumatic drugs and biologics. However, an unmet need exists for PsA therapies owing to drug intolerance, non-responsiveness, and therapeutic resistance. Therefore, there is a need for additional treatment options with novel mechanisms of action. Tofacitinib is an orally administered JAK inhibitor and apremilast is a novel oral phosphodiesterase 4 inhibitor that regulates inflammatory mediators.

Objectives: The aim of this study is to assess the relative efficacy and safety of tofacitinib and apremilast at different doses in patients with active PsA.

Methods: We conducted a Bayesian network meta-analysis to combine evidence from randomized controlled trials (RCTs) for examination of the efficacy and safety of tofacitinib 10 mg, tofacitinib 5 mg, apremilast 30 mg, and apremilast 20 mg in PsA.

Results: Eight RCTs including 3,086 patients met the inclusion criteria. There were 10 pairwise comparisons including 6 direct comparisons of 5 interventions. All the interventions achieved a significant American College of Rheumatology 20 (ACR20) response compared with placebo. Tofacitinib 10 mg and apremilast 30 mg were among the most effective treatments for active PsA, followed by tofacitinib 5 mg, and apremilast 20 mg. The