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 then those not in MDA (mean $2.1 \pm SD 1.9$ vs. 5.8 ± 1.9). We also looked at individual components of PSAID (Figure1, 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

ranking probability based on the surface under the cumulative ranking curve (SUCRA) indicated that tofacitinib 10 mg had the highest probability of being the best treatment in terms of the ACR20 response rate (SUCRA = 0.785), followed by apremilast 30 mg (SUCRA = 0.670), tofacitinib 5 mg (SUCRA = 0.596), apremilast 20 mg (SUCRA = 0.448), and placebo (SUCRA = 0.001). No significant differences were observed in the incidence of serious adverse events after treatment with tofacitinib 10 mg, apremilast 30 mg, tofacitinib 5 mg, apremilast 20 mg, or placebo.

Conclusion: In active PsA patients, tofacitinib 10 mg and apremilast 30 mg were the most efficacious interventions and were not associated with a significant risk of serious adverse events.

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SAT0384

COMPARATIVE ANALYSIS OF FREQUENCY AND TIMING OF MINIMAL DISEASE ACTIVITY (MDA) ATTAINMENT IN EARLY AND LONG-TERM PSORIATIC ARTHRITIS (PSA) PATIENTS (PTS) AFTER BIOLOGICAL (B) DMARDs TREATMENT INITIATION IN CLINICAL PRACTICE: RUSSIAN PSA REGISTRY (RU-PSART) DATA

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Background: MDA is a treatment target of PsA. There is limited data about the frequency and the time of MDA achievement by the use of bDMARD therapy in early and long-term PsA in clinical practice. RU-PSART collected data from 25 rheumatology clinics in the Russian Federation.

Objectives: to investigate the cumulative frequency and timing of MDA attainment in early and long-term PsA after starting bDMARDs in clinical practice.

Methods: 140 (M/F=77/63) bDMARD-naïve PsA pts according to CASPAR criteria were included in the RU-PSART, after signing consent participation forms; median (Me) age 42 [Min 19-Max 73] years (yrs). All patients were divided into two groups based on PsA duration at the time of bDMARDs initiation: early PsA≤2 yrs (67pts) and long-term PsA>2 yrs (73pts). All pts underwent standard clinical examinations of PsA and psoriasis activity and were treated with the following bDMARDs: Infliximab (26pts), Etanercept (20pts), Adalimumab (37pts), Ustekinumab (33pts), Golimumab (19pts), Sekukinumab (4pts), Certolizumab pegol (1pts). MDA was defined as ≥ 5 of the following criteria: tender joint count ≤1, swollen joint count ≤1, PASI≤1 or BSA≤3, patient pain global assessment VAS≤15, patient's global disease activity VAS≤20, HAQ≤0.5, enthesitis count ≤1. The cumulative frequency and the time of MDA attainment were calculated in both groups. Kaplan-Meier cumulative analysis, Me (CI95%), Min-Max,%, Breslow, Tarone-Ware, Log Rank tests were performed. All CI>1, p<0.05, were considered to indicate statistical significance.

Results: MDA has been achieved after bDMARDs initiation in 33 out of 67 (49%) pts with early PsA and in 23 out of 73 (32%) pts with long-term PsA. The Me time of MDA achievement was significantly shorter in early PsA in comparison to long-term PsA pts: 21 (CI 95%:13.1-28.9) months and 58 (CI95%:0-118.1) months of bDMARD therapy accordingly (p<0.05 for all tests) (Fig.1).

Conclusion: Comparative analysis has shown that cumulative frequency of MDA achievement after bDMARDs initiation was significantly higher (49% vs 32%) and faster (21 vs 58 months) in early PsA than in long-

Figure 1. Cumulative frequency and time of MDA achievement after starting bDMARDs in early and long-term PsA.

term PsA. That confirms the benefit of bDMARD therapy initiation at the early stage of PsA.

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SAT0385

ASSOCIATION OF SUBCLINICAL MYOCARDIAL DEFORMATION AND DISEASE ACTIVITY IN PSORIATIC ARTHRITIS

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Background: Subclinical impaired myocardial deformation is common in patients with PsA, even with no clinical evidence for CV disease (1). Recent evidence supports the link between the extent of inflammation and CV risk in patients with PsA (2). Elevated levels of inflammatory biomarkers and high activity of joint inflammation were associated with a higher burden of atherosclerosis (2). It is suggested that patients with active disease may have an impaired myocardial deformation (3). But it is unclear if the patients with higher activity of PsA have higher grade of myocardial impairment than the patients without activity of inflammatory rheumatic disease. Speckle-tracking echocardiography (STE), an angle-independent technique, was proposed as a reliable and sensitive method for assessment of subclinical myocardial dysfunction (4).

Objectives: The aim of the study was to assess if there is an association of disease activity of PsA assessed by DAPSA with grade of myocardial impairment measured by Speckle-tracking echocardiography (STE).

Methods: 48 PsA patients (28 females, 20 males) who fulfilled Caspar criteria, with no clinically evident CV disease or concomitant diseases, were included in the study. Patients who had classic CV risk factors or had experienced CV or cerebrovascular events were excluded. Upon clinical and laboratory evaluation, all subjects underwent conventional echocardiography and 2-dimensional speckle tracking echocardiography (STE).

Results: The results of STE analysis showed that patients with higher DAPSA result have average global longitudinal strain AM ± SD -19.44 ± 2.98%. Significant correlation was determined between PsA patients with higher DAPSA result and lower values of the variable GLS (R=0.368; p=0.0036).

Conclusion: Subclinical impaired myocardial deformation measured by STE was more common in PsA patients with higher disease activity, even in absence of traditional CV risk factors. Global longitudinal strain was associated with the status of PsA disease activity.

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