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-naive 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), Secukinumab (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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