to the national guidelines. $M \pm m, \%$, χ^2 , t-test were performed. All $p < 0.05$ were considered to indicate statistical significance.

Results: 20 out of 99 pts (20.2%) had PsA. In all group mean HADS-D/HADS-A/FACIT were $2.59 \pm 3.88/4.61 \pm 6.54/41.47 \pm 6.41$ accordingly. In PsO pts without PsA presence of disorders/psychiatric morbidity by HADS-A were seen in significantly more cases compare to PsO pts with PsA: totally in 30 out of 79 pts (38%)/in 2 out of 20 pts (10%) accordingly (χ^2 , $p=0.025$). In PsO pts without/with PsA presence of disorders/psychiatric morbidity by HADS-D were seen totally in 20 out of 79 pts (25.3%)/in 2 out of 20 pts (10%) accordingly (χ^2 , $p=0.24$). No significant difference were found between groups. In PsO pts without/with PsA FACIT ≤ 30 were seen in 2 out of 79 pts (2.53%)/in 2 out of 20 pts (10%). No significant difference were found between groups (χ^2 , $p=0.17$).

Conclusion: In our real dermatological clinical practice cohort of pts with severe PsO subclinical and clinical anxiety and depression were detected in about 30% of cases. This fact should be taken into account for the early detection of pts at risk for developing PsA.

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AB0740

USE OF SECUKINUMAB IN PATIENTS WITH PSORIATIC ARTHRITIS. IMPACTS OF COMBINATION WITH METHOTREXATE

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Background: Secukinumab (SECU) is a human IgG1 κ monoclonal antibody that binds to the protein interleukin-17A approved for the treatment of psoriasis, ankylosing spondylitis, and psoriatic arthritis (PsA). Recently presented data suggest that combination with methotrexate (MTX) in patients with PsA may not be as necessary as in rheumatoid arthritis as it improves neither efficacy nor sustainability (1,2,3,4).

Objectives: This analysis describes the use of SECU with or without MTX.

Methods: The data of patients with psoriatic arthritis seen since January 1, 2015 (date at which SECU appeared in the Canadian market) at the Institut de Recherche en Rhumatologie de Montréal (IRRM) and the Centre de l'Ostéoporose et de Rhumatologie de Québec (CORQ) was extracted from the Rhumadata[®] clinical database and registry on January 7, 2019. Selected patients initiated SECU either without (MTX-) or with MTX (MTX+). The collected data include baseline characteristics (socio-demographic variables, concomitant and past medication, comorbidities and the Charlson comorbidity index (CCI)), variables measured over time (laboratory test results, patient and physician-reported outcomes, and disease activity measures such as minimal disease activity (MDA), CDAI and DAS28(4)-ESR) and persistence data (treatment duration, reason for cessation). The groups were compared to identify potential confounder, and persistence data were analyzed using Kaplan-Meier and proportional hazard methods.

Results: A total of 96 patients were prescribed SECU since January 1, 2015. Of those, 49% (n=47) treated with MTX. No significant differences in baseline (at treatment initiation) were observed between the MTX+ and MTX- groups. Average age at treatment initiation was 52.4 (standard deviation=11.3) and 53.7 (13.4) in the MTX+ and MTX- groups respectively. Women represent 45% and 55% of these groups, and the average body mass index was 29.9 (6.2) and 28.1 (6.0) kg/m². Patient global,

pain and fatigue assessments, made on a visual analogue scale ranging from 1 to 10, were 4.9 (2.6), 5.3 (2.9) and 4.3 (2.9) in the MTX+ group and 6.3 (2.2), 6.9 (2.1) and 6.5 (2.9) in the MTX- group. Among the 38 (40%) patients ceasing therapy, the principal reason for cessation was "inefficacy" (MTX+: 15/17 (88%) vs MTX-: 15/21 (71%)). Patients remaining on treatment at last follow-up had an average treatment duration of 1.7 (0.8) and 1.5 (0.7) years. The improvement in CDAI, HAQ and the percentage of patients reaching MDA are similar for both groups. No difference in retention was observed between the MTX+ and MTX- groups (log-rank $p=0.4867$). These results remain unchanged when we adjust for age at treatment initiation, gender, disease duration, and comorbidities (Charlson comorbidity index).

Conclusion: Combining MTX to SECU does not improve its sustainability over time. Efficacy was also the same for both cohorts.

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AB0741

ACHIEVEMENT OF CDAPSA LOW DISEASE ACTIVITY OR REMISSION IS ASSOCIATED WITH CONTROL OF ARTICULAR AND EXTRA-ARTICULAR MANIFESTATIONS OF ACTIVE PSORIATIC ARTHRITIS IN SUBJECTS TREATED WITH APREMILAST

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Background: Therapeutic targets for psoriatic arthritis (PsA) include the achievement of remission (REM) or low disease activity (LDA), measured by the Clinical Disease Activity Index for Psoriatic Arthritis (cDAPSA [0-154]), a composite of swollen and tender joints counts (SJC and TJC), Patient's Assessment of Pain (PAP) and Patient's Global Assessment of Disease Activity (PtGA).

Objectives: We examined the trajectories for improvement in cDAPSA, its core components and PsA manifestations not measured by cDAPSA among subjects achieving cDAPSA REM or LDA by Week 52.

Methods: Pooled analyses of the phase III PALACE 1, 2 and 3 studies were performed for subjects assigned to receive apremilast (APR) 30 mg twice daily at baseline (BL). Subjects with cDAPSA components available