Classification Index). The influence of these variables in repeated measures of HRQoL was analysed using bivariate and multivariate generalized estimating equations (GEE) models nested by patient. Those variables with a p-value <0.20 (plus age, gender, follow-up time, and calendar year of diagnosis) were introduced in the multivariate analysis. Bonferroni p-value threshold adjustment was carried out.

Results: We included 187 patients, with a median follow-up of 3.6 years (interquartile range: 0.8 to 6.3). 48% were women, with a median age at the onset of symptoms and diagnosis of 45 and 49 years, respectively. 86% of patients had a personal history of Psoriasis. Regarding clinical manifestations during the follow-up, 83%, 30%, 26%, and 22% of the patients presented with peripheral arthritis, inflammatory low back pain, enthesitis and dactylitis, respectively. In addition, they received treatment with nonsteroidal antiinflammatory medications (NSAIDs), oral glucocorticoids and disease-modifying antirheumatic drugs (DMARDs) 71%, 52% and 82%, respectively. 20% received biological agents. The Rosser median value at the first visit was 0.986, with an slight increase after the first 2 years and a decline after 5 years of follow-up (Figure 1).

With respect to the variables independently associated with HRQoL during follow-up, the history of osteoporotic fractures ($p = 8.1 \times 10^{-18}$) and chronic obstructive pulmonary disease ($p = 5.0 \times 10^{-8}$) were associated with a poorer quality of life. Conversely, treatment with methotrexate ($p = 6.4 \times 10^{-5}$), and the use of bone-forming agents ($p = 7.8 \times 10^{-4}$) were associated with better HRQoL. History of osteoporosis and use of bisphosphonates and denosumab were also associated with HRQoL, although not significantly after p-value adjustment.

Conclusion: We have identified different factors associated with HRQoL during the evolution of patients with PsA. We observed that the presence of certain comorbidities were independently associated with a worse HRQoL. In addition, regarding different treatments, the use of methotrexate and bone-forming agents were independently associated with a better HRQoL.

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AB0749

ARE THERE ANY DIFFERENCES IN THE EFFECTIVITY AND SAFETY OF CERTOLIZUMAB PEGOL IN PATIENTS WITH PSORIATIC ARTHRITIS ACCORDING THEIR GENDER?

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Background: Gender-related biochemical, hormonal and psychological factors could play an important role in the response to TNF blocker therapy in psoriatic arthritis (PsA). Scarce data are available analyzing differences in effectiveness

and safety of the antiTNFs, and none in particular with Certolizumab Pegol (CZP) according to the gender.

Objectives: To evaluate the influence of the gender in the effectiveness and safety of CZP in the routine clinical setting in PsA patients.

Methods: Observational, national and multicentric cohort (approved by local ethical committee), PsA patients treated with CZP according to routine clinical practice were studied for 12 months. Clinical and disease characteristics and disease activity between gender were compared. Safety analysis: adverse events and withdrawn.

Results: 347 PsA patients were analyzed. No statistical differences were found between women and men at baseline in demographics, clinical variables, except for previous biologic treatment and ESR (Table 1). In both genders, a statistical significant decreased was observed after 1 year of CZP treatment in the following variables: DAS28(CRP); SJC; TJC; PGA (patient global ssesment); % patients with enthesitis, dactylitis and nail disease; but with no differences between females and males. Variables that influence the response at 12 months are: disease duration, CRP and TJC at baseline. Drug survival of CZP was 80.1%, and no differences were observed in gender. Adverse events related to CZP were observed in 9.5% and 19.9% withdrawn treatment: 12.4% due to lack of effectiveness, 4.0% due to intolerance and 3.5% other reasons.

Conclusion: CZP has shown to be effective and safe in PsA patient after a year of treatment in clinical practice regardless patient's gender.

Abstract AB0749 Table 1. Baseline demographic, clinical and disease activity characteristics.

Demographic variables	Female	Male
Gender, n (%)	196 (56.5) N=347	151 (43.5) N=347
Age, median (min-max), years	48.5(22.3;81.1) N=188	50.5 (22.0;78.0) N=137
No smoking, n (%)	137 (79.2) N=173	79 (56.8) N=139
Disease characteristics		
Disease duration, mean (Q1-Q3)	6.5 (1.8-8.7) N=188	6.9 (1.2-10.0) N=137
Presence of HLAB27	28 (20.3) N=138	13 (13.0) N=100
Previous biologics	N=155	N=124
• 0	37 (23.9)	48 (38.7)
• 1	67 (43.2)	42 (33.9)
• ≥2	51 (32.9)	34 (27.4)
Disease activity		
TJC (28 joints), mean (Q1-Q3)	7.3 (4.0-10.0) N=167	6.5 (3.0- 8.0) N=125
SJC (28 joints), mean (Q1-Q3)	5.2 (2.0-8.0) N=156	4.8 (2.0-6.0) N=116
PtGA (VAS), mean (Q1-Q3)	7.0 (6.0-8.0) N=195	6.8 (6.0-8.0) N=150
PhGA (VAS), mean (Q1-Q3)	6.2 (5.0-8.0) N=193	6.1 (5.0-7.0) N=150
CRP (mg/L), mean (Q1-Q3)	10.1 (1.0-14.0) N=195	9.4 (0.9-11.4) N=151
ESR (mm/h), mean (Q1-Q3)	24.8 (8.8-37.3) N=90	16.6 (5.0-21.3) N=58

Abstract AB0749 Table 2. CZP effectiveness at 1 year of treatment

	Basal		3 months		12 months	
	F	M	F	M	F	M
DAS28 (CRP); mean (SD)	4.7 (0.9)	4.5 (0.8)	3.9 (0.9)	3.9 (1.0)	3.7 (1.0)	3.4 (1.0)
TJC; mean (SD)	7.3 (5.1)	6.5 (4.4)	5.2 (4.3)	5.1 (4.3)	4.4 (4.3)	4.0 (4.3)
SJC; mean (SD)	5.2 (3.8)	4.8 (3.5)	3.8 (3.1)	3.9 (3.3)	3.6 (3.1)	3.7 (3.4)
Enthesitis, n (%)*	38 (21.3)	35 (25)	30 (16.9)	26 (18.6)	12 (9.8)	8 (9.8)
Dactylitis, n (%)*	48 (26.4)	48 (34.8)	27 (14.8)	31 (22.5)	7 (5.6)	10 (12.5)
Presence of nail disease, n (%)*	21 (24.7)	28 (38.4)	17 (20.0)	25 (34.2)	5 (9.8)	10 (25.0)

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