AB0759

BIOLOGICS IMPROVES ARTERIAL STIFFNESS WITH CS DMARDS-RESISTANT ACTIVE PSORIATIC ARTHRITIS. A COHORT STUDY

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Background: Patients with psoriatic arthritis (PsA) have an increased cardiovascular (CV) risk. We should have strategies for primary cardiovascular prevention in PsA¹. But there is no evidence of CV risk management and arterial stiffness about biologics in patients with PsA

Objectives: To examine the effect of biologics plus conventional synthetic (cs) DMARDs on arterial stiffness in cs DMARDs resistant PsA patients in a cohort study design.

Methods: 38 PsA and patients with moderate to severe active disease despite cs DMARDs treatment (disease activity score: DAPSA² score>14) were received Biologics plus cs DMARDs. All patients have no previous history of CV. Arterial stiffness was assessed with cardio-ankle vascular index (CAVI, modified pulse wave velocity(PWV)) and augmentation index corrected for a heart rate of 75 beats per minute (Alx@75) at baseline and 24 weeks follow-up. Clinical data were collected at regular visits. CAVI is very similar to pulse wave velocity (PWV), and CAVI measures arterial wall stiffness independent of blood pressure and it is superior to brachial ankle PWV as an index of arterial stiffness².

Results: 35 PsA patients (18 patients adalimumab, 13 patients infliximab, and 4 patients ustekinumab, respectively) completed this study. Treatment with biologics (10.88 ± 1.86 and 9.46 ± 1.14%; p = 0.006), attenuated the CAVI significantly from baseline to 24 weeks follow up. Treatment with biologics (36.4 ± 8.6, 32.1 ± 3.8%; p = 0.008) attenuated the Alx@75 significantly from baseline to 24 weeks follow up. DAPSA score improved significantly from baseline to 24 weeks (17.45 ± 6.33, 5.44 ± 3.43; p = 0.01). There are no significant differences among biologics about CAVI and Alx@75. Surprisingly, improvement of CAVI and Alx@75 were not correlated disease activity at 24 weeks of biologics treatment (CAVI: p = 0.91, Alx@75: p = 0.88). Biologics improves arterial stiffness independently of its effects on disease activity, since even in high disease activity (4 cases; DAPSA score > 28) is halted.

Conclusion: These findings suggest that combination therapy, biologics with cs DMARDs not only reduced PsA disease activity but also limited vascular damage in patients with cs DMARDs resistant active PsA

REFERENCES

- [1] Søren Lund Kristensen, et al. Psoriasis, psoriatic arthritis and cardiovascular risk: are we closer to a clinical recommendation? *Ann Rheum Dis*. 2015; 74: 321-2.
- [2] Schoels MM, et al. Disease activity in psoriatic arthritis (PsA): defining remission and treatment success using the DAPSA score. *Ann Rheum Dis*, 2016; 75: 811-8.

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AB0760

DRUG SURVIVAL AND EFFICACY OF USTEKINUMAB AND SECUKINUMAB IN PSORIATIC ARTHRITIS: A REAL-WORLD MULTICENTRIC COHORT OF 186 PATIENTS

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Background: Ustekinumab (UST) and secukinumab (SEK) are new Biologic Disease-modifying AntiRheumatic Drugs (bDMARDs) available in psoriatic arthritis (PsA), targeting respectively IL12-23 and IL 17. Real-world data are missing for these drugs, despite the wide use. There is only one previous published study including 160 patients (1) receiving UST, but not SEK.

Objectives: To evaluate the characteristics of the patients with PsA treated by UST or SEK and to assess real life drug survival and efficacy of UST and SEK in PsA.

Methods: This is a national, retrospective, multicentric study from patients suffering from PsA (CASPAR criteria) from July 2011 to April 2018. Drug survival was defined as the time from initiation to discontinuation (stop/switch) of bDMARDs. Kaplan-Meier survival curves and Cox-regression analyses [hazard ratios (HR) and 95% confidence intervals (CIs)] were used adjusting for patient demographics, disease characteristics, co-therapy with methotrexate, and line of treatment with ustekinumab. For peripheral involvement, treatment was considered to be effective for patients with a combined favorable expert opinion and/or > 30% clinical improvement of swollen and tender joint counts. For axial involvement, efficacy criteria were: improvement of BASDAI by at least 2 points on a scale from 0 to 10 or 50% improvement and/or expert opinion.

Results: 186 patients were included with a mean follow-up ≥ 6 months: 111 patients under UST and 75 under SEK. The mean age was 51.5 (12.9) years old, 55% of patients were women and the body mass index was 27.3 (5.8) kg/m². The disease duration was 10.8 (8.1) years. Patients were bDMARDs-naïve in 15%. The median drug survivals for UST and SEK were respectively 12 and 14 months (Fig1). A propensity score cannot be used to compare the two bDMARDs, since the number of patients was too small. Smoking was associated with an unfavourable drug survival for SEK (HR = 0.22, 95%CI 0.91), whereas CRP levels were associated with a favorable one for UST (HR = 1.009, 95%CI 1.003–1.016). Nine patients under SEK and 2 under UST stopped their treatments due to side effects.

Conclusion: This is the first real-world study for drug survival on PsA for SEK and one with the largest number of patients for UST. Drug survival of UST and SEK seems similar to TNF inhibitors' (2).

REFERENCES

- [1] Iannone F, et al. Drug survival and effectiveness of ustekinumab in patients with psoriatic arthritis. Real-life data from the biologic Apulian registry (BIOPURE). *Clin Rheumatol*. 2018;37:667–75.
- [2] Walsh JA, et al. *Care Spec Pharm*. 2018;24:623–631

Abstract AB0760 Figure 1. Drug survival of secukinumab (A) and ustekinumab (B) in psoriatic arthritis