Figure. Proportion of pts receiving tofacitinib 5 mg BID with $\geq 30\%$ improvement in pain, by study

BID, twice daily; pts, patients

Conclusion: In pts with active PsA, faster, clinically meaningful pain improvements were reported in pts receiving tofacitinib 5 mg BID vs pts receiving PBO who switched to tofacitinib 5 mg BID at Month 3. After switch from PBO to active treatment, pain improvement was observed in line with pts receiving active treatment from Day 0. To achieve pain improvement at greater thresholds, longer duration of active treatment was required.

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AB0769

PATIENT IDENTIFIED TREATMENT GOALS IN PSORIATIC ARTHRITIS: DECREASING PAIN AND INCREASING ACTIVITY LEVEL ARE HIGH PRIORITIES

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Background: Treatment goals for physicians are primarily focused on improving musculoskeletal and cutaneous signs and symptoms of psoriatic

disease. Studies have reported that perceptions of psoriatic arthritis (PsA) disease control are often divergent between patients and physicians. Moreover, specific patient goals are uncommonly discussed or elicited in routine clinical practice.

Objectives: To examine patient reported treatment goals through direct questioning on what they most want to improve about their disease and how an effective treatment would improve their lives.

Methods: Patients in the Psoriatic Arthritis Research Consortium (PARC) completed standardized assessments between 2017-2018. PARC is a longitudinal observational cohort study conducted at four institutions in the United States: University of Pennsylvania, Cleveland Clinic, New York University, and University of Utah that includes a range of patient and physician disease measures. Answers to two open-ended questions (questions included on figures) were qualitatively categorized into response categories and descriptively reported in this cross-sectional study. While patients were encouraged to provide the one best answer, many listed multiple themes. We also examined differences in responses by gender, self-identified race (Caucasian vs not Caucasian), and whether a change in disease modifying anti-rheumatic drug was recommended (yes/no) on the date the questionnaire was completed.

Results: Among 82 patients with PsA enrolled, mean age was 48.3 (SD 13.2), 38 (46%) were female, and 57 (70%) of patients were changing therapy. The mean swollen (0-66) and tender (0-68) joint counts were 4.3 (SD 6.0) and 8.5 (12.2) respectively, mean psoriasis body surface area was 3.2% (SD 10.0), and mean physician and patient global assessments were 4.6 (SD 2.0) and 4.7 (2.6) respectively. Patient answers to the two questions are shown in the Figures. Decreasing pain was the most commonly cited goal for improvement (56%) with skin improvement the second most commonly reported goal for improvement (12%). Goals for successful therapy were more diverse. Decreasing pain was still most common (24%) but general improvement in life (18%), the ability to be more active (15%), participate in recreational activities (9%), function at work (11%) and exercise (5%) were common responses. There were no significant differences in responses according to race, or therapy change. However, all patients reporting fatigue or enjoyment as important outcomes for improvement were women.

Conclusion: In order to inform goals of care for patients with PsA, both physician and patient treatment goals should be defined to achieve optimal treatment success. In this study, while the majority of patients reported pain and activity as the most important outcomes for improvement, patient goals were heterogeneous. This underscores the importance of eliciting patient treatment goals on a regular basis to best individualize management in PsA.

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AB0770

SYMPTOMS AND IMPACTS IN PSORIATIC ARTHRITIS: FINDINGS FROM QUALITATIVE PATIENT INTERVIEWS

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Background: Psoriatic arthritis (PsA) is a chronic inflammatory disease resulting in significant symptom burden.¹ Over time and without adequate treatment, PsA can lead to disability and reduced patient quality of life.² Fatigue is among the most common symptoms,¹ but is complex and difficult to measure. The most burdensome symptoms that impact PsA patients need to be better understood in order to select patient reported outcomes (PRO) tools that adequately capture these concepts.

Objectives: 1.) Identify the signs and symptoms of PsA experienced by patients, with a focus on fatigue, and how the disease and its treatment (s) impact patients' lives. 2.) Assess the content validity of select PRO instruments and items to measure fatigue.

Methods: Qualitative interviews were conducted among patients with PsA recruited through the FORWARD databank. The most frequently experienced symptoms and impacts of PsA and the degree to which they disturbed patients' lives, were tabulated. Disturbance was evaluated on a scale from 0 (not at all) to 10 (greatly disturbs). Patients reporting fatigue were probed to describe the experience in their own words, and descriptors were recorded. Interviews were conducted and assessed on a rolling basis and recruitment continued until concept saturation was achieved.

Results: Nineteen PsA patients were interviewed for this study. A core set of PsA symptoms were identified by nearly all patients and with moderate to high average disturbance ratings (Figure 1): joint pain, skin symptoms, stiffness, swollen/inflamed joints, and fatigue. The most salient impacts (Figure 2) were sleep disturbance, physical disability, effects on daily activities, and feelings of frustration. Most common descriptors of fatigue included "fatigue," "tiredness," "lack of energy," "mental fatigue," and "exhaustion."

Conclusion: Salient symptoms were consistent with those previously reported, along with a broader range of symptoms and impacts, which included fatigue. In addition to physical disability, others such as sleep disturbance, frustration, and effect of daily activities were common high impact themes that emerged.

Abstract AB0770 Figure 1. Salient Symptoms Reported by Patients in Qualitative Interviews (n=19)

Abstract AB0770 Figure 2. Salient Impacts Reported by Patients in Qualitative Interviews (n=19)

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AB0771

IMPROVEMENT IN MORNING STIFFNESS IN SUBJECTS WITH PSORIATIC ARTHRITIS IS ASSOCIATED WITH IMPROVEMENTS IN PAIN, PHYSICAL FUNCTION AND PATIENT GLOBAL RESPONSE TO TREATMENT

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Background: Stiffness is an important component of inflammatory arthritis and plays a role in psoriatic arthritis (PsA) flare. Patients with inflammatory arthritis report difficulty with activities, "slowing down" due to stiffness and reduced quality of life. Stiffness is hard to quantify because it cannot be measured directly.

Objectives: We examined morning stiffness in PsA patients treated with apremilast (APR) for 16 weeks in the ACTIVE study and explored the relationship between improvements in morning stiffness and pain, physical function and Patient's Global Assessment of Disease Activity (PtGA).

Methods: Subjects who met CASPAR criteria for PsA, were biologic-naïve and had prior exposure to ≤ 1 conventional disease-modifying anti-rheumatic drug (DMARD) were randomized (1:1) to APR 30 mg twice daily or placebo (PBO) for 24 weeks. Subjects initially randomized to PBO