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

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Abstract AB0770: Salient Impacts Reported by Patients in Qualitative Interviews (n=19)

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.

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REFERENCES


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OBJECTIVES: To examine the reliability and validity of a novel disease activity score for PsA. Simulation study of an existing methodology using expert assessments of PsA data.

METHODS: PsA data was generated from Danish and British PsA registries. The PsA data was then used to develop a disease activity score using a validated methodology. The disease activity score was then validated using expert assessments.

RESULTS: The disease activity score was shown to have good reliability and validity.

CONCLUSIONS: The disease activity score is a reliable and valid tool for assessing disease activity in PsA.

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REFERENCES


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