to recognize from the beginning patient prone to switching, in order to adopt tight-control strategies to optimize treatment.

Objectives: Our aim was to compare characteristics of patients who could maintain the same bDMARD over time (non-switchers) with those of refractory disease (in whom bDMARD switch was necessary (switchers)), and to evaluate predictors of switching.

Methods: PsA patients attending the Rheumatology Unit of University of Padova, classified according to CASPAR criteria and starting a first line bDMARD were enrolled in the present retrospective study. We only included patients who maintained a bDMARD regimen (with or without switching) for at least 3 years, to ensure more complete follow-up data. Demographic data, comorbidities, clinimetric and anthropometric indexes, collected at baseline and once a year for a every follow-up year and registered in the patients’ records, were used to evaluate treatment efficacy was evaluated through Disease Activity in Psoriatic Arthritis (DAPSA), Leeds Enthesitis Index (LEI), Psoriasis Area and Severity Index (PASI). An overall Body Mass Index (BMI) category, summarizing data from the whole follow-up, was assigned to each patient, according to the BMI category which recurred more frequently in the patient’s record. 

The variable was treated as categorical grouping overweight and normal-weight patients (base category), overweight and class I obesity (2° category), and class II and III obesity (3° category). Baseline characteristics for switchers and non-switchers were compared through chi-square or Fischer exact test, for categorical variable and t-test or Mann-Whitney test, for continuous variable, as appropriate. Logistic regression analysis was conducted to assess predictors of therapeutic switch. All variables associated to the outcome with a p<0.2 at univariate analysis were included in the initial multivariable model. Backward selection was applied to select the most significant predictors.

Results: One-hundred-eighty-nine PsA patients were enrolled with a mean follow-up time of 7.0±3.5 years. Their characteristics at the beginning of bDMARDs therapy are outlined in Table 1. Among the patients, 51 became switchers and 138 remained non-switchers. Their baseline features did not differ significantly, with the only exception of LEI, higher in switchers (0.5±1.2 vs 0.2±0.6, p=0.05). When predictors of switch were evaluated, the independent variables positively associated to the outcome with a p<0.2 at univariate analysis were male sex (OR 1.57; 95% CI 0.82, 2.99), BMI (OR 1.58; 95% CI 0.04, 63.04), baseline DAPSA (OR 1.10; 95% CI 0.98, 1.26), baseline LEI (OR 1.45; 95% CI 0.98, 2.14), baseline DAPSA (OR 1.01; 95% CI 0.99, 1.03). In the multivariable model, only BMI (5.03; 95%CI 1.10, 22.89 for the II and III class obesity together with respect to normal-weight patients) and LEI (OR 1.46; 95% CI 1.00, 2.18) were able to independently predict the odds of switching.

Conclusion: Obesity and enthesal involvement, as expressed by LEI, seem to be the most useful predictor in order to identify patients who are more likely to switch, in line with data from literature that highlight a lower response of bDMARDs in obese patients.

REFERENCES

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AB0775
EFFECTIVENESS AND SAFETY OF USTEKINUMAB 90 IN PATIENTS WITH PSORIATIC ARTHRITIS: REAL WORLD EVIDENCE STUDY

1Estefanía Pardo Campo*, José Andrés Lorenzo Martín1, Lílyan Consuelo Charca Benavente1, Sara Alonso Castro2, Mercedes Alperí-López3, Luis4 Marcelino Arboleya Rodríguez5, Francisco Javier Ballina-García6, Rubén Queiró Silva2, Hospital Universitario Central de Asturias, Oviedo, Spain; 2Hospital Universitario Central De Asturias, Oviedo, Spain

Background: Ustekinumab (UST) is a drug with proven efficacy in two randomized clinical trials in psoriatic arthritis -PsA- (PSUMMIT I and II). The data from these trials suggest that the 90 mg dose may be better than the 45 mg dose. Studies real world evidence (RWE) show that UST is effective and safe, nevertheless the remaining 51.7% were mixed forms. The distal interphalangeal joints synovitis was present in 38% of the patients and dactylitis in 24%. 17 patients were naive to biologic drugs (29.3%), UST was second line in 25.9%, third in 32.8%, fourth in 10.3% and fifth in 1.7% of patients. Half of the patients were treated with MTX. In the baseline situation, 9.4% had low activity, 75% had moderate activity, and 15.6% had high activity by DAPSA index. At the end of the analysis, 12.5% were in remission, 59.4% in low activity, and 28.1% in moderate activity, according to the DAPSA index. There were no patients in high activity. That is, 72% were in DAPSA remission/low activity. The average reduction of DAPSA was 9.53 ± 29.9 ± 4.41. 50% of patients were obese. To measure the disease activity, the DAPSA index was used. A descriptive statistic was performed and the McNemer test was used to analyse the mean change of the DAPSA (final-basal). A bivariate analysis was performed to identify associated factors with a DAPSA remission/low activity.

Results: The duration of psoriasis was 14.8 ± 12.8 years, and 6.3 ± 6.5 years for the arthritis. 34.5% were oligoarticular forms, 13.8% polyarticular forms, and the remaining 51.7% were mixed forms. The distal interphalangeal joints synovitis was present in 38% of the patients and dactylitis in 24%. 17 patients were naive to biologic drugs (29.3%), UST was second line in 25.9%, third in 32.8%, fourth in 10.3% and fifth in 1.7% of patients. Half of the patients were treated with MTX. In the baseline situation, 9.4% had low activity, 75% had moderate activity, and 15.6% had high activity by DAPSA index. At the end of the analysis, 12.5% were in remission, 59.4% in low activity, and 28.1% in moderate activity, according to the DAPSA index. There were no patients in high activity. That is, 72% were in DAPSA remission/low activity. The average reduction of DAPSA was 9.53 ± 5.52 (McNemer’s p <0.0005). The only factor associated with remission/low DAPSA activity was baseline DAPSA, OR 1.51 (1.02-2.22), p = 0.044. In 6 patients, the drug was discontinued (4 due to lack of efficacy and 2 due to poor tolerance or adverse effects).

Conclusion: In this RWE series, UST 90 mg was effective and safe in 75% of our patients probability of achieving a remission/low activity state by DAPSA.

REFERENCES

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AB0776
RATES OF MYOCARDIAL INFARCTION, STROKE AND REVASCULARIZATION AMONG PATIENTS WITH PSORIATIC ARTHRITIS TREATED WITH APREMILAST, BILOGICS, DMARDS AND CORTICOSTEROIDS IN THE US MARKETSCAN DATABASE

1Rebecca Persson1, Katrina Wilcox Hagberg2, Ellen Giani3, Catherine Vasiliakos-Scaroomazzia1, Steve Niemczyk2, Michael Peng3, Maria Paris4, Anders Lindholm5, Susan Jick3.
2Boston Collaborative Drug Surveillance Program, Lexington, United States of America; 3Celgene Corporation, Summit, United States of America; 4Boston University School of Public Health, Boston, United States of America

Background: Patients with psoriatic arthritis (PsA) are at increased risk for cardiovascular events, but different treatment options may not have the same rates of cardiovascular events.1,2

Objectives: To compare rates of myocardial infarction (MI), stroke and revascularization by treatment type in patients with PsA.

Methods: We conducted a population-based cohort study of treated PsA patients in the MarketScan database in 2014-2016. The cohort entry was the date of the first prescription for a study drug (apremilast only or in combination with ≥1 other study drugs, anti-TNF-α biologics only, other

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biologics and DMARDs (OBDs only, corticosteroids only, OBDS + cortico-
steroids and anti-TNFα biologics with OBDS and/or corticosteroids) after
March 21, 2014, the date on which apremilast was approved. Patients
were followed from cohort entry through censor date, defined as the first
of the following: index date (date patient became a case), end of record
or end of study period (December 31, 2016). MI and stroke cases
required 1 inpatient diagnosis plus 2 additional diagnoses on separate
days; revascularization required a procedure code for revascularization
without MI or stroke; all remained statistically significant if p<0.05 (two tailed).
Analyses were performed using SPSS software. Differences were consid-
ered in MDA if they met at least 5/7 of the MDA criteria. PsAID was
reached statistically significant if p<0.01. MDA 5/7 was also related to age, duration
of the disease, CRP and DAPSA (see table).

**Results:** The study population included 51,971 patients (median age: 52
years, 52% female, 4.0% serious CVD history). IRs were low for all out-
comes, and differences between treatments did not reach statistical signif-
icance (95% CIs for IRs were overlapping). Among the 187 MI cases, IRs (95% CIs) were as follows: for apremilast only, 0.10 (0.01, 0.35); anti-
TNFα biologics only, 0.13 (0.09, 0.19); anti-TNFα biologics with OBDS and/or
corticosteroids, 0.31 (0.22, 0.43); OBDS only, 0.32 (0.23, 0.44); corticosteroids only, 0.44 (0.27, 0.68); OBDS + corticosteroids, 0.45
(0.24, 0.76); and apremilast in combination, 0.49 (0.20, 1.02). Among the
79 stroke cases, IRs (95% CIs) were as follows: for corticosteroids only, 0.08
(0.02, 0.22); anti-TNFα biologics only, 0.09 (0.06, 0.13); for OBDS only, 0.10 (0.05, 0.17); anti-TNFα biologics with OBDS and/or
corticosteroids, 0.11 (0.07, 0.16); apremilast only, 0.15 (0.03, 0.43), or in combina-
tion, 0.14 (0.02, 0.51); and OBDS + corticosteroids, 0.21 (0.08, 0.45).
Among the 292 revascularization cases, IRs (95% CIs) were as follows:
for apremilast only, 0.10 (0.01, 0.35); anti-TNFα biologics only, 0.36
(0.29, 0.44); anti-TNFα biologics with OBDS and/or corticosteroids, 0.37
(0.27, 0.50); OBDS + corticosteroids, 0.38 (0.19, 0.68); apremilast in com-
bination, 0.42 (0.15, 0.92); OBDS only, 0.48 (0.36, 0.61); and cortico-
estroids only, 0.49 (0.31, 0.73). Among patients with no serious CVD
history, IRs were generally lower but results were not materially different
from the main analyses.

**Conclusion:** Rates of MI, stroke and revascularization were low for treated
PsA patients and were similar across treatments.

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**AB0778**

**IMPACT OF DISEASE IN A SPANISH POPULATION WITH
PSORIATIC ARTHRITIS**

Rubén Queiró Silva1, Juan D. Cañete2, Susana Gómez2, Ana Cabez2,2. Hospital
Universitario Central de Asturias, Rheumatology, Oviedo, Spain. 3. Hospital
Clinic, Rheumatology, Barcelona, Spain, 3.Pfizer Medical Dpt., Madrid, Spain

**Background:** Patients with psoriatic arthritis (PsA) experience significant
disability and reduced quality of life, resulting from the emotional distress
and functional impairment of the disease, as well as joint disease. Patient reported outcomes are important to evaluate healthcare interventions and to reflect the impact of PsA on patients’ lives.

**Objectives:** The aims of the present study were to describe disease
characteristics of PsA patients with an acceptable symptoms state (PsAID
score<4) as well as to analyze predictive factors for PsAID<4.

**Methods:** Post-hoc analysis of data from a cross-sectional observational,
multicenter study, aimed at evaluating the prevalence of MDA in a Span-
ish population with PsA. To describe their characteristics and to evaluate
the association between MDA and the impact of the disease as assessed by the PsAID questionnaire. The original study included 227 adult patients of both genders diagnosed with PsA according to CASPAR criteria with at least one year of disease evolution and on treatment with biological and/or conventional synthetic disease modifying anti-rheumatic drugs (cDMARD). The PsAID questionnaire reflects the impact of PsA from the patient’s perspective. It is composed of 12 physical and psycho-
logical domains. PsAID score < 4 identified patient-acceptable symptoms state.

**Results:** 122 patients with a PsAID score <4 were included. Demographic and clinical characteristics of the study population are shown in Table 1. Overall, 53/102 (52.0%) and 83/122 (68.0%) patients presented arthritis or skin remission, respectively. 76/122 (62.3%) of patients were in MDA
(85.2%). A moderate relationship between HAQ<0.5 and PsAID<4 (k=0.5325)
and between MDA and PsAID<4 (k=0.3594) were observed. Multivariable logistic regression analysis showed that patients with distal interphalangeal joint (DIP) involvement (odds ratio [OR] [95%CI], 0.402 [0.203-0.799]; p=0.009), family history of PsA (OR: 2.52 [0.89-7.16]; p=0.010) and

**REFERENCES**