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 patients (in whom bDMARD switch was necessary (switchers), and to evaluate predictors of switching.

Methods: PaA 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 every follow-up year and registered in the patient’s records, were used. Data analysis was performed 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. Then the variable was treated as categorical grouping underweight 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 Fisher 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, in higher switchers (0.5 ≤ 1.0 vs 0.2 ≤ 0.6; p=0.05). When predictors of switch were evaluated, the independent variables positively associated to the outcome at univariate analysis with p<0.2 were: male sex (OR 1.57; 95% CI 0.82, 2.99), BMI (OR 1.58; 95% CI 0.08, 3.08 for the II and III class obesity together with respect to normal-weight patients), inflammatory bowel disease (OR 5.59; 95% CI 0.49, 63.04), baseline PASI (OR 1.10; 95% CI 0.96, 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), LEI and PASI became predictors 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

Disclosure of Interests: None declared


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

Efectitud: 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 most of the evidence is base on the 45mg dose. The objective of our prospective has been to check the effectiveness and safety of UST 90 mg in patients with PsA in RWE conditions.

Methods: An observational study in RWE conditions was driven. We included 58 patients (37 women, 21 men, age 55 ± 8.7 years) with PsA from a single university hospital. All patients met CASPAR criteria. The observation period was from July 2017 to the present. All patients received the 90 mg dose from the beginning. The average BMI was 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 McNemar 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 arthrits. 34.5% were oligoarticular forms, 13.8% polyarticular forms, and the remaining 51.7% were mixed forms. The distal interphalangeal joints synovitis was 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 MFX. 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 (McNemar’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).

Table 1. Baseline demographic and clinical characteristics of patients

| Age (years) | mean ± SD | 54.6 ± 11.8 |
| Disease duration (years) | mean ± SD | 16.2 ± 8.8 |
| Family history of psoriasis, n (%) | 168 (88.9) |
| Family history of arthritis, n (%) | 181 (95.8) |
| BMI, n (%) | 2 (1.0) |
| Uretica, n (%) | 3 (1.6) |
| Obesity, n (%) | 15 (8.0) |
| LEI (6-6) | mean ± SD | 0.4 ± 0.8 |
| PASI (0-22), mean ± SD | 1.9 ± 2.2 |
| BASA (0-4), mean ± SD | 0.8 ± 0.7 |
| PCR (mg/l), mean ± SD | 8.8 ± 11 |
| DAPSA, mean ± SD | 28.6 ± 18.2 |
| BMI, mean ± SD | 25.6 ± 4.6 |

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
[1] Ustekinumab in psoriatic arthritis: need for studies from real-world evidence.

Disclosure of Interests: None declared


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

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
Patients with psoriatic arthritis (PsA) experience significant disability and reduced quality of life, resulting from the emotional distress and functioning or associated with psoriatic skin lesions, 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 (PsAiSD score<4) as well as to analyze predictive factors for PsAiSD<4.

Methods: Post-hoc analysis of data from a cross-sectional observational, multicenter study, aimed at evaluating the prevalence of MDA in a Spanish population with PsA, to describe their characteristics and to evaluate the association between MDA and the impact of the disease as assessed by the PsAiSD 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 PsAiSD questionnaire reflects the effect of PsA from the patient’s perspective. It is composed of 12 physical and psychological domains. PsAiSD score < 4 identified patient-acceptable symptoms state.

Results: 122 patients with a PsAiSD 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 articular and biological therapy 20.8%. DAPSA was 9.0 (2.2-19.4) being in VLDL (0-4) 37.5%, LDA (5-14) 22.2%, MDA (15-28) 30.6% and HAD (>28) 9.7%. Patients in MDA 5/7 state were 36 (50%) and median of total score of PsAiSD was 4.70 (0.85-9.40). All fields of PsAiSD improved if they reached MDA 5/7 (p <0.01). MDA 5/7 was also related to age, duration of the disease, CRP and DAPSA (see table).

Conclusion: Fifty percent of PsA patients achieve MDA in daily clinical practice. MDA patients had a significantly lower impact of the disease according to PsAiSD.

REFERENCES

Acknowledgement: Sociedade Galega de Reumatologia

Disclosure of Interests: Jose Pinto-Tasende Speakers bureau: Janssen, Novartis, Celgene, BMS, Abbvie, Pfizer, Clara Ventin: None declared, Maria Caeiro: None declared, Alvaro Seijas: None declared, Rodrigo Aguirre: None declared, Maria Teresa Silva: None declared, Francisco Blanco Speakers bureau: Celgene, Pfizer, Abbvie

DOI: 10.1136/annrhemkd-2019-eular.7393