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: 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 every follow-up year and registered in the patient's records, were used. Disease activity 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. Then the variable was treated as categorical grouping underweight and normal-weight patients (base category), overweight and class I obesity (2^o category), and class II and III obesity (3^o 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, higher in 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 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.

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AB0775

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

¹Estefanía Pardo Campo¹, José Andrés Lorenzo Martín¹, Lilián Consuelo Charca Benavente², Sara Alonso Castro², Mercedes Alperi-López², Luis Marcelino Arboleya Rodríguez², Francisco Javier Ballina-García², Rubén Queiró Silva². ¹Hospital 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 most of the evidence is base on the 45mg dose.¹

Objectives: Our objective 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 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 (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 $\pm$ SD	54.6 $\pm$ 11.8
Male sex, n (%)	108 (57.1)
Disease duration (years), mean $\pm$ SD	16.2 $\pm$ 8.8
Family history of psoriasis, n (%)	168 (88.9)
Family history of arthritis, n (%)	181 (95.8)
IBD, n (%)	3 (1.6)
Uveitis, n (%)	3 (1.6)
Dactylitis, n (%)	15 (8.0)
LEI (0-6), mean $\pm$ SD	0.4 $\pm$ 0.8
PASI (0-72), mean $\pm$ SD	1.9 $\pm$ 2.2
HAQ (0-3), mean $\pm$ SD	0.8 $\pm$ 0.7
PCR (mg/L), mean $\pm$ SD	8.8 $\pm$ 11
DAPSA, mean $\pm$ SD	28.6 $\pm$ 18.2
BMI, mean $\pm$ SD	25.6 $\pm$ 4.6
CCI, mean $\pm$ SD	1.5 $\pm$ 1.4

IBD, Inflammatory Bowel Disease; LEI, Leeds Enthesitis Index; PASI, Psoriasis Area and Severity Index; HAQ, Health Assessment Questionnaire; CRP, C Reactive Protein; DAPSA, Disease Activity in Psoriatic Arthritis; BMI, Body Mass Index; Charlson Comorbidity Index

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.

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AB0776

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

¹Rebecca Persson¹, Katrina Wilcox Hagberg¹, Ellen Qian¹, Catherine Vasilakis-Scaramozza¹, Steve Niemcryk², Michael Peng², Maria Paris², Anders Lindholm², Susan Jick³. ¹Boston Collaborative Drug Surveillance Program, Lexington, United States of America; ²Celgene Corporation, Summit, United States of America; ³Boston 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

biologics and DMARDs [OBDs] only, corticosteroids only, OBDs + corticosteroids and anti-TNF- α 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 ≥ 7 days after cohort entry. A patient was considered currently exposed from the prescription date through the prescription duration + 30 days. We calculated incidence rates (IRs) and 95% confidence intervals (CIs) for each outcome per 100 patient-years among the entire population and in the subgroup of patients with no history of serious cardiovascular disease (CVD).

Results: The study population included 51,971 patients (median age: 52 years, 52% female, 4.0% serious CVD history). IRs were low for all outcomes, and differences between treatments did not reach statistical significance (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-TNF- α biologics only, 0.13 (0.09, 0.19); anti-TNF- α 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-TNF- α biologics only, 0.09 (0.06, 0.13); for OBDs only, 0.10 (0.05, 0.17); anti-TNF- α biologics with OBDs and/or corticosteroids, 0.12 (0.06, 0.20); apremilast only, 0.15 (0.03, 0.43), or in combination, 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, 0.25 (0.08, 0.57), anti-TNF- α biologics only, 0.36 (0.29, 0.44); anti-TNF- α biologics with OBDs and/or corticosteroids, 0.37 (0.27, 0.50); OBDs + corticosteroids, 0.38 (0.19, 0.68); apremilast in combination, 0.42 (0.15, 0.92); OBDs only, 0.48 (0.36, 0.61); and corticosteroids 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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AB0777 PSA PATIENTS REACHING MINIMAL DISEASE ACTIVITY/7 IMPROVE IN ALL FIELDS OF PSAID

Jose Pinto-Tasende, Clara Ventin, María Caeiro, Alvaro Seijas, Rodrigo Aguirre, María Teresa Silva, Francisco Blanco. *Hospital Universitario A Coruña, Rheumatology, A Coruña, Spain*

Background: Patients with psoriatic arthritis (PsA) show impact on physical and psychological aspect of the disease and it can be measured with the PsA Impact of Disease (PsAID) questionnaire. Impact of disease should improve if patient reach a minimal disease activity (MDA).

Objectives: To assess the association between MDA and PsAID questionnaire in patients with PsA from daily clinical practice.

Methods: A cross-sectional study was carried out in consecutive patients who fulfilled CASPAR criteria and who were treated according to routine clinical practice (EULAR/GRAPPA recommendations). Patients were considered in MDA if they met at least 5/7 of the MDA criteria. PsAID was also recorded. Continuous variables were reported as median (Q1-Q3). Categorical variables were reported as percentages and frequencies. All analyses were performed using SPSS software. Differences were considered statistically significant if $p < 0.05$ (two tailed).

Results: Seventy-two patients were included, 40 males (55.6%), median of age 53.5 years old (47.0-62.7) and disease duration 5 years (3-10). Obesity was 29.6% and C-RP level was 0.31mg/dl (0.10-0.97). Patient

treatments were: NSAID 22.2%, corticosteroids 31.9%, csDMARD 55.6% and biological therapy 20.8%. DAPSA was 9.0 (2.2-19.4) being in VLDA (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 PsAID was 4.70 (0.85-9.40). All fields of PsAID 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).

	MDA5/7 n=36	No MDA5/7 n=36	p
Age, years	60.5 (49.2-70.0)	52.0 (45.2-57.0)	0.027
Gender, n% male	21 (58.3)	15 (41.7)	0.635
Years from diagnoses	7.0 (4.0-13.0)	4.0 (0.2-8.0)	0.02
Obesity, n (%)	8 (22.9)	13 (36.1)	0.221
scDMARD, n (%)	24 (66.7)	16 (44.4)	0.058
bDMARD, n (%)	10 (27.8)	5 (13.9%)	0.147
CRP, mgr/dl	0.16 (0.08-0.40)	0.49 (0.27-1.75)	0.001
DAPSA	3 (0.3-4.2)	19.3 (15.5-25.8)	<0.001
Total PsAID	1.20 (0.05-4.32)	8.75 (5.60-12.0)	<0.001

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

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AB0778 IMPACT OF DISEASE IN A SPANISH POPULATION WITH PSORIATIC ARTHRITIS

¹Rubén Queiró Silva¹, Juan D. Cañete², Susana Gómez³, Ana Cabeza³. ¹Hospital Universitario Central de Asturias, Rheumatology, Oviedo, Spain; ²Hospital Clinic, Rheumatology, Barcelona, Spain; ³Pfizer 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 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 (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 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 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 effect of PsA from the patient's perspective. It is composed of 12 physical and psychological 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 articular or skin remission, respectively. 76/122 (62.3%) of patients were in MDA state; the majority presented a low disability state according to HAQ (85.2%).

A moderate relationship between HAQ < 0.5 and PsAID < 4 ($k = 0.5325$) and fair between MDA and PsAID < 4 ($k = 0.3594$) were observed. Multivariate 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: 0.252 [0.089-0.716]; $p = 0.010$) and