Results: A total of 2049 pts were included: 681, 461, 572, and 335 in the PBO, SEC 300 mg, 150 mg, and 150 mg NL groups, respectively. Of these, 34%, 30%, 32%, and 33%, were classified as <2 yrs since PsA diagnosis (overall: 32%). Mean times since diagnosis were 0.8–0.9 yrs across treatment groups in the <2 yrs subgroup, and 8.6–10.1 yrs in the ≥2 yrs subgroup. The least squares mean (LSM) changes from BL to Wk 16 in PCS and MCS were significantly improved with all doses of SEC vs PBO in both <2 yrs (PCS: PBO = 0.8 vs 6.5 [p<0.0001], 4.8 [p<0.0001], 3.6 [p<0.01] for the 300 mg, 150 mg, and 150 mg NL groups, respectively; MCS: PBO = 1.3 vs 4.0 [p<0.01], 4.4 [p<0.01], 3.8 [p<0.05]) and ≥2 yrs since diagnosis (PCS: PBO = 1.9 vs 6.9 [p<0.0001], 5.3 [p<0.0001], 5.5 [p<0.0001]; MCS: PBO = 0.9 vs 3.6 [p<0.01], 2.8 [p<0.01], 3.0 [p<0.01]) groups. Improvements in individual SF-36 domains were reported with SEC vs PBO in the overall population and both subgroups (Figure). At Wk 16, the proportion of PCS responders was significantly higher with SEC vs PBO, in both <2 yrs (PBO: 38.5% vs 300 mg: 69.1% [p<0.0001]; 150 mg: 59.5% [p<0.01]; 150 mg NL: 53.6% [p<0.05]) and ≥2 yrs (PBO: 43.8%; 300 mg: 64.6% [p<0.0001]; 150 mg: 59.4% [p<0.01]; 150 mg NL: 65.8% [p<0.0001]) groups. Overall, improvements in SF-36 scores and MCID responses were generally more prominent with SEC 300 mg vs SEC 150 mg and in those <2 yrs vs ≥2 yrs from diagnosis. Improvements in PCS, MCS, individual domains, and MCID responses with SEC were sustained to Wk 52.

Conclusion: SEC offered significant, clinically meaningful and sustained improvements in HRQoL (SF-36) in pts with PsA, regardless of time since diagnosis.

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AB0783

RELATIVE IMPACT OF JOINT AND SKIN SYMPTOMS ON QUALITY OF LIFE AND WORK PRODUCTIVITY IN PSORIATIC ARTHRITIS (PSA) PATIENTS

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Background: PsA is a chronic inflammatory arthritis with heterogeneous clinical manifestations. Disease burden and quality of life (QoL) is affected by both joint and skin aspects of the disease (1,2). Given variability among patients of the extent and severity of joint and skin symptoms, the relative impact of each aspect on overall burden to the patient has not been well quantified.

Objectives: Describe the relative impact of joint and skin symptoms in PsA in a real-world population through an assessment of patient perception of symptom importance, QoL, and work productivity.

Methods: Cross-sectional survey of rheumatologists and dermatologists and their PsA patients in Australia, Canada, France, Germany, Italy, Japan, Spain, UK, and US. Physicians provided data on patient Body Surface Area (BSA) psoriasis coverage at the time of survey. Patient self-reported data included perceptions of symptom importance, EQ-5D, Psoriatic Arthritis Impact of Disease (PsAID12), and Work Productivity and Activity Impairment (WPAI: SHP) Index. Patients were compared according to BSA (BSA=0 vs. BSA>0), using parametric and non-parametric tests as appropriate.

Results: Data were collected for 3200 patients with PsA by 454 rheumatologists and 238 dermatologists. 556 patient self-completed questionnaires were also collected. Mean age was 49 years, 46% female, 69% had a BSA>0. Patients with BSA>0 had mean tender joint count (TJC) of 5.2 and mean swollen joint count (SJC) of 4.8. Patients with BSA=0 had mean TJC and SJC of 2.0 and 1.5, respectively.

Across all patients, when asked to prioritize the burden of symptoms, 62% of patients prioritized joints and 38% prioritized skin. In patients with BSA=0, 35% still prioritized skin as most important. 41% indicated they experienced anxiety/depression as a result of their PsA, with 62% indicating both joint and skin symptoms were the cause (28% joint alone, 9% skin alone).

Patients with BSA >0 reported significantly worse QoL and work productivity and activity impairment than BSA=0 (EQ5D index 0.79 vs. 0.85, p<0.0001; EQ5D VAS 71.98 vs. 77.68, p<0.0001; PsAID 2.91 vs. 1.66, p<0.0001; WPAI overall 25.61 vs. 16.32, p<0.0001).

Conclusion: The majority of PsA patients prioritise joint symptoms over skin. Patients with any joint/skin involvement likely have worse quality of life than in the general population (3). PsA patients report that both joints and skin have an impact on their QoL and work productivity with significantly greater impact in those who have skin involvement. Treatment goals focusing on both components of PsA would optimize patient outcomes.

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AB0784 SUBCLINICAL MYOCARDIAL INVOLVEMENT IN PSORIATIC ARTHRITIS PATIENTS

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Background: Psoriatic arthritis (PsA) is a systemic inflammatory disease affecting 15-30% of patients with psoriasis¹. Patients with PsA present 43% higher risk of cardiovascular disease, involving myocardial infarction, heart failure and cerebrovascular events compared with the general population². The common underlying pathophysiologic basis of these clinical events is early atherosclerosis. Myocardial fibrosis in the context of systemic inflammation³ seems to play a significant role in the cardiac manifestations of the disease as well. However, only a few trials have evaluated the possibility of recognition of myocardial involvement in its subclinical phase, which might be of value in reducing the morbidity and mortality of the disease.

Objectives: Our goal was to evaluate the systolic and diastolic myocardial function in asymptomatic patients with PsA and no cardiac comorbidities and emphasize the value of speckle tracking echocardiography in this condition.

Methods: Sixty patients (29 males) and 34 healthy controls (18 males) participated in the study. The patients' mean age was 52.5 (s.d. = 11.29) and the controls' mean age was 50.7 years (s.d. = 17.42). They were all subjected to 2D transthoracic echocardiography, tissue Doppler imaging, and speckle tracking echocardiography, in order to evaluate left ventricular systolic function with conventional indices such as ejection fraction (EF), and with novel indices such as global longitudinal strain (GLS). Diastolic dysfunction was also assessed in both groups. Blood tests including CRP and ESR were conducted. Disease duration and severity scores, PASI and DAS 28, were also recorded. The statistical analysis was conducted with SPSS v.23.0.

Results: Linear regression analysis showed statistically significantly impaired left ventricular systolic function ($p < 0.001$), as assessed with global longitudinal strain (GLS), in PsA patients (mean = -19.79, s.d. = 4.54) compared to the controls (mean = -23.67, s.d. = 3.27). The results were adjusted for age and gender. Ejection fraction, on the contrary, did not show any statistically significant difference between the two groups ($p = 0.535$). Left ventricular diastolic function did not present significant difference between the two groups. GLS showed no association with disease duration, severity scores or the blood tests.

Conclusion: PsA patients present a higher risk of left ventricular systolic dysfunction compared to controls. GLS measured by speckle tracking echocardiography is a useful tool in revealing this subclinical myocardial impairment.

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AB0785 DRUG SURVIVAL OF SECUKINUMAB FOR PSORIATIC ARTHRITIS IN A REAL-WORLD SETTING

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Background: Secukinumab is a newly introduced biologic therapy against IL-17 which has been approved for Psoriatic Arthritis and has showed efficacy in clinical trials, but real world data is still lacking.

Objectives: This study aims to analyze secukinumab drug survival for psoriatic arthritis in a real world environment.

Methods: Multicentric observational, longitudinal retrospective study conducted at 4 tertiary hospitals in Madrid region. Patients with clinical diagnosis of psoriatic arthritis which had received at least one dose of secukinumab between January 2016 and October 2018 were included. With follow up period till December 31, 2018. Medical records were reviewed to collect data about psoriatic arthritis involvement, comorbidities, previous DMARD and bDMARD therapies and its reasons for discontinuation, duration of secukinumab therapy, reasons for discontinuing secukinumab therapy and adverse events. Statistical analysis was performed including bivariate analysis (considering withdrawal of drug during study period or not) and survival analysis with Kaplan-Meier and Cox regression.

Results: 177 patients that initiated secukinumab therapy in the recruitment period were included. 123 patients were on 150 mg dose and 54 on 300 mg dose. Average follow up period was 13 months (SD 8.28; range 1-34). In the bivariate analysis, a higher proportion of biologic-naïve patients was found among the group without secukinumab withdrawal during the study (40% vs 23%, $p = 0.07$). No other differences were observed between both groups regarding demographic characteristics nor comorbidities (tobacco exposure, hypertension, diabetes mellitus, dyslipidemia, ischemic heart disease or malignancy). Median survival time for secukinumab in the Kaplan-Meier analysis was 21.2 months (IC 95%: 14.3 - 22.2), with an average of 19.9 months. One event was censored due to lost to follow-up. Secukinumab treatment was withdrawn in 79 patients (44.6%). Reasons for discontinuation were lack of effectiveness (37%), either primary (40 patients) or secondary (26 patients), adverse events (9 patients, 0.5%), elective surgery in one patient and latex allergy in other. The only variable associated to higher drug survival in Cox regression analysis was biologic-naïve status. No differences in drug survival were found in all other variables studied (gender, age, secukinumab dosage, illness duration, clinical features, tobacco exposure and rest of comorbidities).

Conclusion: As secukinumab was marketed in 2016, real-world setting studies lack long term data. The mean follow up period in our study was 13 months. Most of withdrawals were to lack of effectiveness. Median survival was 21.2 months, significantly higher in biologic-naïve patients. No other differences were found in all other variables studied. Probably real-world data differ from those of clinical trials.

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AB0786 HIGH TREATMENT SATISFACTION OF THERAPY WITH USTEKINUMAB IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS DUE TO EARLY AND LONG-TERM TREATMENT RESPONSE AND HIGH TOLERABILITY – RESULTS OF THE NON-INTERVENTIONAL STUDY SUSTAIN

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