Background: SUSTAIN is a prospective, multi-center non-interventional study in Germany.

Objectives: The objectives are to observe long term efficacy and safety, quality of life and further patient reported outcomes in patients with active psoriatic arthritis (PsA) under treatment with ustekinumab in routine clinical care.

Methods: In this study nearly 400 patients were planned to be included at 75 centers for 160 weeks with documentation intervals at week 0 and 4 and then every 12 weeks. The treatment with ustekinumab is according to the label. Besides demographic data, the following data will be documented: Number of swollen and tender joints, tender entheses, amount of skin psoriasis (BSA and PASI), patient reported outcome concerning disease activity of PsA and pain, Health Assessment Questionnaire (HAQ), quality of life (SF-12), sleep quality (VAS), satisfaction with therapy of patient and physician, safety (adverse events/serious adverse events), pharmacoeconomic aspects, number of patients with "Minimal Disease Activity" (MDA), number of patients with MDA at week 28 und 52. For the present interim analysis baseline data of 336 patients and results of the documented visits up to week 112 were analyzed.

Results: For the present analysis 336 patients (57% women) at 75 centers were observed. The number of documented patients was 310 at week 4, 318 at week 16, 278 at week 28, 160 at week 76 and 108 at week 112. At time of inclusion into the study, patients had arthritis at small (73.2%) and/or large (52.4%) joints, spinal involvement (17%) and enthesitis (13.1%). For 30.1% of patients, the medical history revealed structural bone damage and 2.1% had uveitis present at time of inclusion. Mean age was 54 years (22-85), mean BMI 30 kg/m² (19-52). The mean ustekinumab dose was 0.7 mg/kg body weight (0.2-1.3). 54.5% of the patients had as prior medication at least one TNF inhibitor and 44% used MTX as concomitant medication.

The data extension of the present interim analysis demonstrated relevant improvements with high treatment satisfaction and good safety and tolerability after 4 weeks and up to 112 weeks. The data show the maintenance of these treatment results up to week 112, i.e. reduction in the number of tender joints from a mean of 10.0 (CI 95% 8.6/11.3) at baseline to 1.8 (1.1/2.5) at week 112. The number of swollen joints improved from 4.1 (3.4/4.9) at baseline to 0.7 (0.3/1.0) at week 112. In the same period, skin symptoms (PASI) declined from 8.4 to 1.0 and pain assessment (VAS) declined from 56.0 to 34.3. Of the 96 patients who completed the week 112, 30.2% reached MDA at week 28 and 29.2% reached MDA at week 52.

Efficacy of the therapy with ustekinumab was assessed as "very good" or "good" by 91.1% of the treating physicians and by 89.9% of the patients at week 112. Until data cut off point (45 months after study start), 105 SAEs have been documented, of which only 14 were related to ustekinumab as assessed by physician of treatment center. 3.9% of patients discontinued treatment with ustekinumab (N=121), mainly due to an adverse event. Safety of therapy with ustekinumab was assessed as "very good" or "good" by 100% of the treating physicians and by 100% of the patients at week 112.

Conclusion: The present interim analysis of the prospective non-interventional study SUSTAIN confirmed relevant improvements with high treatment satisfaction and good safety in patients with active psoriatic arthritis treated with ustekinumab after 4 weeks and demonstrated that these effects were maintained at least up to 112 weeks in routine care.

Disclosure of Interests: Joerg Wendler Consultant for: Roche Pharma AG, AbbVie, Jannssen Cilag, Novartis, Speakers bureau: Roche Pharma AG, AbbVie, Jannssen Cilag, Novartis, Peter Wagener: None declared, Frank Hamann: None declared, Nils Damann: None declared, Evgenia Movshovich: None declared, Frank Behrens Grant/research support from: AbbVie, Pfizer, Roche, Chugai, Prophylis, Bioline, Novartis, Consultant for: AbbVie, Pfizer, Roche, Chugai, UCB, Bristol-Myers Squibb, Celgene, MSD, Novartis, Biotest, Janssen, Genzyme, Eli Lilly, Speakers bureau: Ad board: AbbVie, Pfizer, Roche, Chugai, UCB, Bristol-Myers Squibb, Celgene, Novartis, Biotest, Janssen, Genzyme, Eli Lilly

DOI: 10.1136/annrheumdis-2019-eular.4655

AB0787

TREATMENT TRENDS IN PSORIATIC ARTHRITIS IN A REAL-WORLD SETTING; RESULTS FROM A HEALTH PROVIDER DATABASE OF THE PSORIATIC ARTHRITIS PATIENTS

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Background: Emerging Psoriatic Arthritis (PsA) treatments have had a great impact on treatment strategies and healthcare costs in PsA disease management. Therefore, investigating changes in therapy is important to patients, healthcare providers, and healthcare payers alike.

Objectives: To describe changes in treatment strategies and management of PsA patients in a real-world setting over the years 2000-2017 since the introduction of diverse novel biologic disease modifying anti-rheumatic drugs (bDMARDs).

Methods: A retrospective study was performed using the previously-tested and validated database of Clalit Health Services, the database of the largest healthcare provider in Israel. The database includes continuous real-time input from pharmaceutical and medical digital systems regarding prescribed and dispensed medications. In this study, data on all conventional DMARDs (cDMARDs) and bDMARDs dispensed to the PsA patient cohort from 2000-2017 was retrieved. In Israel, all patients are eligible for bDMARDs following treatment failure of at least 2 cDMARDs with bDMARDs used in different sequences and/or combinations based on patient and physician preference. Of note, Etanercept and Infliximab are available on the Israeli market since 2000, Adalimumab since 2002, Golimumab since 2006 and Ustekinumab since 2014. Descriptive statistics, including means (standard deviations) for continuous variables and frequencies (%) for categorical variables, were used.

Results: The study included 5062 PsA patients. Data showed an increase in use of bDMARDs in recent years (Fig 1). The trend in increasing use of bDMARDs was not affected by age, sex, and ethnicity. Etanercept was the most commonly used bDMARD (10.1%) over time, whereas, methotrexate was the most commonly used cDMARD (25.9%). A decrease in use of infliximab was noted along with the introduction of adimumab, golimumab and ustekinumab. Notably, a decrease in the utilization of cDMARDs, but not corticosteroid use, was seen with the advent of bDMARDs (Fig 2). However, this decrease in cDMARD use was not observed in patients treated with infliximab [Correlation Coefficient 2.69% (-47.5%, 51.6%), $P=0.921$]. **Conclusion:** More PsA patients are using bDMARDs in recent years in lieu of cDMARDs. This change in PsA management highlights a need for further research on the relative safety efficacy and cost of biologic agents to better guide evidence-based treatment decisions.

Disclosure of Interests: Amir Haddad: None declared, Faten Tatour: None declared, Tal Gazitt: None declared, Ilan Feldhamer: None declared, Irina Bergman: None declared, Arnon Cohen Grant/research support from: Prof. Arnon Cohen received research grants from Janssen, Novartis and AbbVie and Sanofi, Consultant for: Prof. Arnon Cohen served as a consultant, advisor for AbbVie; Amgen; Boehringer Ingelheim; Dexcel pharma; Janssen, Lilly; Neopharm; Novartis, Perrigo; Pfizer; Rafa; Sanofi, Speakers bureau: Prof. Arnon Cohen served as speaker for AbbVie; Amgen; Boehringer Ingelheim; Dexcel pharma; Janssen, Lilly; Neopharm; Novartis, Perrigo; Pfizer; Rafa; Sanofi, Devy Zisman Grant/research support from: Dr D Zisman received research grants from Pfizer, Janssen, Consultant for: Dr D Zisman served as a consultant, for Pfizer, Abbvie, Novartis, Ellie-Lilly, Sanofi, Speakers bureau: Dr D Zisman served as a speaker for AbbVie, Janssen, Lilly, Novartis, Pfizer, Sanofi

DOI: 10.1136/annrheumdis-2019-eular.6001

AB0788

LUPUS CO-MORBIDITY IN PATIENTS WITH PSORIATIC ARTHRITIS: A POPULATION-BASED CASE-CONTROLLED STUDY

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Background: Patients with psoriasis and psoriatic arthritis (PsA) can develop a variety of comorbidities including metabolic syndrome, diabetes, hypertension, cardiovascular diseases and depression. Comorbidities, in turn, may influence the therapeutic regimen and affect treatment results. Previous studies show a high incidence of coexistence of psoriasis and systemic lupus erythematosus (SLE). Unlike psoriasis, the coexistence of PsA and SLE has been reported only in case reports.

Objectives: To assess the prevalence of SLE in a PsA patient cohort and to compare it to the general population using the database of a large health care provider.

Methods: The study, which was conducted from 2002-2017, is a retrospective study on a PsA cohort consisting of 4,836 PsA patients matched for age and sex with 24,180 randomly selected control patients. Data on this cohort was derived from the database of more than 4.3 million people enrolled in the largest health care provider in Israel, Clalit Health Services. The database was used to extract demographic data, such as age, sex, ethnicity and socioeconomic status; clinical and laboratory manifestations of SLE; medication dispensed and SLE-inducing medications. T-test was used to compare continuous variables and a Chi-square test was used for categorical variables. All tests were 2-sided; p values of <0.05 were considered statistically significant.

Results: The PsA study group consisted of 4,836 subjects, at a median age of 56±15, 2603 (53.8%) of whom were females. The control group consisted of 24,180 subjects matched for age and sex. 18 patients (0.37%) in the PsA study group, and 39 patients (0.16%) in the control group where diagnosed with SLE ($p=0.002$). SLE patients without co-existing PsA had higher anti-double stranded DNA (anti-dsDNA) positivity (92.3% vs 66.7%, $p=0.022$) and positive anti-cardiolipin (ACL) antibodies (46.2% vs 16.7%, $p=0.041$). No other significant differences were observed between the two groups in terms of clinical and laboratory manifestations of SLE. PsA patients with concomitant SLE compare to PsA patients without SLE were more often female (100% vs 53.7%, $p<0.0001$), had more osteoporosis (38.9% vs 12.8%, $p=0.005$) and were

more likely to be treated with beta blockers (27.8% vs 9.8% $p=0.027$). Usage of medications with known potential to induce SLE prior to diagnosis of SLE was higher in the study group of PsA patients (11 out of 18 patients) than in the control group, but there was no difference in SLE manifestations between these two groups. Culprit medications associated with later onset of SLE included proton pump inhibitors (PPI) [0.27% in the PsA cohort vs 0.1% in the control group ($p=0.004$)], beta blockers [0.33% vs 0.16% ($p=0.011$)], angiotensin converting enzyme inhibitors (ACE-I) [0.35% vs 0.13% ($p=0.001$)], thiazide diuretics [0.35% vs 0.1% ($p=0.001$)], anti-tumor necrosis factor (anti-TNF) agents [0.4% vs 0.2% ($p=0.002$)].

Conclusion: A 2.3 fold increase in the prevalence of SLE in PsA patients than in the control group was found in our study population. There were no significant differences in the clinical and laboratory manifestations of SLE between these two groups. The positive correlates between SLE and PsA may point to common underlying pathogenetic pathways and may affect treatment choices and medication development. More research is needed for a better understanding of this diseases association.

Disclosure of Interests: Danielle Korkus: None declared, Tal Gazitt: None declared, Ilan Feldhamer: None declared, Idit Lavi: None declared, Amir Haddad: None declared, Erez Batat: None declared, Sari Greenberg-Dotan: None declared, Arnon Cohen Grant/research support from: Prof. Arnon Cohen received research grants from Janssen, Novartis and AbbVie and Sanofi, Consultant for: Prof. Arnon Cohen served as a consultant, advisor for AbbVie; Amgen; Boehringer Ingelheim; Dexcel pharma; Janssen, Lilly; Neopharm; Novartis, Perrigo; Pfizer; Rafa; Sanofi, Speakers bureau: Prof. Arnon Cohen served as speaker for AbbVie; Amgen; Boehringer Ingelheim; Dexcel pharma; Janssen, Lilly; Neopharm; Novartis, Perrigo; Pfizer; Rafa; Sanofi, Devy Zisman Grant/research support from: Dr D Zisman received research grants from Pfizer, Janssen, Consultant for: Dr D Zisman served as a consultant, for Pfizer, Abbvie, Novartis, Ellie-Lilly, Sanofi, Speakers bureau: Dr D Zisman served as a speaker for AbbVie, Janssen, Lilly, Novartis, Pfizer, Sanofi

DOI: 10.1136/annrheumdis-2019-eular.3546

AB0788B

RECOMENDATIONS FOR DISEASE ACTIVITY ASSESSMENT AND DEFINITION OF CLINICAL REMISSION IN PSORIATIC ARTHRITIS: A DELPHI-BASED EXPERT CONSENSUS

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Background: Patients with psoriasis arthritis (PsA) have heterogeneous clinical presentations, with diverse articular and dermatological features and varied disease courses and outcomes, so the assessment of disease activity implies important difficulties. Although the goal of treatment of PsA is to achieve remission, there is no a universally accepted definition.

Objectives: The purpose of this study was to assess agreement by experts on recommended disease activity assessment in PsA patients and to develop a consensus definition of clinical remission.

Methods: A modified Delphi approach was used as a consensus method. A scientific committee of experts provided 86 statements that were submitted in 2 rounds to a panel of 130 Spanish experts in PsA (in September and October 2018, respectively), addressing issues regarding the current assessment of remission, variables that should be included in the minimal assessment of PsA patients and the definition of remission, and the use of disease activity scores.

Results: The expert panel reached agreement for 53 proposed statements (61.6%). There was consensus that the definition of remission in PsA should include: the absence of signs and symptoms, physical well-being, the absence of impact of the disease, the absence of inflammation and progression in imaging tests (radiography and magnetic resonance) and the absence of inflammation measured by biomarkers (ESR, CRP). It is recommended to use some index designed specifically for the assessment of disease activity and the variables that should include the minimal assessment of PsA patients are: painful/swollen joints, enthesitis, dactylitis, axial involvement, skin and nail involvement, physical function, quality of life, structural damage assessed by imaging techniques, CRP, both patient and physician global assessment, both patient and physician skin assessment and extra-articular manifestations. The use of a treat-to-target (T2T) strategy should be considered in PsA patients, especially in those