

with a high risk of progression of structural damage. Although the ideal therapeutic goal is remission, there is consensus that low disease activity (LDA) is an acceptable goal. The most recommended tool to assess the disease activity in the clinic is DAPSA, with cut-off values of ≤ 4 for remission and > 4 to 14 for LDA. In patients who have reached the minimum activity of the disease, there was agreement in which the most suitable index was the MDA (Minimal Disease Activity), with cut-off values of 5 to 7. ASDAS (or alternatively BASDAI) may be used in cases with axial involvement. There was also consensus to include the Psoriatic Arthritis Impact of Disease questionnaire (PsAID) for the assessment of patients' quality of life in follow-up consultations. The proposed definition of clinical remission in PsA is the absence of disease activity assessed using DAPSA or MDA (and/or ASDAS in patients with axial involvement), and the absence of later radiological progression.

Conclusion: On the basis of the available evidence and expert consensus, recommendations have been made for disease activity assessment in PsA and a proposal for definition of clinical remission was made that may be useful in the management of PsA patients

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AB0788C **PSORIASIS ARTHRITIS IN PATIENTS DIAGNOSED WITH PSORIASIS ASSISTING DERMATOLOGY CONSULTATION IN A COHORT OF THE DOMINICAN REPUBLIC**

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Background: Psoriatic arthritis (PsA) is a disease of an inflammatory, heterogeneous nature that involves skin, nails, peripheral and axial joints, as well as the entheses. Due to its systemic involvement, it makes diagnosis and therapy a challenge in clinical practice. (1) It has been estimated that around 6% to 41% of patients with Psoriasis (Pso) will develop PsA, finding an accumulated incidence of 1.7% at 5 years of diagnosis of Psoriasis, 3.1% at 10 years and 5.1% at 20 years (2). In the Dominican Republic we do not have studies that characterize this pathology, so it would be interesting to be able to specify the clinical course, as well as the risk factors and associated prognoses for the development of this entity.

Objectives: To determine the factors associated with psoriatic arthritis in patients diagnosed with psoriasis attending the Dermatology service.

Methods: A multicenter, descriptive study of primary and secondary source data collection was conducted at the Psoriasis clinic of the Regional University Hospital José María Cabral and Báez, Cibao Regional Dermatological Institute and the Foundation to support patients with psoriasis and psoriatic arthritis (FUNAPAPSO), in the period of August-December 2018, the universe consisted of 304 patients, 103 patients met inclusion criteria. After signing informed consent, a form was completed that included general, clinical, serological and image data. Analysis of the variables was performed and Chi 2 was used, considering statistical significance $p < 0.05$.

Results: Of a total of 103 patients with psoriasis, the mean age was 40 ± 13 years, 63.1% male, 36.9% female. The prevalence of psoriatic arthritis by CASPAR criteria was 36.89%. The presentation of arthritis was asymmetric oligoarthritis in 56.52%, symmetric polyarthritis 21.74% and distal interphalangeal arthritis 13.04%, radiographic findings were present in 7.77% ($p: 0.00$) of patients with PsA. The forms of presentation of Pso that were most associated with arthritis were plaques 48.57% ($p: 0.000$) and drop 12.5% ($p: 0.01$). The quality of life was average in 39.47% and poor in 18.42%. Psoriatic onychopathy was present in 40.23% ($p: 0.048$) of patients with arthritis. 39% of patients had some type of comorbidity, and of these arterial hypertension obtained 34% ($n = 13$), obesity 26% ($n = 10$) and diabetes mellitus 21% ($n = 8$).

Conclusion: The presence of psoriatic arthritis in the population with psoriasis in our environment is high. This is related to the presence of psoriatic onychopathy, radiographic findings and deterioration in the quality of life of patients.

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Osteoarthritis

AB0789 **AN EHEALTH TOOL TO PREPARE A FIRST ORTHOPAEDIC CONSULTATIONS: A USE AND USABILITY STUDY**

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Background: The use of eHealth technology to prepare first orthopaedic consultations for patients with hip or knee osteoarthritis seems promising. Exploration of data on use and usability of an educational eHealth tool can reveal potential modifications that may increase engagement and effectiveness.

Objectives: 1) to identify use and usability of a standalone educational eHealth tool for patients with suspected hip or knee osteoarthritis (OA), 2) to explore if recorded questions in the eHealth tool were in line with an existing widely used question prompt list, and 3) to investigate if user characteristics are related to use and usability.

Methods: We used data of 144 patients who used the educational eHealth tool to prepare an upcoming first orthopaedic consultation. We defined 'users' and 'non-users' based on opening the tool at least once or not. 'Users' were specified as 'active' and 'passive'. Recorded questions in preparation for the upcoming consultation were categorized into 3 themes: 'What are my options?', 'What are the possible benefits and harms of those options?' and 'How likely are each of the benefits and harms to happen to me?', or in a 'remaining' category. Usability was measured using the System Usability Scale (SUS, 0-100). We collected data on demographic and clinical characteristics, knowledge on OA and internet and smartphone usage in daily life. Characteristics associated with 'users' and 'non-users' were analysed using multivariable logistic regression analysis.

Results: A total of 116 (81%) participants used the educational eHealth tool, of whom 87 (75%) were 'active users'. Out of 3 components ('Information', 'My consultation' and 'Medication'), 'Medication' was least used (34%). Based on the recorded questions of users a fourth predefined question could be proposed, i.e. "What is my situation at this moment?". Mean (SD) SUS score was 64.8 (16.0). No difference was found in SUS scores between superficial and active users (mean difference (95% CI): 0.04 (-7.69, 7.77)). Participants with higher baseline knowledge on OA (OR (95% CI): 1.2 (1.0, 1.4)), who used the internet less frequent in daily life (OR (95% CI): 0.6 (0.5, 0.9)) were more likely to use the educational eHealth tool. We found no differences in demographic and clinical characteristics between superficial and active users.

Conclusion: Based on the results of this study it can be concluded that the use of an educational eHealth tool to prepare a first orthopaedic consultation in patients with hip and knee OA is feasible. Results provide points for improvements to the content of the tool to improve usability. No clear practical implications were found in this study to support implementation of the educational eHealth tool in specific subgroups.

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