Methods: Single-center, cross-sectional study. PsA patients were consecutively enrolled, PsO and controls were matched by age and gender with the PsA group. PsO patients must have had the diagnosis of psoriasis of any subtypes. PsA patients had to fulfill the CASPAR criteria. Exclusion criteria, for all groups included: other joint inflammatory disease; dermatological or systemic disease that could modify the nail structure. Ultrasound examination was performed using a MyLab 50 system (Esaote Biomedica, Genova, Italy), equipped with a linear probe of 18 MHz in greyscale (GS) and 8.0 MHz in power doppler (PD). The exams were performed in a room with temperature between 22°C and 26°C, after a 10 minutes rest period. Patients were seated, with hands and fingers in a neutral position over the table. The nails were scanned on a longitudinal plane. The 2nd and 3rd fingernails of both hands were examined. Through GS, the following characteristics were assessed: 1) the trilaminar appearance of the nail plate (NP), that was classified according to Wortsman characterization of changes on psoriatic nails (I – IV), 2) the nail plate thickness (NPT), 3) the nail bed thickness (NBT), and 4) the nail matrix thickness (NMT). The signal of PD in the nail matrix and in the nail bed were evaluated together and classified according to Gutierrez *et al.*'s score (1-3). Comparisons between independent means were analyzed using ANOVA or Kruskal-Wallis test. The association between categorical variables was calculated by chi-squared test or Fisher's exact test.

Results: In the trilaminar structure (TS) evaluation, 137(99.3%) of the nails from control group had no change in the TS; for PsO group, 32 of the analyzed nails presented TS alterations, as follows: 9 type I, 5 type II, 7 type III and 11 type IV. For PsA group, there were also 32 of the analyzed nails that presented TS changes; 4 type I, 15 type II, 9 type III and 4 type IV. The mean NPT± SD (mm) was higher on both PsA and PsO groups when compared to the control group: 0.73 ±0.14 and 0.72 ±0.15 vs.0.67±0.10 (p=0.001), respectively. NBT and NMT means did not differ among groups. There was also no statistical difference between groups regarding the degree of nail PD, as well as no difference in the grayscale and PD evaluated parameters between PsA/PsO nails both with or without clinical involvement.

Conclusion: Alterations of the trilaminar structure of the NP and the NPT show differentiation between psoriatic nails and the control group, but no differentiation between PsO and PsA nails. PD, NMT and NBT means also had no differences between groups. Studies with larger sample sizes are necessary to clarify the utility of these parameters in the evaluation of psoriatic patients.

REFERENCES:

- [1] Wortsman C X, Holm EA, Jemec GB, Gniadecka M, Wulf HC. Ultrasonido de Alta Resolución en el estudio de la uña psoriática. *Rev Chil Radiol.* 2004;10(1).
- [2] Gutierrez M, Di Geso L, Salaffi F, Bertolazzi C, Tardella M, Filosa G, Filippucci E, Grassi W. Development of a preliminary US power Doppler composite score for monitoring treatment in PsA. *Rheumatology.* 2012 Jul;51(7):1261-8.

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DIFFERENCES AND SIMILARITIES ACCORDING TO GENDER IN PATIENTS WITH PSORIATIC ARTHRITIS INITIATING BIOLOGICAL THERAPY

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Background: The evolution of the disease is heterogeneous among patients with psoriatic arthritis (PsA). Specifically, the influence of gender on the disease outcomes (and the need of a more intensive treatment) has been pointed. However, data regarding this are scarce.

Objectives: to analyse the disease profile in male and female patients with PsA starting biological treatment.

Methods: Data from an observational prospective cohort including all patients with PsA initiating biological therapy from 2002-2018 in a university hospital was conducted. Demographic information, laboratory tests, disease presentation (axial presentation, including oligoarticular affection,

and polyarticular presentation), disease activity indexes (ASDAS and DAPSA for axial and peripheral-only presentations, respectively) and concomitant treatment were collected before starting biological drug. Patients were stratified by gender to compare the characteristics of the populations. Chi-squared for categorical and t-student tests for continuous variables were used to analyse the differences between groups.

Results: Out of 109 included patients, 55 (51%) were males and 54 (49%) females. Baseline gender-stratified characteristics are shown in Table 1. Including the whole population of the study, mean age at diagnosis was 57 ± 14.6 years, mean PsA duration was 17.7 ± 9.2 years, and mean Body Mass Index (BMI) was 27.2 ± 4.9. Axial or oligoarticular presentation was shown in 57 patients (52%), whereas 52 patients (48%) had polyarticular manifestations. Mean baseline ASDAS was 3.2 ± 1.0 and mean baseline DAPSA was 25.4 ± 13.6. Biological therapies initiated included etanercept in 42% of the cases, infliximab in 25%, adalimumab in 19%, golimumab in 7% and secukinumab in 6%. No significant differences were observed between genders for most of the characteristics including: age at starting biologic, disease duration, BMI, smoking habit, positive HLA B27 and rheumatoid factor, baseline activity, baseline ESR, baseline CRP, baseline sulfasalazine (SSZ), baseline prednisone (PRD), baseline patient global assessment and biological drug use. However, there were substantial differences between gender in some other characteristics. While males had more frequently a predominant axial disease (p=0.01), females more frequently presented a polyarticular disease (p=0.02) and received methotrexate more frequently (p=0.02). These differences in methotrexate use might be explained by the predominance of peripheral presentation in female patients.

Conclusion: In clinical practice, biological therapy (TNFi and IL-17i) is prescribed in a similar frequency in male and female patients with PsA. Nevertheless, the predominant articular manifestation behind the prescription of the biological therapy is different among genders: while men have predominant axial disease, women have predominant peripheral manifestations. These differences in clinical presentation in both genders may contribute to differences in therapeutic management, such as increased use of methotrexate in women with PsA who initiate biological therapy.

Table 1. Gender-stratified characteristics at the visit starting the biological therapy. Results are shown as mean (standard deviation) or absolute number (percentage).

	Male n=55 (51 %)	Female n= 54 (49 %)	p-value
Age (years)	55.8 (12.2)	58.3 (16.7)	0.2
Disease duration (years)	17.3 (7.3)	18.1 (10.9)	0.6
BMI	27.7 (3.8)	26.7 (5.9)	0.3
Smokers & ex smokers	19 (34.5%)	19 (35.2 %)	1.0
HLA B27	8/28 (28.6 %)	3/20 (15.0 %)	0.3
RF	2/47 (4.3%)	4/48 (8.3%)	0.4
Axial and/or Oligoarticular manifestations	37 (67.3%)	20 (37.2 %)	0.01
Polyarticular manifestations	18 (32.0%)	34 (63.1 %)	0.02
bASDAS	3.1 (1.0)	3.3 (1.0)	0.5
bDAPSA	21.3 (11.8)	29.4 (15.5)	0.08
bESR	19.8 (19.2)	31.6 (19.7)	0.2
bCRP mg/L	11.9 (16.16)	9.6 (10.7)	0.1
Baseline PGA	45.1 (20.8)	50.4 (20.8)	0.4
Baseline MTX	27 (49.1 %)	38 (70.4 %)	0.02
Baseline SSZ	10 (18.2 %)	8 (14.8 %)	0.6
Baseline PRD	14 (25.5%)	20 (37.1 %)	0.2
Infliximab	15 (27.3 %)	12 (22.2 %)	0.9
Adalimumab	6 (10.9 %)	15 (27.8 %)	0.2
Etanercept	24 (43.6 %)	22 (40.7 %)	0.8
Golimumab	6 (10.9 %)	2 (3.7 %)	0.4
Secukinumab	4 (7.3 %)	3 (5.6 %)	0.9

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