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FRI0427 IS THE CLINICAL AND THERAPEUTIC PROFILE RELATED TO SATISFACTORY RESPONSE TO APREMILAST IN PSORIATIC ARTHRITIS?

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Methods: An observational and analytical multicenter retrospective study. There are included PsA patients treated with APR after two years of commercialization. Clinical and demographic data were collected: disease duration, previous treatments, cutaneous and joint involvement pattern defined as: joint exclusively, non joint and mixed (by several domains combination). It was collected: duration of treatment, tolerance, adverse events, and reason for APR choice: intolerance or toxicity to csDMARD, preference before bDMARD contraindication or caution to bDMARD, csDMARD and bDMARD inefficacy, csDMARD and bDMARD intolerance. The effectiveness was considered as a dicotomic variable (Yes/No) by clinical criteria.

Results: There were included 89 patients, 46(51.7%) males, the mean age was 53.99±12.3 years, and the PsA disease duration was 7.28±6.25 years. The PsA pattern was: joint 29(32.6%), non joint, 12(13.5%) and mixed 48(53.9%). The reason for APR choice was: intolerance or toxicity to csDMARD 13 patients, preference before BT 28, contraindication or caution to BT 22, inefficacy to csDMARD or BT 18, intolerance to csDMARD and BT 1, and due to clinical profile 1. After a mean treatment duration with APR of 8.13(0-23) months a total of 33 withdrawals were found (17 due to inefficacy and 16 due to intolerance), treatment was maintained on them a mean of 4.3(0-12) months. 56 patients keep with APR a mean of 10.4(2-23) months, 22 of them among 1 and 2 years of evolution. The treatment was effective in 61(68.5%) patients. Comparisons of the different variables analyzed did not show significative differences among the responders and non responders patients.

Conclusion: We have not found a specific profile that relates with a satisfactory response to APR.

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FRI0428 PSORIATIC ARTHRITIS AND DEPRESSIVE SYMPTOMS: DOES SYSTEMIC INFLAMMATION PLAY A ROLE?

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Background: Depression is one of the most common comorbidities in patients with Psoriatic Arthritis (PsA) but risk factors for mood disorders in these patients are still largely unrecognized. Pro-inflammatory cytokines involved in the pathogenesis of PsA have been also associated with depressive symptoms in patients without systemic autoimmune diseases.

Objectives: The aim of this study is to determine risk factors for depressive symptoms and compare serum cytokines concentrations in subjects with and without depressive symptoms in a cohort of PsA patients.

Methods: Eighty consecutive patients with PsA were screened for depressive symptoms with depression subscale of the Hospital Anxiety and Depression Scale (HADS-D). A validated cut-off of 8 was used to define patients with significant depressive mood. Patients with and without depressive symptoms were compared for the prevalence of general risk factors for depression, comorbidity, psoriatic disease age of onset, duration, activity and domains affected, treatment and serum levels of IL-6, TNF- α and IL-17A.

Results: Mean disease duration of skin disease and articular disease was 18.8 $\pm$ 15.3 years and 9.0 $\pm$ 11.1 years, respectively. All patients had a history of peripheral arthritis, 41.3% had dactylitis, 38.8% had enthesitis, 21.3% had spondylitis 82.5% had a psoriatic skin disease and 51.2% had psoriatic nail disease. According to DAPSA index, 20.0% were in remission, 50.0% in Low Disease Activity, 20.0% in Moderate Disease Activity and 10.0% in High Disease Activity. Thirty-five (43.8%) were in Minimal Disease Activity. Thirty-three patients (41.3%) had depressive symptoms according to HADS. Patients with and without depressive symptoms did not differ in terms of age, gender, comorbidity, general risk factors of depression, psoriatic disease age of onset, duration, domains affected, DAPSA activity, MDA achievement, PASI, HAQ, VAS pain, the intensity of treatment, serum TNF- α IL-17A and IL-23. Serum levels of IL-6 were higher in patients with depressive symptoms. (2.99 $\pm$ 2.58 vs 1.54 $\pm$ 1.60 pg/dl; p=0.006). A cut-off of 2.27 pg/ml of serum IL-6 had the best ability to predict a HADS $\geq$ 8 according to higher Youden Index of the ROC curve (AUC 0.682 $\pm$ 0.061; p=0.006). Multivariate logistic regression analysis revealed that serum IL-6 $\geq$ 2.27 pg/ml was a predictor of depressive symptoms even when adjusted for DAPSA, HAQ and PASI (OR 3.06; CI 1.14-8.20; p = 0.026).

Conclusion: Higher serum IL-6 is associated with depressive symptoms independently from articular and cutaneous disease activity and degree of disability. This association suggest a direct role of systemic inflammation in the modulation of mood in PsA patients.

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