Table 1. Baseline and follow-up metabolic, vascular, and disease activity markers. Values are mean (SD) or mean (95% CI).

Variable	Baseline N=52	Change at Month 1* N=47	Change at Month 3* N=42	Change at Month 6* N=29
Weight (kg)	95.8 (23.1)	-1.1 (-1.9, -0.4)‡	-1.3 (-2.1, -0.5)‡	-1.9 (-2.8, -1.0)‡
BMI (kg/m ²)	34.3 (8.7)	-0.4 (-0.7, -0.05)‡	-0.3 (-0.7, 0.02)	-0.7 (-1.0, -0.3)‡
Waist circumference (cm)	107.8 (18.0)	-1.6 (-3.3, 0.2)	-1.0 (-2.9, 0.8)	-0.9 (-3.1, 1.2)
SBP (mmHg) [§]	132.9 (20.7)	-1.5 (-5.8, 2.8)	-0.6 (-5.1, 3.8)	-2.1 (-7.2, 3.0)
DBP (mmHg)	77.7 (12.2)	2.5 (-0.2, 5.2)	1.7 (-1.1, 4.5)	0.5 (-2.7, 3.7)
RHI†	2.33 (0.55)	-	-0.15 (-0.38, 0.09)	-
66 Swollen Joint Count	8.7 (6.1)	-3.0 (-4.9, -1.1)‡	-2.5 (-4.5, -0.5)‡	-2.7 (-4.9, -0.4)‡
68 Tender Joint Count	12.5 (9.8)	-2.3 (-4.5, -0.1)‡	-0.7 (-3.0, 1.5)	-2.9 (-5.5, -0.3)‡
DAS28-ESR	4.3 (1.2)	-0.3 (-0.6, 0.0)	-0.3 (-0.6, 0.0)	-0.4 (-0.7, -0.03)‡
Patient global assessment	56.4 (23.8)	-7.5 (-15.0, 0.0)	-7.6 (-15.4, 0.2)	-9.7 (-18.5, -0.8)‡
Physician global assessment	55.2 (20.2)	-18.2 (-24.9, -11.5)‡	-23.4 (-30.4, -16.4)‡	-24.4 (-32.5, -16.4)‡
Pain VAS	52.3 (24.8)	-7.8 (-15.8, 0.2)	-9.0 (-17.3, -0.6)‡	-12.2 (-21.7, -2.8)‡
LEI	1.6 (1.6)	-0.3 (-0.6, 0.1)	-0.6 (-1.0, -0.2)‡	-0.6 (-1.1, -0.2)‡
PASI	6.2 (8.5)	-2.4 (-3.8, -1.0)‡	-2.6 (-4.0, -1.2)‡	-1.5 (-3.1, 0.2)
CRP (mg/dl)	12.3 (20.8)	-3.7 (-7.6, 0.2)	-5.8 (-9.9, -1.8)‡	-2.7 (-7.2, 1.8)
ESR (mm/hour)	18.3 (13.7)	-0.3 (-0.6, 0.0)	-0.3 (-0.6, 0.0)	-0.4 (-0.7, -0.03)‡

*All changes compared to baseline. †RHI: reactive hyperaemia index, normal >1.67. n=32 at baseline, n=26 at month 3. §26% (14/53) on antihypertensives. ‡p<0.05.

FRI0432

CLINICAL EXAMINATION AND ULTRASOUND IN THE ASSESSMENT OF PATIENTS WITH PSORIATIC ARTHRITIS WITH AND WITHOUT FIBROMYALGIA

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Background: Evaluating psoriatic arthritis (PsA)-related enthesitis is diagnostically and therapeutically essential, but may be very complex because of the wide range of signs and symptoms that partly overlap or co-exist with the clinical features of fibromyalgia (FM) [1,2].

Objectives: The primary aim was to compare the prevalence of clinical and ultrasonographic signs of enthesitis in patients with PsA, FM, or both. The secondary aim was to assess the impact of FM on disease activity and clinimetric scores.

Methods: This single-centre, observational cross-sectional study involved 101 consenting patients: 39 with PsA (CASPAR criteria), 23 with FM (2016 criteria), and 39 with both. Standard PsA and FM clinical, laboratory and clinimetric data were recorded. Disease activity in PsA and PsA-FM patients was assessed using BASDAI and ASDAS. The entheses were assessed using LEI and MASES score. All of the patients underwent B mode (grey scale) ultrasonography, the US findings were scored using the GUESS.

Results: The mean age of the patients was 53.6 years, SD ± 9.47. Females accounted for 64.1% of the PsA patients (disease duration 9.13 years, SD ± 5.9), 95.6% of FM patients (disease duration 5.09 years, SD ± 3.6), and 92.3% of the patients with PsA-FM (disease duration 7.9 years, SD ± 5.5). There were no between-group differences in the patients' BMI. None of the FM subjects reported any personal or family history of psoriasis. The mean PASI was 2.3 ± 3.1 in the PsA group, and 1.2 ± 2.45 in the PsA-FM group. The median BASDAI was significantly higher in PsA-FM vs PsA group (7.7 [IQR 2.1] vs 5.0 [IQR 3.8]; p<0.001), as well the median ASDAS score ESR-assessed (3.69 [IQR 1.00] vs 2.82 [IQR 1.55]; p=0.004), or PCR- assessed (median 3.27 [IQR 1.07] vs 2.66 [IQR 1.26]; p = 0.006). Clinical evidence of enthesopathy was found in 43% of PsA, 51.3.8% of PsA-FM, and 50.8% of FM, while US enthesal abnormalities were detected in respectively 65%, 54.6% and 30%. The median MASES was significantly higher in FM or PsA-FM

than in PsA group (p<0.001), no statistically significant difference between FM vs PsA-FM groups (6 [IQR 2] vs 7 [IQR 3]; p=0.737). The median LEI was significantly higher in FM or PsA-FM groups (p<0.001), with no statistically significant difference between these two groups (6 [IQR 2] vs 7 [IQR 3]; p=0.658). The median GUESS was significantly higher in PsA vs FM group (9 [IQR 7.5] vs 3 [IQR 2]; p<0.001), and in PsA-FM vs FM group (8 [IQR 4.5] vs 3 [IQR 2]; p<0.001). No statistically significant difference between PsA and PsA-FM group (9 [IQR 7.5] vs 8 [IQR 4.5]; p<0.112). No statistically significant Spearman correlation coefficient (rho) was found between GUESS and MASES/LEI in any of the groups. There was a correlation between GUESS scores and disease duration in PsA (rho=0.37; p=0.019, 95% CI 0.10-0.61) or PsA-FM (rho=0.38; p=0.016, 95% CI 0.10-0.61), but not in the FM group, and GUESS scores correlated with BMI (rho=0.2; p=0.05, 95% CI 0.00-0.37) and dyslipidemia (rho=0.34; p=0.006, 95% CI 0.11-0.58) in all groups.

Conclusion: The use of a clinical examination and clinimetric scores alone may overestimate active enthesitis in FM patients. As US was more frequently positive in patients with PsA and PsA-FM than in those with FM, it may be useful in differentiating pain due to enthesitis from enthesal pain due to FM.

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EFFECTS OF DISEASE MODIFYING DRUGS ON BONE MINERAL DENSITY, FRACTURE INCIDENCE, BACK PAIN AND PHYSICAL ACTIVITY IN PATIENTS WITH PSORIASIS AND PSORIATIC ARTHRITIS

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Background: Reports on the prevalence of osteoporosis, osteoporotic fractures and risk factors for osteoporosis in patients with psoriasis (PSO) or psoriatic arthritis (PSOA) are scarce, and the published results on this are, at least in part, contradictory. [1] Despite the fact that IL-17 is involved in bone homeostasis under both physiologic and pathologic conditions, there is no detailed knowledge of the direct and indirect impact an IL-17 antagonist like secukinumab (SEC) has on bone mineral density (BMD).

Objectives: Rh-GIOP (ClinicalTrials.gov Identifier NCT02719314) is an ongoing prospective study monitoring glucocorticoid (GC)-induced osteoporosis of rheumatic patients, established in 2015 at the Charité University Hospital. For this analysis, clinical data and bone mineral density data measured by dual x-ray absorptiometry (DXA) of 936 patients with inflammatory rheumatic diseases provided the basis. The main objective of this cross-sectional analysis was to evaluate the prevalence of osteoporosis and the frequency of fractures in patients with PSO or PSOA. Additionally, patients treated with secukinumab were compared to those with methotrexate (MTX) with regard to BMD, fracture incidence, physical activity, and back pain

Methods: We analyzed the initial visit of 103 patients with PSO (n= 31, 74% female) or PSOA (n=72, 64% female). Descriptive analyses were performed, and values are displayed as means and standard deviations. For subgroup analyses non-parametric tests were used.

Results: The prevalence of osteoporosis in our patient group (mean age: 62±10 years; 67% female; mean disease duration: 17±13 years) was 19%. The prevalence of osteopenia was 26%, 34% (n=35) reported peripheral fragility fractures, and 11% (n=11) had vertebral fractures in history. Regular physical activity was reported by 41% (n=42), while 53% (n=55) suffered from movement restrictions. Back pain was present in 68% (n=70) of patients with a mean numeric rating scale of 5 (NRS; 0-