PERCEIVED INFLUENCE OF HEALTH STATUS ON SEXUAL ACTIVITY IN PATIENTS WITH PSORIATIC ARTHRITIS IS ASSOCIATED WITH MUSCULOSKELETAL MANIFESTATIONS BUT NOT WITH PSORIASIS SKIN MANIFESTATIONS

Glenn Haugeberg1, Brigitte Michelsen1, Arthur Kavanaugh2, 1Sartlandet Hospital, Rheumatology, Kristiansand, Norway, 2UCSD Medical Center, Rheumatology, San Diego, United States of America

Background: Psoriatic arthritis (PsA) is a heterogeneous disease involving multiple domains including the musculoskeletal system and the skin. The disease may have a significant impact on various aspects of quality of life including sexuality.

Objectives: To explore the prevalence of self-reported problems with sexual activity in patients with PsA, and any associations with demographic and disease related variables as well as treatment.

Methods: PsA patients were consecutively recruited from a Norwegian rheumatology outpatient clinic. Data collection included information on demographics, measures of PsA disease activity (both skin and musculoskeletal manifestations), patient reported outcome measures and treatment. The perceived effect of health status on sexual activity was assessed using question 15 in the Health Related Quality of Life (HRQoL) instrument 15D. The question reads: My state of health: 1. Has no adverse effect to high disease activity (mean (SD): 6.53 (1.079), 6.08 (1.208), 7.6 (2.15), and 46.65 (20.391), respectively), and were generally comparable between PBO and GUS. At Week24, GUS significantly decreased PASDAS, GRACE, mCPDAI, and DAPSA scores (mean (SD) change from baseline: -2.50 (1.59), -2.73 (1.76), -3.8 (2.72), -8.7 (6.1), and 28.2 (4.4), respectively).

Results: Among the 135 PsA patients assessed mean (SD) age was 52.1 (10.2) years and 51.8 (10.3) years, and 53.3 (10.3) years, respectively.

Conclusion: Approximately 20% of the PsA patients reported their health status to have a large negative effect on their sexual activity (table). Only disease duration and measures reflecting musculoskeletal disease were found to have a negative effect on sexual activity among PsA patients; skin psoriasis did not have an impact.

Disclosure of Interests: Glenn Haugeberg Grant/research support from: For this study grant from Biogen, Consultant for: Medical Advisory boards for several companies, Paid instructor for: I have been paid for giving lectures for pharmaceutical companies and their employees, Speakers bureau: I have been paid for giving lectures in meetings organized by pharmaceutical companies, Brigitte Michelsen: None declared, Arthur Kavanaugh Grant/research support from: UCB Pharma


THE EFFECT OF GUSELKUMAB ON PASDAS, GRACE INDEX, MCPDAI, AND DAPSA: RESULTS FROM A PHASE 2 STUDY IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS

Dafna D. Gladman1, Philip Hellweg2, Atul Deodhar3, Alice B. Gottlieb4, Wolf-Henning Boehnike5, Xie L. Xu6, Stephen Xu7, Yuhua Wang8, Elizabeth C. Hsia6,7, Glenn Haugeberg1, Brigitte Michelsen1, Arthur Kavanaugh2, Dafna D. Gladman1, Philip Hellweg2, Atul Deodhar3, Alice B. Gottlieb4, Wolf-Henning Boehnike5, Xie L. Xu6, Stephen Xu7, Yuhua Wang8, Elizabeth C. Hsia6,7, 1Geneva University Hospital, Switzerland, 2University of Rochester, Rochester, United States of America, 3University of Leeds, Leeds, United Kingdom, 4Oregon Health and Science University, Portland, United States of America, 5Icahn School of Medicine at Mt Sinai, Dermatology, New York, United States of America, 6Genova University Hospitals and Department of Pathology and Immunology, University of Genova, Genova, Switzerland, 7Janssen Research and Development, LLC, Spring House, United States of America, 8University of Pennsylvania Medical Center, Philadelphia, United States of America, 9University of Rochester, Rochester, United States of America

Background: Psoriatic Arthritis Disease Activity Score (PASDAS), GRAPPA Composite scoreE (GRACE) Index, modified Composite Psoriatic Disease Activity Index (mCPDAI), and Disease Activity Index for Psoriatic Arthritis (DAPSA) are composite indices recently developed to assess disease activity in psoriatic arthritis (PsA).1,2

Objectives: The effect of guselkumab (GUS) on these indices was evaluated in a phase 2 study in patients with active PsA.

Methods: Patients with >3 tender and >3 swollen joints, C-reactive protein >3 mg/L, and >3% body surface area (BSA) of plaque psoriasis despite treatment were randomized 2:1 to receive GUS 100 mg subcutaneously (N=100) or placebo (PBO, N=49) at Weeks 0, 4, and every 8 weeks thereafter through Week44. At Week16, patients with <5% improvement in both swollen and tender joint counts were eligible for early escape (EE) to open-label ustekinumab. All remaining PBO patients crossed-over to receive GUS 100 mg at Weeks 24, 28, 36, and 44 (PBO→GUS). The PsA composite indices through Week24 were analyzed using last-observation-carried-forward for missing data and data post EE.

Results: Baseline PASDAS, GRACE, mCPDAI, and DAPSA showed moderate to high disease activity (mean (SD): 6.53 (1.079), 6.08 (1.208), 7.6 (2.15), and 46.65 (20.391), respectively), and were generally comparable between PBO and GUS. At Week24, GUS significantly decreased PASDAS, GRACE, mCPDAI, and DAPSA scores (mean (SD) change from baseline: -2.50 (1.59), -2.73 (1.76), -3.8 (2.72), -8.7 (6.1), and 28.2 (4.4), respectively).