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


FR0440

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

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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 on my sexual activity. 2. Has a slight effect on my sexual activity. 3. Has a considerable effect on my sexual activity. 4. Makes sexual activity impossible. For analytical purposes the answers were dichotomized into "no/little negative effect (answers 1 and 2) and "large negative effect (answers 3-5). For group comparisons we used Chi-square test for categorical variables and student t-test for continuous variables. Adjusted logistic regression models were also applied. Results: Among the 135 PsA patients assessed mean (SD) age was 52.1 (10.2) years and 51.1% were men. The majority of patients (111 patients, 82.2%) reported their state of health to have no/little effect on their sexual activity and 24 patients (17.8%) reported their state of health to have large negative effect on their sexual activity. Patients with a large negative effect of their health status on sexual activity had significantly longer disease duration as well as higher DAPSA, MASES and fatigue score compared with the patients reporting no/little impact of their health status on sexual activity (table). In adjusted logistic regression models with disease duration, DAPSA, MASES and fatigue in the model, only disease duration and MASES were independently associated with a large negative effect on sexual activity, this also when adjusting for age and sex.

Conclusion: Approximately 20% of the PsA patients reported their health status to have a large negative effect on their sexual activity. 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.

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FR0439

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, Dafna D. Gladman1, Mt Sinai, Dermatology, New York, 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 on my sexual activity. 2. Has a slight effect on my sexual activity. 3. Has a considerable effect on my sexual activity. 4. Makes sexual activity impossible. For group comparisons we used Chi-square test for categorical variables and student t-test for continuous variables. Adjusted logistic regression models were also applied. Results: Among the 135 PsA patients assessed mean (SD) age was 52.1 (10.2) years and 51.1% were men. The majority of patients (111 patients, 82.2%) reported their state of health to have no/little effect on their sexual activity and 24 patients (17.8%) reported their state of health to have large negative effect on their sexual activity. Patients with a large negative effect of their health status on sexual activity had significantly longer disease duration as well as higher DAPSA, MASES and fatigue score compared with the patients reporting no/little impact of their health status on sexual activity (table). In adjusted logistic regression models with disease duration, DAPSA, MASES and fatigue in the model, only disease duration and MASES were independently associated with a large negative effect on sexual activity, this also when adjusting for age and sex.

Conclusion: Approximately 20% of the PsA patients reported their health status to have a large negative effect on their sexual activity. 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.

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FR040

MANIFESTATIONS BUT NOT WITH PSORIASIS SKIN MANIFESTATIONS

Glenn Haugeberg1, Brigitte Michelsen1, Arthur Kavanaugh2, Dafna D. Gladman1, Mt Sinai, Dermatology, New York, 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 on my sexual activity. 2. Has a slight effect on my sexual activity. 3. Has a considerable effect on my sexual activity. 4. Makes sexual activity impossible. For group comparisons we used Chi-square test for categorical variables and student t-test for continuous variables. Adjusted logistic regression models were also applied. Results: Among the 135 PsA patients assessed mean (SD) age was 52.1 (10.2) years and 51.1% were men. The majority of patients (111 patients, 82.2%) reported their state of health to have no/little effect on their sexual activity and 24 patients (17.8%) reported their state of health to have large negative effect on their sexual activity. Patients with a large negative effect of their health status on sexual activity had significantly longer disease duration as well as higher DAPSA, MASES and fatigue score compared with the patients reporting no/little impact of their health status on sexual activity (table). In adjusted logistic regression models with disease duration, DAPSA, MASES and fatigue in the model, only disease duration and MASES were independently associated with a large negative effect on sexual activity, this also when adjusting for age and sex.

Conclusion: Approximately 20% of the PsA patients reported their health status to have a large negative effect on their sexual activity. 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.
**REFERENCES:**


**FR10442**

**EFFECTIVENESS OF YTTRIUM KNEE SYNOVECTOMY IN PSORIATIC OR SERONEGATIVE ARTHRITIS WHO HAVE FAILED CONVENTIONAL THERAPY**

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**Background:** Radiation synovectomy with Yttrium 90Y is indicated for refractory arthritis of various aetiologies e.g. inflammatory joint diseases such as rheumatoid arthritis, seronegative arthritides such as psoriatic arthritis and reactive arthritis, Haemophilic arthritis, Calcium pyrophosphate dihydrate (CPPD) arthritis and pigmented villonodular synovitis (PVNS).

Treatment of inflammatory arthritis has improved due to more effective therapy and earlier treatment therefore Yttrium therapy is less commonly used.

**Objectives:** To assess the response to Yttrium 90Y synovectomy in patients with Psoriatic arthritis or seronegative arthritis with synovitis affecting the knee joint in a cohort of patients who had failed conventional DMARDs, biological DMARDs or intra-articular steroid injections. To identify any possible predictors of good or poor response. To develop a standard operating procedure to improve consistency and also allow service to be potentially expanded.

**Methods:** Retrospective chart and electronic care record review of all patients receiving Yttrium therapy in Northern Ireland from March 2016 to April 2018. Patient demographics, MRI findings, conventional and biological DMARD use, previous intra-articular steroid use were recorded. Patients were reviewed approximately six months following treatment. The medical notes were reviewed to decide whether there had been a good or poor response to treatment and data analyzed to look for factors that may predict response. The process was evaluated and we developed a standard operating procedure to improve consistency and safety going forward.

**Results:** 17 patients in total received Yttrium therapy, 9 males. Age range was 18-75 with a mean 41. 10 patients were diagnosed with seronegative arthritis and 7 with psoriatic arthritis. All patients had an MRI of the affected joint(s) which confirmed synovitis in all cases. 9 MRIs showed no significant degenerative changes, 5 showed mild degenerative changes and 3 moderate/severe. All patients had previously received intra-articular steroid injection. 12 patients also were receiving or had failed treatment with a conventional or biological DMARD.

Each knee received a dose of 180MBq Yttrium under direct ultrasound guidance in addition to Triamcinolone 40mg and using Lidocaine 1% local anaesthesia. 3 patients received treatment for both knees.

**Reviewing all patients 71% (12/17) reported good efficacy. 78% (7/9) of patients reported good efficacy in group with no osteoarthritis on MRI, 60% (3/5) in the mild osteoarthritis group and 67% (2/3) in the moderate to severe osteoarthritis group. BMI, Age, sex or underlying diagnosis did not significantly affect the response to Yttrium synovectomy.**