with PsA and those who initiated biologics using frequency counts and percentages.

Results: Of 2617 patients with PsA enrolled in the Corrona PsA/SpA Registry, 1698 patients (64.9%) had multidomain disease presentations, 617 (23.6%) had single-domain presentations, and 302 (11.5%) had no presentations. Overall, 1814 (69.3%) patients presented with skin disease, 1523 (68.2%) with PA, 1042 (39.8%) with nail psoriasis, 539 (20.6%) with enthesitis, 319 (12.2%) with axial disease, and 235 (9.0%) with dactylitis at enrollment. Among all patients with PsA, the most common disease presentations were skin disease (2.7%), PA + skin disease (11.7%), and PA + nail psoriasis + skin disease (10.3%) (Figure 1). A total of 354 patients initiated biologics at enrollment. Of these, 289 patients (81.6%) had multidomain disease presentations, 45 (12.7%) had single-domain presentations, and 20 (5.6%) had no presentations; 273 patients (77.1%) presented with PA, 267 (75.4%) with skin disease, 159 (44.9%) with nail psoriasis, 115 (32.5%) with enthesitis, 70 (19.8%) with dactylitis, and 64 (18.1%) with axial disease at enrollment. The most common disease presentations were PA + nail psoriasis + skin disease (11.6%), PA + skin disease (11.3%), and enthesitis + PA + nail psoriasis + skin disease (8.8%), and enthesitis + PA + skin disease (5.9%) (Figure 2).

Conclusion: The majority of patients with PsA presented with multiple disease domains. Biologic initiators generally had a higher prevalence of all disease features. These results may increase the physician awareness of the heterogeneity of disease presentations among patients with PsA, which can be important for the development of an effective management plan.

Acknowledgement: This study was sponsored by Corrona, LLC. Corrona is supported through contracted subscriptions with multiple pharmaceutical companies. The abstract was a collaborative effort between Corrona and Novartis, with financial support provided by Novartis.

REFERENCES:

IMPACT OF MULTIDOMAIN DISEASE PRESENTATIONS ON OVERALL DISEASE BURDEN AMONG PATIENTS WITH PSORIATIC ARTHRITIS: RESULTS FROM THE CORRONA PSORIATIC ARTHRITIS/SPONDYLOARTHRITIS (PSA/SPA) REGISTRY

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Background: Psoriatic arthritis (PsA) is a chronic inflammatory disease with heterogeneous presentations that may involve peripheral arthritis, axial disease, enthesitis, dactylitis, and psoriatic skin and nail disease, either alone or in combination. Prior studies have characterized patients affected in one domain¹,²; however, there is limited evidence in understanding the differential impact of multidomain vs single-domain presentations on the overall disease burden in PsA.

Objective: To compare disease characteristics, quality of life, and work productivity at enrollment among patients with PsA who have multidomain vs single-domain presentations in the Corrona PsA/SPA Registry.

Methods: This study included adult patients with PsA enrolled in the Corrona PsA/SpA Registry between March 2013 and August 2018. Patients were evaluated for the presence of 6 disease domains at enrollment: enthesitis (SPARCC enthesitis count > 0), dactylitis (dactylitis count > 0), peripheral arthritis (PA); tender and/or swollen joint count > 0), nail psoriasis (global nail psoriasis VAS > 0), axial disease (physician-reported presence of spinal involvement, based on clinical judgment and/or radiographs or MRI showing sacroiliitis), and skin disease (BSA > 0%), and were further classified as having multidomain or single-domain disease presentations. Separate multivariable linear regression models evaluated the association of the presence of multidomain presentations with selected PsA disease characteristics, quality of life, and work productivity measures relative to single-domain presentations. Models were adjusted for age, sex, race, BMI, disease duration, and current and prior biologic, conventional synthetic disease-modifying antirheumatic drug, and prednisone use.

Results: Of 2315 patients with PsA enrolled in the Corrona PsA/SpA Registry who had ≥ 1 disease domain presentation, 1698 patients (73.3%) were classified as having multidomain disease presentations and 617 (26.7%) as single-domain presentations. The most common single-domain and multidomain presentations, respectively, were skin disease (12.7%) and PA + skin disease (11.7%). At enrollment, patients with multidomain presentations had higher BMI; shorter disease duration; were more likely to have fibromyalgia, depression, and anxiety; and were more likely to have prior biologic use vs those with single-domain presentations (Table 1). In adjusted analyses, the presence of multidomain presentations was associated with significantly worse patient and physician global assessment of disease, pain, fatigue, HAQ-DI and EQ-5D scores, and work productivity and activity at enrollment (Table 2).

Conclusion: In this US real-world cohort, nearly three-quarters of patients with PsA had multidomain disease presentations, which were associated with worse disease activity, quality of life, and work productivity measures compared with single-domain disease presentations. Assessing all PsA domains is critical for developing a comprehensive management plan and reducing the impact of PsA on patients’ lives.

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Acknowledgement: This study was sponsored by Corrona, LLC. Corrona is supported through contracted subscriptions with multiple pharmaceutical companies.
Disclosure of Interests: Alex Is gdie Grant/research support from: (To my university) Novartis, Pfizer, Grant/research support from: Novartis, Pfizer, Grant/research support from: Novartis, Pfizer, Pfizer, and Takeda, Consultant for: AbbVie, Amgen, Bristol-Myers Squibb, Celgene, Corr...Aol, L. Liu Employee of: Li is an employee of Corrona, LLC., Sabrina Rebello Employee of: Corrona, LLC, Peter Hur is an employee of Novartis Pharmaceuticals Cor...Aol, L. Liu Employee of: Li is an employee of Corrona, LLC., Sabrina Rebello Employee of: Corrona, LLC, Peter Hur is an employee of Novartis Pharmaceuticals Cor...Aol, L. Liu Employee of: Li is an employee of Corrona, LLC., Sabrina Rebello Employee of: Corrona, LLC, Peter Hur is an employee of Novartis Pharmaceuticals Cor...Aol, L. Liu Employee of: Li is an employee of Corrona, LLC., Sabrina Rebello Employee of: Corrona, LLC, Peter Hur is an employee of Novartis Pharmaceuticals Cor...Aol, L. Liu Employee of: Li is an employee of Corrona, LLC., Sabrina Rebello Employee of: Corrona, LLC, Peter Hur is an employee of Novartis Pharmaceuticals Cor...Aol, L. Liu Employee of: Li is an employee of Corrona, LLC., Sabrina Rebello Employee of: Corrona, LLC, Peter Hur is an employee of Novartis Pharmaceuticals Cor...Aol, L. Liu Employee of: Li is an employee of Corrona, LLC., Sabrina Rebello Employee of: Corrona, LLC, Peter Hur is an employee of Novartis Pharmaceuticals Cor...Aol, L. Liu Employee of: Li is an employee of Corrona, LLC., Sabrina Rebello Employee of: Corrona, LLC, Peter Hur is an employee of Novartis Pharmaceuticals Cor...Aol, L. Liu Employee of: Li is an employee of Corrona, LLC., Sabrina Rebello Employee of: Corrona, LLC, Peter Hur is an employee of Novartis Pharmaceuticals Cor...Aol, L. Liu Employee of: Li is an employee of Corrona, LLC., Sabrina Rebello Employee of: Corrona, LLC, Peter Hur is an employee of Novartis Pharmaceuticals Co...