Background: SAPHO syndrome (synovitis, acne, pustulosis, hyperostosis and osteitis) is an acronym created with the aim of encompassing within the same entity the findings present in a heterogeneous group of patients with various osteoarticular and cutaneous disorders. For years it has been debated whether it is an entity itself or if, on the contrary, it is a specific phenotype of psoriatic arthritis.

Objectives: Determine the relationship between SAPHO syndrome and psoriatic arthritis by comparing the classic criteria of SAPHO with CASPAR in patients previously diagnosed with SAPHO.

Methods: A retrospective study where patients with a diagnosis of SAPHO in the same center (1984-2018) were reviewed. Of a total of 95 patients that met the criteria of Benhamou et al., 46 were excluded due to lack of information to complete the minimum necessary data, so 39 patients were finally included in the study. Demographic data were registered, age at diagnosis, CASPAR criteria (active psoriasis, history of own or familial psoriasis, nail psoriasis, negative RF, dactylitis and new formation/juxta-articular bone proliferation), classical criteria of SAPHO and HLAB27. For the statistical analysis, a Chi-square is applied to determine the differences between the groups with / without CASPAR criteria.

Results: Of the sample of 39 subjects diagnosed with SAPHO, 15 patients (38%) met CASPAR criteria (4M/11W), with a median age at diagnosis of 42 years (range 21-50). Of them, 8 (60%) had active cutaneous psoriasis, 10 (73%) had a family or personal history of psoriasis, 6 (40%) had psoriatic nail dystrophy, 14 (93%) had negative FR, 3 (20%) had presented some episode of dactylitis and 10 (73%) had juxta-articular new bone formation. Of the 15 patients who met CASPAR criteria, 9 (67%) had synovitis, 2 (13%) acne, 4 (26%) pustulosis, 13 (87%) hyperostosis and 12 (80%) osteitis. HLAB27 was positive in 1 patient (2.5%) of the group that met CASPAR criteria. Of the patients who did not fulfill CASPAR criteria (9M/15W), the median age at diagnosis was 44.5 years (range 10-70). None of them had active cutaneous psoriasis, psoriatic nail dystrophy or dactylitis, 1 (4%) had a family or personal history of psoriasis, all had RF and 3 (12.5%) had juxta-articular bone new formation (Table 1). Synovitis was observed more frequently in patients who met CASPAR criteria than in those who did not (67% vs 25%, $p = 0.01$). In contrast, osteitis was present more frequently in patients who did not meet CASPAR criteria (80% vs 96% $p = 0.05$) and pustulosis, although it was not statistically significant (50% vs 26%, $p = 0.07$). Among patients who did not meet CASPAR criteria only 1 met the 5 classic SAPHO criteria and another 3 met 4.

Table 1.

	CASPAR + (15)	CASPAR - (24)	
CASPAR CRITERIA			
Current psoriasis	60% (8)	0% (0)	
History of psoriasis	73% (10)	4% (1)	
Psoriatic nail dystrophy	40% (6)	0% (0)	
RF -	93% (14)	100% (24)	
Dactylitis	20% (3)	0% (0)	
Juxta-articular new bone formation	73% (10)	12.5% (3)	
SAPHO CRITERIA			
Synovitis	67% (9)	25% (6)	$p = 0.01$
Acne	13% (2)	30% (7)	$p = 0.1$
Pustulosis	26% (4)	50% (12)	$p = 0.01$
Hyperostosis	87% (13)	92% (22)	$p = 0.3$
Osteitis	80% (12)	96% (23)	$p = 0.05$
HLAB27+	1 (2.5%)	0 (0%)	

Conclusion: Approximately one third (38%) of patients diagnosed with SAPHO meet criteria for psoriatic arthritis, the most notable variables being active psoriasis or a history of psoriasis. Synovitis manifests more frequently in patients with CASPAR criteria and osteitis more present in patients who did not meet them.

Acknowledgments: Rheumatology Service of the Germans Trias i Pujol Hospital
Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.6014

AB0739

PSORIATIC ARTHRITIS RELATED-UEVEITIS, OUR EXPERIENCE IN A THIRD-LEVEL SPANISH CENTRE.

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Background: The occurrence of uveitis in patients with psoriatic arthritis (PsA) has been documented as the most frequent and important extra-articular manifestation, with an estimated frequency of 7 and 18%. Clinical onset may be acute or insidious, and it may be accompanied by other ocular manifestations.

In contrast with spondyloarthropathy related-uveitis, PsA associated tends to be insidious, bilateral, chronic or posterior.

Objectives: To describe clinic and immunological features of psoriatic arthritis patients in our centre, especially those with associated-uveitis and to define its frequency.

Methods: A retrospective, descriptive and single-centre study (1985-2017) of 494 patients diagnosed with PsA according to the criteria of an expert rheumatologist was conducted. All patients were studied according to a standard protocol. The group was divided into 3 articular categories: pure axial, pure peripheral and mixed. Data regarding enthesitis and dactylitis, as well as HLA-Cw6 and HLA-B27 were extracted, from those available. Ophthalmologic and cutaneous involvement was registered. 216 patients were excluded because of data absence or alternative plausible diagnosis. Descriptive analyses were applied.

Results: Eight patients had uveitis (2,9% in this series), only one case developed chronic pattern. Acute anterior uveitis was the form of presentation in 6 patients (75%). Unilateral involvement was registered in 3 (37,5%), in every case with right eye implication. One patient developed up to 13 episodes of acute anterior uveitis, every episode in the same eye. Median of age at first episode was 54 years, 3 (37,5%) patients were female. Regarding articular categories: 1 (12,5%) pure axial, 3 (37,5%) pure peripheral and 4 (50%) mixed. Enthesitis was registered in 2 patients, none of our series developed dactylitis. 3 patients (37,5%) were HLA-B27 positive and 2 patients (25%), HLA-Cw6 positive. 6 cases had cutaneous psoriasis (75%). Adalimumab was prescribed to 5 PsA related-uveitis patients with optimal control of disease.

Larger PsA cohort without ocular involvement (270 patients), 118 (42,4%) cases were female and median of age was 44 years. Pure axial involvement was present in 20 (7,2%), pure peripheral, 134 (48,2%) and mixed, 122 (43,8%). 31 (11,15%) cases developed enthesitis involvement and 18 (6,5%), dactylitis. HLA-B27 was tested positive in 45 patients (19,7%) and HLA-Cw6, in 56 (27,4%). Cutaneous psoriasis was present in 231 cases (83,1%).

Conclusion: Frequency of psoriatic arthritis-uveitis is lower in our sample than referred in bibliography. Further investigations are needed to understand the underlying reasons, although it could be related to the use of biologic treatment and narrower inflammatory activity control in comparison to previous studies. No posterior pole involvement, bilaterality, chronicity nor insidious onset are common in our data; neither axial involvement seems to be predictor for the appearance of uveitis.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.4835

AB0740

SECOND-LINE BIOLOGIC DMARDS SURVIVAL IN PSORIATIC ARTHRITIS. DATA FROM A SPANISH THIRD-LEVEL HOSPITAL.

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Background: Psoriatic arthritis (PsA) covers a wide spectrum of disease manifestations, including arthritis, enthesitis, dactylitis and axial spondylitis. This range of symptoms presents a challenge to the treating physician. Biologic disease-modifying antirheumatic drugs (bDMARDs) have proven effective through randomized clinical trials; and most international PsA guides include them as main option upon first-line treatment failure. However, studies regarding drug efficacy after bDMARD switching are scarce, lower response rates and drug survival on consecutive lines has been explored in previous research.

Objectives: To assess bDMARDs survival after first-line failure in PsA patients treated in a third-level hospital and to determine baseline clinical and laboratory parameters associated with drug survival.

Methods: We conducted a retrospective, single-centre study. 47 patients who received a second-line bDMARD were included, with diagnosis of PsA according to the criteria of an expert rheumatologist. All patients were studied according to a standard protocol. Data regarding bDMARD prescribed, baseline characteristics, axial or peripheral involvement and immunological profile (included both HLA-B27 and HLA-Cw6) were extracted. C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) at bDMARD start were included, as well. Kaplan-Meier, log-rank analyses and Cox regression models were applied.

Results: Of 47 patients receiving a second bDMARD, 55,3% (26) were female and mean (S.D.) age was 40,6 (12,52) years. Median (interquartile range) disease duration was 10,1 (3,7-14,8) years. Prescribed drugs were Adalimumab (ADL) (36,2%, 17), Etanercept (ETN) (27,6%, 13), Infliximab (IFX) (6,4%, 3), Golimumab (GOL)

(10,6%, 5), Certolizumab (CTZ) (4,3%, 2), Secukinumab (SCK) (8,5%, 4) and Apremilast (APR) (6,4%, 3). 42,3% cases suffered from axial involvement, rest of the sample (57,6%) presented a pure peripheral form of PsA. HLA-B27 and -Cw6 were assessed in 80,9% (38) and 68,1% (32), respectively; of whom, HLA-B27 carriers were 10,5% and HLA-Cw6 positive, 46,9%. Mean CRP level was 10,25mg/L and mean ESR was 23,17mm. Patients showed mean and median global drug retention of 44,57 (29,8-59,3) and 23 months. At 12-month visit, drug survival was 70%, 47% at 24 months, and 33% at 4 years from onset. Mean drug persistence by bDMARD prescribed was: ADL, 62,1 months; ETN, 51,9 months; IFX, 39 months; GOL, 22,8 months; CTZ, 9,5 months; SCK, 13,5 months; and APR, 16,3 months. Through log-rank analyses, differences in drug retention were investigated by several variables. Female sex (30,35m, 16,5-44,2 m.) was identified as statistically significant different than male patients (62,5m, 35,6-89,4m, $p=0,021$). Although not significant, other differences were remarkable: non-axial involvement, HLA-Cw6 negativity, HLA-B27 positivity and CRP level over 5 mg/L. No differences were found between altered and normal ESR patients.

Conclusion: Second-line bDMARD survival is lower in female PsA patients, according to our data and previous bibliography. Despite our reduced sample and possible bias, non-axial involvement, absence of HLA-Cw6, presence of HLA-B27 and higher levels of CRP at biologic onset might be predictors of better drug persistence. Further investigations are required on this field.

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Table 1. Kaplan–Meier survival analysis of persistence according to sex.

Table 2. Kaplan Meier survival analysis of persistence according to HLA-Cw6.

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2020-eular.4874

AB0741 IS THE THERAPEUTIC TARGET ACHIEVEMENT INCREASING OVER TIME IN PATIENTS WITH PSORIATIC ARTHRITIS STARTING BIOLOGICAL THERAPY? DATA FROM 15 YEARS.

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Background: Treatment in Psoriatic Arthritis (PsA) has undergone a major revolution in recent years, with the development of new targets and molecules. Despite these advances, data from clinical practice demonstrating a change in management success are scarce.

Objectives: To evaluate if the proportion of patients (pts) with PsA maintaining an acceptable medium-term control of the disease activity after starting a first biologic agent is increasing over time.

Methods: Prospective cohort including 101 patients (pts) with PsA starting a 1st biologic (TNF inhibitor, anti-IL 17 inhibitor) in a tertiary hospital between 2002-2018. Demographic, clinical and laboratory data were collected at the beginning of treatment. Disease activity indexes (ASDAS for axPsA and DAPSA for pPsA) were collected before starting biologic, six and twelve months later (baseline, 6m and 12m visit, respectively). Low disease activity (LDA) was defined as ASDAS < 2.1 (axPsA) and DAPSA ≤14 (pPsA). Three groups were established according to biologic initiation date: period 1 (p1) (between 2002-2007), (p2) 2008-2013 and (p3) 2014-2018. Each period had a minimum follow-up of 1 year for every patient. For each interval, the percentage of pts achieving persistent (at both follow-up visits) LDA was determined, as a marker of acceptable medium-term control of the disease. All collected variables were compared between groups by ANOVA and Chi-Squared test.

Results: Out of the 101 pts initiating biological therapy, 46 % were males and 57 % had peripheral PsA. At the biologic treatment start, mean $\pm$ SD age was 48.5 $\pm$ 12 years and disease duration was 9.9 $\pm$ 10 years. Biological therapies initiated included etanercept in 38 % of pts, infliximab in 24 %, adalimumab in 25 %, golimumab in 7 %, secukinumab in 3 % and certolizumab in 3 %.

Stratified by time intervals, 36 (35.6%) pts started in p1, 36 (35.6%) in p2 and 29 (28.8%) in p3. Baseline characteristics of pts by periods are shown in Table 1. For patients in p3, compared to the previous intervals, a significant lower CRP ($p=0.03$) and ESR ($p=0.004$) were found at baseline, whereas there were no significant differences on baseline disease activity indices. Fifty-one (50%) pts achieved persistent-LDA after one year of starting biologic. Figure 1 reports the total number of patients that were in LDA in all the visits in the 1st year, stratified per period of time and predominant manifestation. A lower percentage of patients in LDA (33% in p1 vs. 67% in p2 vs 52% in p3, $p = 0.02$) was found in the first interval, in comparison to the most recent periods. The difference in response between p2 and p3 is mainly due to the group of patients with pPsA, whereas the improvement in the group of patients with axPsA remains constant in both periods.

Conclusion: The percentage of pts with PsA achieving LDA status after one year of initiating a biological therapy has substantially increased over time. A lower threshold of inflammation at biological therapy start and a broader spectrum of therapies might explain this better management on PsA.

Table 1. Baseline patient's characteristics by periods of time

	2002-2007 (n=36)	2008-2013 (n=36)	2014-2018 (n=29)	p-value
Characteristics at the beginning of biological therapy				
Age at starting biologic, years (m $\pm$ SD)	47 $\pm$ 11.5	49 $\pm$ 11.7	49 $\pm$ 14.3	0.7
Male sex, n (%)	13 (36)	23 (64)	11 (38)	< 0.05
Peripheral PsA, n (%)	22 (61)	16 (44)	20(69)	0.1
Erosions, n (%)	14 (40)	7 (20)	7(20)	0.1
Non-smokers, n (%)	23 (64)	25 (71)	14 (50)	0.2
BMI (m $\pm$ SD)	27 $\pm$ 5.5	27 $\pm$ 4.2	25.5 $\pm$ 3,6	0.2
Disease duration, years (m $\pm$ SD)	9.9 $\pm$ 10	8.8 $\pm$ 7.4	8.2 $\pm$ 10.0	0.8
RF +, n (%)	3 (8)	0	7 (10)	0.2
HLA B27, n/N (%)	3/8 (37)	3/18 (16)	4/18 (22)	0.5
DMARDs (MTX/SSZ), n (%)	26 (72)	30 (83)	24 (83)	0.4
Methotrexate, n (%)	22 (61)	24 (67)	20 (69)	0.8
Sulfasalazine, n (%)	12 (11)	7 (19)	7 (24)	0.4
Baseline CRP (m $\pm$ SD)	12.5 $\pm$ 15.8	12.8 $\pm$ 17.0	6.5 $\pm$ 5.9	< 0.05
Baseline ESR (m $\pm$ SD)	31.5 $\pm$ 20.7	26.2 $\pm$ 22.0	15.8 $\pm$ 10.8	< 0.01
Baseline DAPSA (m $\pm$ SD)	27.3 $\pm$ 11.2	24.7 $\pm$ 14.3	20 $\pm$ 14.3	0.2
Baseline ASDAS m $\pm$ SD)	3.4 $\pm$ 1.0	3.1 $\pm$ 1.2	2.9 $\pm$ 1.1	0.4