Figure 1. Patients achieving persistent-LDA during the 1st year of biological therapy, stratified by period of time and by disease. * Statistically significant difference with respect to p1.

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AB0742

CONVENTIONAL SYNTHETIC DMARDS IN PSORIATIC ARTHRITIS - CHANGING PRACTICE IN BIOLOGIC ERA: REAL-LIFE RESULTS FROM HURBIO-PSA REGISTRY

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Background: Conventional synthetic disease modifying anti-rheumatic drugs (csDMARDs) are recommended as the first-line treatment options for most of the psoriatic arthritis (PsA) patients. In the last two decades, biologic drugs become more accessible and their percentage in the daily practice is increasing continuously. However, how they influenced the utilization of csDMARDs still remains unknown, yet.

Objectives: To determine the utilization rates of PsA patients before, after and at the starting of biologic DMARDs

Methods: We analyzed all patients who received at least 1 dose of biologic DMARDs, registered to HURBIO-PsA database, and who have complete data regarding csDMARD use before (ever), after (at last control visit) and at the starting of biologic DMARD. Methotrexate, leflunomide and sulphasalazine were the csDMARDs recorded. Demographic data of these patients were also recorded.

Results: A total of 426 (70% female) PsA patients was included. Mean age and mean PsA disease duration were 48±12.4 and 9.3±8.3 years, respectively. Mean duration of csDMARD utilization before bDMARDs was 5.8±5.1 years, and mean follow-up duration under bDMARDs was 3.7±2.5 years. Distribution of the bDMARDs that ever-prescribed as follows: adalimumab 273 (64.2%), etanercept 125 (29.3%), certolizumab pegol 103 (24.2%), infliximab 102 (24.0%), secukinumab 63 (14.8%), golimumab 55 (12.9%), ustekinumab 24 (5.6%) and tofacitinib 11 (3.4%). Percentage of each csDMARDs used before (ever used), after (at last control visit) and at the starting of biologic DMARDs were given in **Figure**. Also the percentage of patients using csDMARD as monotherapy and combination therapy were given in **Figure**.

Conclusion: csDMARDs particularly sulphasalazine and methotrexate were important treatment options before bDMARD period, however they (particularly SSZ) were usually discontinued after bDMARD initiation. Rate of concomitant csDMARDs use remains relatively stable after starting the bDMARDs. Besides, rate of concomitant mono/csDMARD use is significantly higher after bDMARD initiation, in contrast to pre-bDMARD period.

Figure. Percentage of each csDMARDs, and mono or combination of csDMARDs used before (ever used), after (at last control visit) and at the starting of biologic DMARDs (com/csDMARD: combination csDMARD; mono/csDMARD: monotherapy of csDMARD; csDMARD: conventional synthetic disease modifying antirheumatic drug).

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DISEASE CHARACTERISTICS OF PSORIATIC ARTHRITIS PATIENTS MAY DIFFER ACCORDING TO AGE AT PSORIASIS ONSET: CROSS-SECTIONAL ANALYSIS OF PSORIATIC ARTHRITIS-INTERNATIONAL DATABASE

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Background: Psoriasis and psoriatic arthritis (PsA) are heterogeneous diseases with various disease manifestations and phenotypes. Psoriasis has a bimodal age of onset being early (before the age of 40, type 1) and late. The impact of this classification on the PsA features is not well understood.

Objectives: To compare the PsA characteristics of patients with early- and late-onset psoriasis in a large, multicenter database

Methods: PSART-ID (Psoriatic Arthritis-International Database) is a prospective, multicenter web-based registry (www.trials-network.org) of patients with PsA. A detailed data collection was performed including demographics (sex, age, duration of education, smoking status, BMI), skin features (psoriasis onset date, type, initially involved site of skin, nail involvement (ever) and family history) and PsA characteristics (type of articular involvement and presence of axial, dactylitis (ever), enthesitis (ever), family history) and indices for disease activity and function (DAPSA, Leeds enthesitis index, BASDAI, BASFI, patient and physician global assessment, pain, HAQ-DI). We grouped according to the age at psoriasis onset (early onset, psoriasis before the age of 40 (EOPsO); late-onset, psoriasis after the age of 40 (LOPsO)), patient and disease characteristics of the groups were compared (1). Due to the differences among groups, following adjustments were made: BMI for age, nail involvement for PsO disease duration, axial PsA for PsA disease duration.

Results: A total of 1634 (62.8% females; EOPsO, 1108 (67.8%); LOPsO, 526 (32.2%)) patients with PsA was recruited. Rate of over-weight patients was higher in LOPsO group (66.8% vs. 86.8%, p<0.001; adjusted for age - aOR 1.55 (1.11-2.20; % 95 CI)). The EOPsO group had the scalp involvement as the initial site of skin disease more often than the LOPsO group (56.7%