comorbidities were analyzed according to the type of disease: peripheral, mixed and axial involvement. For statistical analysis SPSS v.25 was used.

Results: We included 145 patients: 84 men and 61 women. The mean age at diagnosis was 45.4 (± 12.9) years, and the mean time of evolution was 9.3 (± 6.2) years. No significant difference between genders was observed.

Peripheral involvement was observed in 94 (64.8%), mixed 31 (21.4%) and axial involvement in 20 (13.8%). We did not find any differences between gender for peripheral and axial pattern, however 31% of men versus 8.2% of women presented a mixed pattern. [OR=5 (1.8-14), $p=0.001$].

The most common comorbidities founded were hyperlipemia, overweight and arterial hypertension. Table 1 shows all the comorbidities studied and their distribution by pattern.

Patients with mixed involvement had a higher proportion of smokers [OR=2.9 (1.2-7.3), $p=0.02$] and a tendency to higher IHD [OR=2.8 (0.9-8.6), $p=0.06$].

Overweight was significantly lower in axial pattern patients [OR=0.4 (0.2-0.8), $p=0.01$] and higher in the peripheral ones [OR=1.5 (1.1-2.1), $p=0.01$].

IHD was prevalent in patients of our cohort (10.3%), it was significantly higher in men than in women [OR=12 (1.5-93.9), $p=0.003$], and more likely in mixed involvement (19.4%).

Males with PsA also developed hyperuricemia more frequently [OR=6.5 (2.5-16.9), $p<0.0001$]. Metabolic syndrome was found in 15.9%, but there was no significant difference among the patterns. Although, it was associated with hyperuricemia [OR=21.6 (6.7-69.8), $p<0.0001$] and ischemic heart disease [OR=12.4 (3.8-40.1), $p<0.0001$]. Finally, the rest of the comorbidities analyzed did not show significant difference in gender and pattern of disease.

Conclusion: In our cohort, a high prevalence of comorbidities was found, especially hyperlipemia, metabolic syndrome and IHD. In general, overweight (BMI > 25) was very common and was associated to a peripheral disease while the axial disease showed as a protective factor.

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AB0749 COMPARING PATIENT-PHYSICIAN DISCORDANCE IN RA AND PSA PATIENTS

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Background: Patient global Assessment (PGA) of disease activity is considered a key patient reported outcome in Rheumatoid Arthritis (RA) and Psoriatic Arthritis (PsA), both being included in combined indices of disease activity. However, patients and physicians frequently disagree in their assessment.

Objectives: This study aimed at comparing the degree of this discrepancy and its determinants in RA and PsA.

Methods: Cross sectional study including 100 patients with RA (ACR/EULAR 2010 criteria) and 100 patients with PsA with predominant peripheral joint involvement (CASPAR criteria), aged ≥ 18 years, randomly selected from the electronic registry Reuma.pt. Data were collected from the most recent rheumatology visit during the last year: sociodemographic data, disease duration (years), tender and swollen joint counts 0-28 (TJC and SJC), disease activity (DAS28 3V-PCR), erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), patient's pain assessment, PGA and physician global assessment (PhGA). The discrepancy between patients and physicians (Δ PPhGA) was defined as PGA minus PhGA, and a difference > 120mm was taken as "discordance". Categorical variables are presented as proportions and continuous variables as mean ($\pm$ SD). Patient and clinical characteristics were compared between patients with RA and PsA using t-test and χ^2 test, as adequate. Variables with $p<0.05$ or clinically relevant were included in multivariable logistic regression analysis to identify correlates for Δ PPhGA in the whole sample. A $p<0.05$ was considered statistically significant.

Results: Compared to PsA, patients with RA were more often female (90% Vs 49%, $p<0.05$), older (66.7 $\pm$ 10.7 Vs 58.3 $\pm$ 12.2 years, $p<0.05$) and had a shorter disease duration (18.2 $\pm$ 9.8 Vs 19.9 $\pm$ 9.7 years, $p=0.202$). Regarding disease activity, the RA and PsA groups were comparable: DAS28 3V-PCR (2.3 $\pm$ 0.9 Vs 2.4 $\pm$ 1.0, $p=0.34$). Patients with RA had a higher mean Δ PPhGA (30.4 $\pm$ 30.6 Vs 25.4 $\pm$ 27.5, $p<0.05$), and were more frequently discordant to the physician (69% Vs 51%, $p<0.05$). In univariable analysis, having RA, higher patient's pain assessment and higher ESR were associated to patient-physician discordance. In multivariable analysis, only patient's pain assessment (OR 1.04 [95% CI 1.03-1.06], $p=0.00$) and TJC (OR 0.82 [95% CI 0.68-0.97], $p=0.02$) remained as predictors of discordance.

Conclusion: Despite comparable disease activity scores in RA and PsA patients, RA patients tend to have a worst self-perception of their disease activity compared to their physician's. Patient's pain assessment and TJC were the only predictors of patient-physician discordance, irrespective of the disease.

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AB0750 CLINICAL CHARACTERISTICS AND TREATMENT PATTERNS OF PATIENTS WITH PSORIATIC ARTHRITIS WHO WERE PRESCRIBED BIOLOGICS: DATA FROM THE COLUMBUS REPOSITORY

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Background: Real-world data from electronic health records (EHR) allow examination of treatment patterns and clinical practice behaviors for psoriatic arthritis (PsA).

Objectives: To describe physician and patient characteristics, and treatment patterns of patients with PsA who initiated secukinumab and other biologics using data from the Columbus Repository.

Methods: EHR data from adult patients with PsA who were prescribed a new biologic therapy between January 2018 and March 2019 (index date) were included from the Columbus Repository, which collects clinical records from a network of US rheumatology providers. Demographics, disease characteristics, and treatment patterns, as well as physicians' characteristics, were reported for patients who were prescribed secukinumab vs other biologics (abatacept, adalimumab, etanercept, certolizumab pegol, golimumab, infliximab, infliximab-dyyb, infliximab-abda, ustekinumab, and ixekizumab). Treatment groups were mutually exclusive and only the most recently prescribed biologic was represented. Categorical variables were summarized using frequency counts and percentages and continuous variables were presented using means and standard deviations.

Results: As of March 2019, 234 patients initiated secukinumab and 806 initiated other biologics for PsA treatment; 62 physicians prescribed biologics for PsA. Overall, 73% of physicians' offices had a single provider contributing patients to the analysis, and 76% of physicians were located in the South US region. Secukinumab initiators were younger (55.2 vs 57.3 years), more likely to be male (44% vs 31%), and had higher BMI (34.0 vs 31.9 kg/m²) vs other biologic initiators. Almost all disease activity measures evaluated had a large proportion (> 80%) of missing data; among those with nonmissing data, secukinumab initiators had numerically higher mean (SD) RAPID3 score vs other biologic initiators (12.6 [6.5] vs 11.6 [7.1]). Overall, 70% of secukinumab initiators and 48% of other biologic initiators were biologic experienced (Figure 1). Comorbidities were similar between groups (Figure 2). The most common reasons for discontinuation of prior biologic were the biologic was no longer required and lack of efficacy (Table 1).

Figure 1. Prior Biologic Use Among Patients Initiating Secukinumab, TNFi, or Non-TNFi Biologics

		Pre-Index Biologic Medications, n (%) ^a			
		None	Secukinumab	TNFi	Non-TNFi
Index Biologic Medications	Secukinumab (n = 234)	70 (30)	0	139 (59)	43 (18)
	TNFi ^b (n = 497)	287 (58)	39 (8)	155 (31)	51 (10)
	Non-TNFi ^c (n = 309)	134 (43)	55 (18)	115 (37)	44 (14)

^a Distribution of patients among pre-index medication categories was not mutually exclusive.

^b Index TNFis include adalimumab (n = 190), etanercept (n = 121), certolizumab pegol (n = 89), golimumab (n = 66), infliximab (n = 25), infliximab-dyyb (n = 5), and infliximab-abda (n = 1).

^c Index non-TNFi include ustekinumab (n = 123), abatacept (n = 102), and ixekizumab (n = 84).

Figure 2. Comorbidity Profile ($\geq 5\%$ of Patients) Among Secukinumab vs Other Biologic Initiators With PsA

* Including celiac disease, systemic sclerosis, Sjögren syndrome, vitiligo, chronic urticaria, systemic lupus erythematosus, and giant cell arteritis.

Table 1. Treatment Patterns Among Patients With PsA at the Index Date

	Secukinumab (N = 234)	Other Biologic (N = 806)	SMD*	P Value
Reason for discontinuing prior biologic treatment, n (%)	N = 164	N = 385	0.20	0.67
No longer required	64 (39)	136 (35)		
Lack of efficacy	28 (17)	75 (19)		
Cost or administrative	5 (3)	10 (3)		
Side effects	5 (3)	9 (2)		
Lack of tolerability	0	3 (1)		
Patient fear of side effects	1 (1)	0		
Other	25 (15)	63 (16)		
Missing	36 (22)	89 (23)		
Prior medication use, n (%)				
NSAIDs	109 (47)	365 (45)	0.03	0.78
Opioids	89 (38)	252 (31)	0.14	0.06
Steroids	68 (29)	265 (33)	0.08	0.31
DMARDs				
Methotrexate	83 (35)	340 (42)	0.14	0.08
Sulfasalazine	25 (11)	93 (12)	0.03	0.81
Apremilast	53 (23)	104 (13)	0.26	< 0.01
Tofacitinib	10 (4)	36 (4)	0.01	1.00
No. of prior biologics, mean (SD)	0.95 (0.82)	0.62 (0.77)	0.41	< 0.01

SMD, standardized mean difference.

* Comparisons with SMD > 0.1 were suggestive of clinically relevant differences.

Conclusion: Secukinumab initiators with PsA were more likely to be male and biologic experienced, have a higher BMI and higher RAPID3 scores indicative of more active disease vs those initiating other biologics. Additional structured and unstructured elements may need to be captured on EHR platforms to gain clarity on disease activity and treatment decisions.

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AB0751 SAFETY AND PERSISTENCE OF USTEKINUMAB IN PATIENTS WITH PSORIATIC ARTHRITIS IN BIOBADASER

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Background: Ustekinumab has been efficacy and safety for psoriatic arthritis in clinical trials.

Objectives: To assess effectiveness, by means of drug persistence analysis, and safety of ustekinumab in patients with psoriatic arthritis in Biobadaser.

Methods: BIOBADASER is the Spanish registry of biological drugs of the Spanish Society of Rheumatology and the Spanish Medicines Agency. We identified patients aged 18 years or more with psoriatic arthritis on Ustekinumab. A descriptive analysis was performed. The persistence of ustekinumab therapy was calculated with a Kaplan-Meier curve and was compared with the persistence of anti-TNF, according to line treatment. Log Rank test was used to establish a comparison. Adverse events occurring with ustekinumab are described according to year treatment.

Results: One hundred and twelve patients were on ustekinumab. Most of them were on their second or third line treatment: 53.57% more than one biological therapy (BT), 19.64% second BT, 26.79% were naïve for BT. Most of them were on 45 mg dose: 88.24%. Median duration of disease at Ustekinumab initiation was 10.1 SD 7.2 years; 69.23% had peripheral arthritis; 45.24% had obesity and 39.29% were overweight; 40.6% were on prednisone and 59.82% on DMARD. The cause of discontinuation of treatment was mainly inefficacy (82.61%) and less common an adverse event (6.52%). The probability of persistence of treatment with ustekinumab was 0.83 (95% CI 0.63-0.92) at year 1, 0.79 (0.58-0.90) at year 2 and 0.79 (0.58-0.9) at year 3 when ustekinumab was prescribed as the first line treatment. The persistence decrease when ustekinumab was prescribe as a second and third treatment: being 0.53 (0.27-0.73) the first year, 0.46 (0.22-0.67) the second year and 0.46 (0.22-0.67) as a second line treatment and 0.58 (0.44-0.70) the first year, 0.33 (0.17-0.50) the second year and 0.33 (0.17-0.50) the third year as a third line treatment. The persistence was similar to anti-TNF treatment, according to line treatment. Adverse events were mainly mild (97.83%) and occurred the first year of treatment. Most of the adverse events were classified as "infections and infestations" (36.96%).

Conclusion: The persistence of ustekinumab was high, being 83% at the end of the first year on treatment and 79% the second and the third year of treatment. The persistence of ustekinumab was higher when it was the first line treatment compared as if it was used as the second or third BT option. The persistence of Ustekinumab is similar to the persistence of anti-TNF treatments in all the analyzed treatment lines (no statistically differences were found). Adverse events occurred mainly during the first year treatment. They were mainly mild adverse events and the frequency decreased within the second and third year of treatment.

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AB0752 PSORIATIC ARTHRITIS: OLIGOARTHRITIS AND POLYARTHRITIS PATTERN CHANGES OVER THE INITIAL YEAR OF THE PRESENTATION. A REAL-WORLD EVIDENCE REPORT FROM THE QUEBEC REGISTRY RHUMADATA®

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Background: Psoriatic Arthritis (PsA) most frequently presents as a polyarthritis or (less often) as an oligoarthritis [1]. Upon reassessment, patients may change category during follow-up [2-3]. Historically, the patients in the original description of Moll and Wight had an oligoarticular presentation [4]. However, other studies have not found the same distribution in all patient populations [5]. Currently,