Table 1.

Dependent variables	Study Population	p values
US_SEScore	RA	PSA OLIGO .021
		PSA POLY .356
	PSA	RA .021
	OLIGO	PSA POLY .014
	PSA	RA .356
US_SHScore	POLY	PSA OLIGO .014
	RA	PSA OLIGO .001
		PSA POLY .336
	PSA	RA .001
	OLIGO	PSA POLY .004
US_PDScore	PSA	RA .336
	POLY	PSA OLIGO .004
	RA	PSA OLIGO .011
		PSA POLY .102
	PSA	RA .011
US_MCP2Score	OLIGO	PSA POLY .006
	PSA POLY	RA .102
		PSA OLIGO .006
	RA	PSA OLIGO .000
	PSA	RA .276
US_WRIStScore	OLIGO	PSA POLY .002
	PSA POLY	RA .276
		PSA OLIGO .002
	RA	PSA OLIGO .032
	PSA	RA .610
US_KNEEScore	OLIGO	PSA POLY .032
	PSA POLY	RA .047
		PSA OLIGO .610
	RA	PSA OLIGO .047
	PSA	OLIGO .1000
US_KNEEScore	PSA OLIGO	PSA POLY .133
		RA .1000
	PSA POLY	PSA POLY .180
		RA .133
	PSA	OLIGO .180
US_KNEEScore	OLIGO	PSA OLIGO .1000
	PSA	RA .133
	OLIGO	PSA POLY .180
	PSA POLY	RA .133
		PSA OLIGO .180

US: ultrasound; SE synovial effusion; SH synovial hypertrophy;
PD power Doppler; MCP metacarpophalangeal; PSA psoriatic arthritis;
OLIGO oligoarticular; POLY polyarticular

therefore a complementary tool to the clinic, fast and well integrated into the overall assessment of the arthritic patient.

References:

[1] Zabotti A. et al. Clin Exp Rheumatol. 2018; 36:519-525.

[2] Perricone C et al. Rheumatology (Oxford) 2012; 51:866-73.

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AB0766

ACCURACY OF PATIENT REPORTED OUTCOME REPORTING IN RANDOMIZED CONTROLLED TRIALS IN PSORIATIC ARTHRITIS

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Background: Patient-reported outcomes (PROs) allow incorporating the patient's perspective and health related quality of life (HRQoL) into shared decision making when choosing the optimal treatment strategy in patients suffering from psoriatic arthritis (PsA). PsA is a chronic inflammatory disease with heterogeneous manifestations with a range of symptoms, co-morbidities and reduced quality of life. International working groups (1) emphasized to integrate these outcomes as endpoints in clinical trials and as part of the core set of measures.

Objectives: To evaluate the quality of PRO reporting in randomized clinical trials in PsA.

Methods: We conducted a systematic literature review (PROSPERO ID 160930) searching PUBMED, MEDLINE and the Cochrane Library for publications (in English language) on randomized controlled trials investigating biological or targeted synthetic disease modifying drugs in adult PsA patients that included some PROs to evaluate the response to treatment. Two of the authors (BFS, AK) screened, selected and extracted the data of the trials that fulfilled inclusion criteria. Statistics were descriptive.

Results: Of 1392 articles in total 880 were screened (512 duplicates); 92 were selected for detailed analysis with 48 finally analysed. 87% were primary publications where some patient-outcome measure were reported. The Health Assessment Questionnaire Disability Index (HAQ-DI) was reported in all RCTs (100%), while 70% of trials reported on the Short Form (36) Health Survey (SF36). Fatigue (FACIT-F) was reported in 29% of trials with different rates of articles published before and after the OMERACT working group recommendations (27% vs 50%) (1). Data on burden of psoriasis through the Dermatology Life Quality Index in 45%. Other PRO measurements to assess potentially affected health domains such as sleep disturbance, psychological disorders or well-being at work were reported only rarely.

Conclusion: Our SLR shows that all trials report data on HAQ-DI. However, important domains as also emphasized by the OMERACT working group (1) are not routinely reported. Especially fatigue, included in 2016 as part of the OMERACT "Inner core" of the PsA Core Domain Set is only reported in about one quarter of studies, although 50% of studies published after 2016 report on fatigue. Data on emotional well-being, psychological status, productivity losses, and sleep disturbance remain rarely reported in PsA randomized controlled trials.

References:

[1] Orbai A, de Wit M, Mease P, et al International patient and physician consensus on a psoriatic arthritis core outcome set for clinical trials. Annals of the Rheumatic Diseases 2017;76:673-680.

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AB0767

PATIENTS WITH RHEUMATOID ARTHRITIS HAVE A LOWER BONE DENSITY THAN PATIENTS WITH PSORIATIC ARTHRITIS

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Background: Osteoporosis is a skeletal disease characterized by the loss of bone density resulting in an increased fracture risk. Female sex, advanced age, Caucasian ancestry, previous history of fractures, menopause and certain genetic factors predispose for osteoporosis. In addition, recent studies could prove that chronic inflammatory diseases such as Rheumatoid Arthritis (RA) and long-term treatment with higher doses of glucocorticoids (GCs) represent independent risk factors for the development of osteoporosis. On the other hand, the intake of vitamin D, a calcium-rich diet and physical exercise can be protective. Data describing the prevalence of osteoporosis in patients with other rheumatic diseases like psoriatic arthritis (PsA) are lacking.

Objectives: We compared the prevalence of osteopenia and osteoporosis in patients with RA and PsA, respectively, based on data obtained from our ongoing prospective monocentric study Rh-GIOP investigating glucocorticoid (GC)-induced osteoporosis in patients with different rheumatic diseases (NCT02719314).

Methods: Bone mineral density data measured by dual x-ray absorptiometry (DXA) in patients with PsA (n=92) were compared with data measured in 92 age- and