rheumatologic conditions including Psoriatic Arthritis (PsA), enthesopathy can be a consequence of several clinical conditions including metabolic syndrome, mechanical injuries and degeneration.

Objectives: To evaluate the effect of body mass index (BMI) on disease activity scores and enthesitis scores in Psoriatic Arthritis.

Methods: Retrospective study including all the patients with PsA meeting the CASPAR criteria, beginning first-line biologic therapy at our centre. Demographic and clinical data were collected from the Portuguese database Reumapt. Statistical analysis was performed with SPSS. Continuous variables were compared through Spearman/Pearson correlations.

Results: The mean BMI was 26.8 (SD 0.5). In our sample of 119 PsA patients, 21.5% were overweight and 8.3% were obese. The mean age of patients was 46.3 ± 1.03 years; 60 female and 59 male. The median disease duration was 6.8 (0.3-33.8) years. At baseline mean (SD) disease activity variables were: DAS 28 4vESR 4.9 (0.2), ESR 33.2 (2.3) mm/h; CRP 2.35 (0.3) mg/dL, BASDAI 6.6 (0.2), ASDAS 3.9 (0.1), BASMI 3.7 (0.2), BASFI 5.8 (0.3), MASES 1.9 (0.3), SPARCC 2.3 (0.3). There were statistically significant positive correlations between BMI and MASES at baseline ($p=0.024$, $r=0.411$) but there weren't with SPARCC, DAS 28 4vESR, ESR, CRP, BASDAI, ASDAS, BASMI and BASFI.

Conclusion: The data showed that patients with higher BMI values had higher enthesitis scores suggesting that overweight/obesity may have a negative impact on enthesopathy. Further studies are still needed to further understand that possible relationship.

References:

- [1] Bakirci S, Dabague J, Eder L, McGonagle D, Aydin SZ. The role of obesity on inflammation and damage in spondyloarthritis: a systematic literature review on body mass index and imaging. Clin Exp Rheumatol. 2019 Apr 29.

Disclosure of Interests: Sara Ganhão: None declared, Bruno Miguel Fernandes: None declared, Salomé Garcia: None declared, Filipe Pinheiro: None declared, Maria Rato: None declared, Eva Mariz: None declared, Miguel Bernardes Speakers bureau: Abbvie, Amgen, Biogen, Eli-Lilly, Glaxo-Smith-Kline, Pfizer, Janssen, Novartis, Lúcia Costa: None declared

DOI: 10.1136/annrheumdis-2020-eular.4567

AB0770

DESCRIBING A COHORT OF PATIENTS WITH PSORIATIC ARTHRITIS ACCORDING TO THE BODY MASS INDEX: EXPERIENCE IN A JOINT RHEUMATOLOGY-DERMATOLOGY CLINIC

A. García-Guillén¹, A. Laiz¹, A. Lopez-Ferrer¹, H. Park¹, P. Moya¹, B. Magallares¹, I. Castellví¹, A. M. Millán Arciniegas¹, C. Díaz-Torné¹, S. Jeria¹, H. Corominas¹. ¹Hospital de la Santa Creu i Sant Pau, Barcelona, Spain

Background: Obesity is a predictor for the development of psoriatic arthritis (PsA) with a negative prognostic impact.

Objectives: We aimed to describe and characterize patients with PsA according to the Body Mass Index (BMI) in a joint Rheumatology-Dermatology unit (PAIDER).

Methods: We retrospectively reviewed patients diagnosed with PsA according to CASPAR criteria visited between May 2012 and May 2019 at the PAIDER clinic of our center. Data on demographic and anthropometric features, serologic findings, source of referral, cardiovascular risk factors and biological treatment were collected from clinical records. Patients were classified according to the WHO International Classification of nutritional status in normal weight (BMI 18.5-24.9 Kg/m²), overweight (BMI 25-29.9 Kg/m²) and obesity (BMI ≥30 Kg/m²). A descriptive analysis was performed, and the differences between groups were evaluated using Chi², T-Student and ANOVA tests. P-values <0.05 were accepted as significant.

Table 1.

Baseline characteristics	Total n=393
Female, n (%)	199 (50,6)
Age, yrs, mean ±SD	52,47 (13,21)
Source of referral, n (%)	
Dermatology	117 (29,8)
Rheumatology	219 (55,7)
Primary Care and Others	22 (5,6)
Smoker, n (%)	97 (25,8)
High Blood Pressure (HBP), n (%)	106 (27,7)
Diabetes, n (%)	48 (12,5)
Hypercholesterolemia, n (%)	98 (25,8)
Hyperuricemia, n (%)	32 (8,6)
HLA-B27 positive, n (%)	68 (21,6)
BMI, Kg/m ² , mean ±SD	28,15 (5,87)
Biological treatment, n (%)	166 (43,2)

Table 2.

Characteristics according to BMI	Normal weight n= 118	Overweight n= 112	Obesity n=118	P value
Female, n (%)	66 (55,9)	52 (46,4)	62 (52,5)	ns
Age, yrs, mean ±SD	47,92 (14,08)	54,71 (11,75)	54,48 (11,54)	<0,001
Source of referral, n (%)				Ns
Dermatology	35 (33,7)	37 (35,2)	34 (30,9)	
Rheumatology	63 (60,6)	61 (58,1)	70 (63,6)	
Primary Care and Others	6 (5,8)	7 (6,7)	6 (5,5)	
Smoker, n (%)	37 (33)	23 (21,1)	31 (26,7)	ns
High Blood Pressure (HBP), n (%)	12 (10,5)	37 (34,3)	41 (35)	<0,001
Diabetes, n (%)	7 (6)	9 (8,3)	30 (25,6)	<0,001
Hypercholesterolemia, n (%)	19 (17)	24 (22,2)	45 (38,5)	0,001
Hyperuricemia, n (%)	5 (4,4)	7 (6,8)	19 (16,7)	0,004
HLA-B27, n (%)	27 (28,7)	17 (17,9)	13 (12,6)	0,016
BMI, Kg/m ² , media ±DE	22,58 (1,78)	27,46 (1,55)	34,42 (5,08)	-
Biological treatment, n (%)	47 (41,2)	45 (40,9)	66 (55,9)	0,032

Results: During the study period 393 patients (50.6% women) with a mean age of 52.47 ± 13.21 years were evaluated. Baseline characteristics are shown in table 1.

The mean BMI was 28.15 ± 5.87 kg/m². 112 patients (32%) were overweight with a mean BMI of 27.46 ± 1.55 kg/m² and 118 patients (34%) were obese with a mean BMI of 34.42 ± 5.08 kg/m². Of the obese patients, 80 (67.8%) had obesity grade 1, 28 (23.7%) grade 2 and 10 (8.5%) grade 3.

Characteristics of the patients according to BMI categories are shown in Table 2. We observed that mean age was significantly higher in obese patients ($p < 0.001$), as well as the prevalence of cardiovascular risk factors such as HBP ($p < 0.001$), Diabetes ($p < 0.001$), dyslipidemia ($p = 0.001$) and hyperuricemia ($p = 0.004$). Obese patients also received more biological therapy ($p=0.032$). A higher prevalence of HLA-B27 was observed in patients with normal weight ($p=0.016$). No differences were found according to BMI regarding gender and source of referral.

Conclusion:

- Almost 70% of patients with PsA visited in the PAIDER clinic of our center have a BMI above normal and more than a third of them are obese, mostly grade 1.
- In our joint clinic there are no differences in BMI regarding the source of referral of the patients.
- Patients with obesity are older, have more cardiovascular comorbidities and receive more biological treatment significantly, which increases the complexity of their management and worsens the prognosis.

Disclosure of Interests: Andrea García-Guillén: None declared, Ana Laiz: None declared, Anna Lopez-Ferrer: None declared, HyeSang Park: None declared, Patricia Moya: None declared, Berta Magallares: None declared, Ivan Castellví Consultant of: Boehringer Ingelheim, Actelion, Kern Pharma, Speakers bureau: Boehringer Ingelheim, Actelion, Bristol-Myers Squibb, Roche, Ana Milena Millán Arciniegas: None declared, Cesar Díaz-Torné: None declared, Sicylle Jeria: None declared, Hector Corominas: None declared

DOI: 10.1136/annrheumdis-2020-eular.1271

AB0771

DAPSA REMISSION/LOW DISEASE ACTIVITY IS ASSOCIATED WITH LOW PSAID12 IN PSORIATIC ARTHRITIS

C. García-Porrúa¹, L. Fernández-Domínguez², J. L. Guerra-Vázquez³, J. A. Mosquera Martínez⁴, J. Pinto-Tasende⁵ on behalf of GIGAPS. ¹HULA, LUGO, Spain; ²CHU Ourense, Ourense, Spain; ³CHU Arquitecto-Marcide, Rheumatology, Ferrol, Spain; ⁴CHU Pontevedra, Pontevedra, Spain; ⁵Inibic-CHU A Coruña, Rheumatology, A Coruña, Spain

Background: Psoriatic arthritis (PsA) has a prevalence of 0.17% in North-Western of Spain and patients suffer this disease have significant impact on daily life due to articular, dermatological and psychological symptoms. DAPSA VLDA/LDA (≤14) is a therapeutic goal recommended by EULAR for clinical practice.

Objectives: Our aim was to assess the relationship between DAPSA index and PsAID questionnaire in routine clinical practice.

Methods: We performed a cross-sectional study of patient and physician reported outcomes. We obtained clinical information of patients with PsA attending clinic from October 2018 to October 2019. Data were collected from clinical records concerning age, gender, disease duration, joint counts, dactylitis, enthesitis, body surface area (BSA) of psoriasis, laboratory results (ESR and CRP), HAQ, PsAID12, pain and global assessment from patient with numerical rating scale (NRS) and DAPSA index. Data were analysed using SPSS21. Logistic regression was used to assess patient reported outcomes which were associated with DAPSA VLDA/LDA.

Results: Data were available for 210 patient visits, 43% females. DAPSA ≤14 was in 143 patients (68.1%) and was associated with higher disease duration, OR 1.079 (1.020-1.142, 95% CI), $p = 0.008$. DAPSA index was not associated with BSA ($r = 0.126$, $p = 0.176$).