Background: Apremilast is an oral phosphodiesterase 4 inhibitor and approved drug for treatment of Psoriatic Arthritis (PsA). Previous studies show apremilast to be efficacious and safe. (1) However, physicians are sometimes reluctant to prescribe apremilast in clinical practice due to its perceived side effects, and relatively small effect size (1).

Objectives: In this study we investigated the occurrence and frequencies of adverse events, and the effects of patient expectation management on drug survival for PsA patient starting apremilast.

Methods: From March 2017 to December 2019, 21 consecutive patients have been included in the apremilast PsA cohort at Reade in Amsterdam, the Netherlands. The initial high dropout rate that was observed with usual care led to a revision in the baseline visit with more emphasis placed on patient expectation management.

Results: From the usual care group (UCG; n=12), 10 patients (83%) stopped apremilast within the first year: 6 (50%) due to adverse events, 4 (33%) due to inefficacy. Only 2 patients (17%) completed one year of follow-up. In contrast, in the expectation management group (EMG; n=9), only 1 patient (11%) dropped out due to adverse events, and none stopped due to inefficacy. 2 patients (22%) completed one year of follow-up, the other 6 patients (67%) are within the first year of treatment (median 5 months, range 1-10; figure 1). In total 55 adverse events were reported during the study, of which 40% were gastro-intestinal (table 1). There was one serious adverse event (within the EMG group, stroke leading to hospitalization) which was considered not related to apremilast, and the patient remained on drug.

Conclusion: The most common adverse event for apremilast are gastrointestinal side effects that subsided during prolonged use. Managing patient expectations before start of apremilast increases drug survival and is helpful for optimizing apremilast use in daily practice.

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Table 1. Patient reported adverse events apremilast

Adverse events	Mild	Moderate	Severe	SAE	Total
Gastro-intestinal AE	15	7	0	0	22(40%)
Mood complaints	2	1	0	0	3 (5%)
Infections	8	1	0	0	9 (17%)
Headache	4	1	0	0	5(9%)
Others	15	1	1	1	16(29%)
Total	44	11	1	1	55(100%)

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AB0782

EXPLORING OCCURRENCE AND CORRELATES OF SLEEP DISTURBANCES AND FATIGUE IN PSORIATIC ARTHRITIS PATIENTS

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Background: Psoriatic arthritis (PsA) patients have been reported to suffer from increased sleep disturbances (1) and fatigue (2). Sleep disturbances and fatigue in PsA may not only be influenced by skin and musculoskeletal manifestations, but also by psychosocial consequences of the disease and the patients' mental status (3).

Objectives: To explore the occurrence and correlates of sleep disturbances and fatigue in PsA clinic patients.

Methods: A broad data collection was completed from 137 PsA patients including demographics, disease activity measures for both skin and musculoskeletal involvement and patient reported outcome measures. Pain was reported on a VAS scale 0-100mm and sleep and fatigue on a numeric rating scale (NRS) 0-10. Depression was scored as: 1 not, 2 moderately and 3 extremely depressed. Sleep disturbances and fatigue were defined as present if the NRS score was ≥ 5 . Descriptive statistics (mean (SD) for continuous variables and percentage for categorical variables) were applied. Associations were explored using univariate and adjusted linear regression analyses, with inclusion of variables in multivariate analysis that had a p value <0.2 in univariate analyses.

Results: Demographic patient characteristics: mean age 52.3 (SD 10.3) years, BMI 28.4 (4.3) kg/m², women 50.4%, current smoker 17.5%, living together 76.6%, working 54.8%. Musculoskeletal disease status: PsA disease duration mean 8.8 (SD 6.8) years, CRP 5.0 (8.3) mg/L, 68 tender joint count (68TJC) 10.1 (11.1), 66 swollen joint count 0.6 (1.0), MASES enthesitis score 3.0 (3.2). Psoriasis skin status: PASI 2.6 (3.7) and itching skin 23.1%. Patient reported outcome measures: pain 34.8 (23.3) mm, sleep disturbances 3.5 (2.9), fatigue 4.2 (2.6), MHAQ 0.44 (0.40) and depression 1.4 (0.4). Mean numbers of comorbidities was 0.72 (0.93) and 45.3% exercised ≥ 1 time per week and 32.4% currently used bDMARDs and 58.4% csDMARDs.

The prevalence of sleep disturbances was 38.0% and that of fatigue 44.5%.

Identified associations with impaired sleep disturbances in univariate analyses were female gender, higher BMI, smoking, not working, higher scores for 68TJC, MASES score, pain, fatigue, depression, lower MHAQ, not exercising and itching skin. For fatigue the identified associations were female gender, smoking, not working, higher scores for 68TJC, MASES score, pain, sleep disturbances, depression, lower MHAQ and itching skin.

In adjusted analysis only pain, fatigue and higher MHAQ were independently associated with sleep disturbances and pain, sleep disturbances and depression were independently associated with fatigue.

Conclusion: The prevalence of sleep disturbances and fatigue was frequently reported in our PsA patients. No measures reflecting skin involvement or objective measures of inflammatory musculoskeletal involvement were independently associated with sleep disturbances and fatigue. Our data suggest that patient's perceptions of musculoskeletal involvement (pain or MHAQ) play an important role causing sleep disturbances and fatigue in PsA patients. However, mental status also seems to play an important role in the perception of fatigue.

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AB0783

THE IMPACT OF SKIN ITCHING ON HEALTH RELATED QUALITY OF LIFE IN PSORIATIC ARTHRITIS OUTPATIENT CLINIC PATIENTS

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Background: In psoriatic arthritis (PsA) both skin and musculoskeletal involvement can contribute to reduce health related quality of life (HRQoL) (1). Although itch is considered an important symptom in psoriasis, less is known about its extent and potential impact on HRQoL in PsA.

Objectives: The aim of the study was to assess the prevalence of itchy, sore, painful or stinging skin in PsA patients and also to explore the impact of these symptoms on overall HRQoL and skin related HRQoL.

Methods: PsA patients were consecutively recruited from a rheumatology outpatient clinic. Data collection included variables listed in the table. Patients also answered the question: "Over the last week, how itchy, sore, painful or stinging has your skin been? With answer alternatives: Not at all (score 0), a little (score 1), a lot (score 2) and very much (score 3)". For analysis the variable