Figure 1. Psoriasis severity categories during the first year of follow up. No psoriasis (PASI 0), mild psoriasis (PASI<7), moderate psoriasis (PASI 7-12) and severe psoriasis (PASI>12).

Figure 2. A, B: Median Skindex17 psychosocial score and symptoms score per psoriasis severity category and per DAPSA category at baseline. C, D: Mean SF36 Physical component score (PCS) and Mental component score (MCS) per psoriasis severity category and per DAPSA category at baseline. No psoriasis (PASI 0), mild psoriasis (PASI<7), moderate psoriasis (PASI 7-12) and severe psoriasis (PASI>12). REM (DAPSA<4), LDA (DAPSA<14), MDA (DAPSA>28) and HDA (DAPSA>28)

Conclusion: In early PsA patients, psoriasis severity is mostly mild, but considerably impacts HRQoL when measured using a skin specific questionnaire. For optimal management of PsA patients, we therefore recommend rheumatologists to additionally acquire information on the degree of psoriatic involvement. In our opinion, this information is valuable for the adequate assessment of HRQoL.

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EFFECTIVENESS OF IL-17 INHIBITORS REVEALED BY MINIMAL DISEASE ACTIVITY (MDA) ACHIEVEMENT OF PSORIATIC ARTHRITIS PATIENTS

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Background: Recently, several type of biologics such as TNF inhibitors, IL-17 inhibitors, IL-12/23 (p40) inhibitors and IL-23 (p19) inhibitors are approved for PsA. Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) 2015 Treatment Recommendation suggests the treat-to-target strategy for PsA¹, however,

this recommendation does not indicate how to determine which biologics to use. Recent reports revealed that IL-17 inhibitors were as effective as TNF inhibitors². On the other hand, based on the Tight Control of Psoriatic Arthritis (TICOPA) study, present treatment strategies for PsA aim to reach on minimal disease activity (MDA)³.

Objectives: We investigate the effectiveness of IL-17 inhibitors focusing on MDA achievement which were administered for the Psoriatic Arthritis (PsA) patients in our institution.

Methods: We examined 46 patients whom were diagnosed and treated in our institution. We analyzed DAS28-CRP as the evaluation of arthritis and Minimal Disease Activity (MDA) achievement as that of overall disease activity.

Results: Biologics were administered in 30 cases (65.2%) of all 46 cases. In 30 cases, 19 cases (63.3%) initiated TNF inhibitors (TNFi) and 7 cases (23.3%) were IL-17 inhibitors (naïve group). In 9 cases, TNFi were switched into IL-17 inhibitors (switch group), 7 cases continued TNFi (TNFi group). Patients characteristics in the cases which could collect the data were shown in Table 1. As for arthritis, DAS28-CRP has significantly improved at fourth weeks in naïve and TNFi group. In switch group, DAS28-CRP has not demonstrated significant improvement, however, IL-17 inhibitors were effective for the cases to which they were initiated for arthritis. As for MDA, 71% and 78% have also achieved MDA at twentieth weeks in both naïve and switch groups. In the TNFi group, 67% have not achieved MDA at twentieth weeks because of no improvement of rash (Figure 1). In switch group, all cases to which IL-17 inhibitors were initiated for either arthritis or rash have achieved MDA, however, 40% of cases which were introduced for both arthritis and rash have not achieved MDA.

Table 1. Comparison of clinical characteristics at baseline in 3 groups.

	IL-17 naïve group (n=7)	IL-17 switch group (n=9)	TNF group (n=7)	p value
Age, year	60.7 ± 18.9	53.8 ± 15.4	50.7 ± 13.6	N.S
Disease duration, year	20.3 ± 25.8	17.4 ± 9.5	9.9 ± 12.4	N.S
Male, n (%)	3 (43)	6 (67)	5 (71)	N.S
MTX, n (%)	2 (29)	4 (44)	5 (71)	N.S
CRP(mg/dl)	0.41 ± 0.50	1.87 ± 3.13	1.07 ± 1.77	N.S
Swollen joint count	6.7 ± 7.3	3.6 ± 4.2	6.2 ± 6.9	N.S
Tender joint count	6.6 ± 7.0	2.2 ± 2.6	6.9 ± 9.0	N.S
Patient pain VAS	55.7 ± 22.3	47.1 ± 34.9	35.4 ± 13.6	N.S
BSA (%)	12.5 ± 17.3	7.7 ± 14.8	7.4 ± 7.2	N.S
Biologics, n	Secukinumab: 2 Ixekizumab: 5	secukinumab: 3 Ixekizumab: 5 Brodalumab: 1	Infliximab: 3 Adalimumab: 3 Etanercept: 1	

TNF: Tumor Necrosis Factor, MTX: Methotrexate, VAS: visual analog scale, BSA: body surface area, N.S: not significant

Figure 1. MDA achievement in 3 groups

Conclusion: In our study, IL-17 inhibitors could bring high rate of MDA achievement for both naïve and switch from TNFi. We suggest that TNFi should be switched into IL-17 inhibitors rapidly in the case of ineffective for TNFi.

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GENDER DIFFERENCES IN PSORIATIC ARTHRITIS DISEASE CHARACTERISTICS: EVIDENCE FOR WORSE DISEASE IN WOMEN.

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