The mean thickness of skin, nail plate and nail matrix region were 2.25±0.32 mm, 0.38±0.07 mm and 1.89±0.33 mm, respectively.

We found a positive correlation between nail plate thickness and both skin and nail matrix region thickness (r=0.561, p=0.001 and r=0.523, p=0.002).

Skin, nail and nail matrix thickness were significantly higher in men and in smokers. Manual workers did not have greater skin, nail plate nor nail matrix thickness.

There were no correlations between disease activity evaluated by the ASDAS, CRP, DAS28, PASI, ESR or by CRP and any of the US parameters.

In contrast, there was a significant negative correlation between psoriatic disease duration and nail plate thickness (r=-0.372, p=0.036).

Conclusion: Ultrasound offers an appropriate alternative for the evaluation of the nail unit. In our study it was able to detect subclinical involvement of the nail in 30 fingernails and in two patients.

Disclosure of Interests: None declared

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AB0796  
PSORIATIC ONYCHOPATHY: MORE THAN MEETS THE EYE

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Background: Psoriatic onychopathy is an independent predictor of the onset of psoriatic arthritis (PsA). Assessment of nail disease is difficult given the limited utility of clinical assessment tools for the nail.

Recently, ultrasound (US) proved to be informative in the assessment of nail involvement.

Objectives: We aimed to describe morphologic ultrasonographic nail disease changes and to look for correlations between these features and the characteristics of the PsA.

Methods: The study included patients who met the CASPAR criteria for PsA.

An US scan of patient's nails was performed in order to study the nail, matrix and skin thickness.

Results: We included 33 patients with PsA with a mean age of 51.2±12.5 years. The mean disease duration was 13.5±10.2 years. The mean DAPSA was 22.8±19.7 (remission:9 patients, low activity: 5 patients, moderate activity: 11 patients and high activity: 8 patients). Twenty-nine patients had a personal history of skin psoriasis, present in 64 % of patients who had a chronic joint disease (r=0.355, p=0.05). Patients with higher BASDAI had thicker tendons (r=0.397 , p=0.022).

Patients with higher enthesophyte didn’t have higher inflammatory biomarkers (ESR, CRP).

We found a positive correlation between enthesophyte thickness and the tender and swollen joints count (r=0.352, p=0.045, r=0.378, p=0.03) and the SPARCC score (r=0.397, p=0.022).

Patients with higher BASDAI had thicker tendons (r=0.355, p=0.05).

Patients with nail dystrophy had more bursitis and erosions.

Skin, nail and nail matrix thickness were significantly higher in men and in smokers. Manual workers did not have greater skin, nail plate nor nail matrix thickness.

Acknowledgments: None.

Disclosure of Interests: None declared

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Clinical nail involvement was associated with bursitis and erosions. New studies including larger study groups are required to verify the findings of the present study.

Disclosure of Interests: None declared
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Table 1. Disease activity assessment at 6 months of secukinumab therapy.

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>6 months after SEC</th>
<th>Mean difference</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>SJC</td>
<td>4.8±5.4</td>
<td>1.9±3.1</td>
<td>-2.8 (IC95% -3.9 a -1.7)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>TJC</td>
<td>7.5±5.8</td>
<td>3.9±4.1</td>
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<td>&lt;0.0001</td>
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<tr>
<td>SJC</td>
<td>6.1±3.2</td>
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<td>-1.9 (IC95% -2.4 a -1.4)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>CRP (mg/L)</td>
<td>7.7±9.9</td>
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<td>-2.9 (IC95% -4.5 a -1.3)</td>
<td>&lt;0.0001</td>
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<td>ASDAS-CRP</td>
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<td>DAPSA</td>
<td>27.7±12.1</td>
<td>16.7±10.4</td>
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<td>&lt;0.0001</td>
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SJC: swollen joint count; TJC: tender joint count; Spinal pVAS: spinal pain visual analog scale; CRP: C-reactive protein; SEC: secukinumab.

Included. Patients with non-pathological sacroiliacs x-ray and MRI had to have spinal pain VAS ≥4/10 after failure to NSAIDs, prior to the onset of SEC, to be included. Medical records were reviewed to collect demographic and clinical data, features of PsA (manifestations, treatments and activity assessment). Descriptive statistics and then a comparative analysis with the Student t-test to analyze the effectiveness of SEC were performed.

Results: Of 98 PsA patients treated with SEC, 58 (59.2%) had axial involvement, of which 41 (71%) female. Mean age was 54 y.o (SD 10) and average duration of the disease was 10 years (SD 8). All 58 patients had peripheral disease (33% joint erosions), 55 (95%) had psoriasis, and 20 (34%) showed dactyliitis and 39 (67%) had enthesis. Saccroiliacs x-ray was damaged in 36% (66 patients) (grade I-IV) and 25 (40%) pathological MRI, with HLAB27+ at 8 (14%) patients. Average BMI was 29 (SD 8), with an obesity rate of 33% (19 pt). Observed comorbidities were hypertension (27 pt, 47%), diabetes mellitus (6 pt, 10%), dyslipidemia (23 pt, 40%), active smoking (18 pt, 31%) and malignancy (6 pt, 10%). Regarding previous treatments, 90% had received DMARDs, particularly methotrexate (86%) and 40 (69%) had been exposed to at least one bDMARD (15 pt to one, 9 to two, 6 to three and 10 to four or more). 7 patients were on 300 mg dose and 51 patients on 150 mg dose (dose escalation to 300 mg was performed in 16 patients and 44% respond and maintain SEC). Average drug survival time was 1.4 (SD 1) years. At 6 months of SEC therapy, tender and swollen joint count, spinal pain VAS, CRP, ASDAS-CRP and DAPSA had significantly decreased (Table 1). 29 (50%) patients suspended SEC during follow-up due to primary ineffectiveness (8), secondary ineffectiveness (16), adverse events (3), latex allergy (1) and remission (1). Adverse events do not differ from those reported in clinical trials.

Conclusion: Secukinumab in real-world setting provided improvements in the axial and peripheral manifestations of PsA, using both the 150 mg and 300 mg doses.

Disclosure of Interests: MARIA MARTIN LOPEZ: None declared, Beatriz Joven-Ibáñez Speakers bureau: Abbvie, Celgene, Janssen, Merck Sharp & Dohme, Novartis, Pfizer, José Luis Pablos: None declared
DOI: 10.1136/annrheumdis-2020-eular.6564

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Disclosure of Interests: None declared
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REAL-WORLD EXPERIENCE OF SECUKINUMAB FOR PSORIATIC ARTHRITIS WITH AXIAL INVOLVEMENT.

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Background: The association between hyperuricemia and psoriatic arthritis (PsA) is actually generally accepted. Previous studies have demonstrated that uric acid suppress 25(OH)D metabolism [1]. More evidence is required to demonstrate the immune modulatory effects in psoriasis, psoriatic arthritis and other autoimmune diseases. In particular, the potential association between 25-hydroxyvitamin D serum levels and PsA still remains unknown.

Methods: Multicentric observational, longitudinal, retrospective study conducted in a tertiary hospital between January 2016 and December 2019. Patients with PsA (CASPAR criteria) and clinical and/or diagnosis of axial involvement receiving at least one dose of SEC were included. Patients with non-pathological sacroiliacs x-ray and MRI had to have spinal pain VAS ≥4/10 after failure to NSAIDs, prior to the onset of SEC, to be included. Medical records were reviewed to collect demographic and clinical data, features of PsA (manifestations, treatments and activity assessment). Descriptive statistics and then a comparative analysis with the Student t-test to analyze the effectiveness of SEC were performed.

Results: Of 98 PsA patients treated with SEC, 58 (59.2%) had axial involvement, of which 41 (71%) female. Mean age was 54 y.o (SD 10) and average duration of the disease was 10 years (SD 8). All 58 patients had peripheral disease (33% joint erosions), 55 (95%) had psoriasis, and 20 (34%) showed dactyliitis and 39 (67%) had enthesis. Saccroiliacs x-ray was damaged in 36% (66 patients) (grade I-IV) and 25 (40%) pathological MRI, with HLAB27+ at 8 (14%) patients. Average BMI was 29 (SD 8), with an obesity rate of 33% (19 pt). Observed comorbidities were hypertension (27 pt, 47%), diabetes mellitus (6 pt, 10%), dyslipidemia (23 pt, 40%), active smoking (18 pt, 31%) and malignancy (6 pt, 10%). Regarding previous treatments, 90% had received DMARDs, particularly methotrexate (86%) and 40 (69%) had been exposed to at least one bDMARD (15 pt to one, 9 to two, 6 to three and 10 to four or more). 7 patients were on 300 mg dose and 51 patients on 150 mg dose (dose escalation to 300 mg was performed in 16 patients and 44% respond and maintain SEC). Average drug survival time was 1.4 (SD 1) years. At 6 months of SEC therapy, tender and swollen joint count, spinal pain VAS, CRP, ASDAS-CRP and DAPSA had significantly decreased (Table 1). 29 (50%) patients suspended SEC during follow-up due to primary ineffectiveness (8), secondary ineffectiveness (16), adverse events (3), latex allergy (1) and remission (1). Adverse events do not differ from those reported in clinical trials.

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