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

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AB0798

EFFECT OF ANTIRHEUMATIC THERAPY ADMINISTERED IN ACCORDANCE WITH "TREAT TO TARGET" PRINCIPLES ON DIASTOLIC DYSFUNCTION OF THE LEFT VENTRICLES IN PATIENTS WITH ACTIVE EARLY PSORIATIC ARTHRITIS

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Background: Psoriatic arthritis (PsA) are chronic inflammatory diseases, with massive increase of cardiovascular events (CVE) and cardiovascular death. Diastolic dysfunction of the left ventricles (LVDD) is a risk factor for the development of the heart failure.

Objectives: to study the effect of antirheumatic therapy administered in accordance with "Treat to target" principles on LVDD in early PsA (EPsA) patients (pts).

Methods: 48 (F-23) DMARD-naïve PsA pts, according to the CASPAR criteria, age 36[27; 45] years (yrs.), PsA duration – 6[4; 8] months. All pts were assessed for transthoracic echocardiography. Diastolic function was determined by early and atrial peak filling rates derived from differential volume-time-curve analysis. Methotrexate therapy was started in all pts with an escalation of the dose up to 25 mg/week subcutaneously. In case of no remission 3 months later, MT was added with biologic therapy: Adalimumab, Certolizumab pegol, Ustekinumab. Antihypertensive therapy received all pts with arterial hypertension (AH). All p less than 0.05 considered to statistical significance.

Results: At baseline LVDD was identified in 5 (10.4%). The LVDD pts were older, in more cases they had AH, abdominal obesity (p<0.05). Significant negative correlations were found between LVDD and body mass index (BMI) (r=-0.41), age (r=-0.71), total cholesterol (r=-0.44), triglycerides (r=-0.48), low density lipoproteins (r=-0.44), systolic (r=-0.59) and diastolic blood pressure (r=-0.4), for all p<0.01. By 18 months of therapy significantly decreased DAS from 4.06[3.48; 4.91] to 0.97[0.65;1.48]; C-RP from 19.4 [8.8;37.5] to 2.2 [0.9; 4.6]mg/l, for all p<0.001. DAS remission was achieved in 69% of pts. We didn't find significant differences between baseline and after treatment the frequency of LVDD – 5(10.4%) to 4(8.3%).

Conclusion: in pts with EPsA frequently (10.4%) were detected LVDD, which are associated with a AH, age, higher BMI. Low prevalence LVDD in patients with EPsA is possibly caused by short duration of disease and early start of antirheumatic therapy. This has implications for development of preventive strategies for heart failure in EPsA patients.

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AB0799

REAL-WORLD EXPERIENCE OF SECUKINUMAB FOR PSORIATIC ARTHRITIS WITH AXIAL INVOLVEMENT.

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Background: Evidence on the efficacy of biologics in the treatment of psoriatic arthritis (PsA) patients with axial manifestations affecting 30-70% of PsA patients is limited. Secukinumab (SEC) has provided significant and sustained improvement in the signs and symptoms of active PsA and ankylosing spondylitis.

Objectives: This study aims to analyze the experience of using SEC for PsA patients with axial involvement in real-world setting.

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 image diagnosis of axial involvement receiving at least one dose of SEC were

Table 1. Disease activity assessment at 6 months of secukinumab therapy.

	Baseline	6 months after SEC	Mean difference	P value
SJC	4,8±5,4	1,9±3,1	-2,8 (IC95% -3,9 a -1,7)	p<0,0001
TJC	7,7±5,8	3,9±4,1	-3,8 (IC95% -5,1 a -2,4)	p<0,0001
Spinal pVAS	6,1±3,2	4,2±2,9	-1,9 (IC95% -2,4 a -1,4)	p<0,0001
CRP (mg/L)	7,7±9,9	4,9±5,9	-2,9 (IC95% -4,5 a -1,2)	p=0,0009
ASDAS-CRP	2,5±1,9	1,8±1,3	-0,7 (IC95% -0,9 a -0,4)	p<0,0001
DAPSA	27,7±12,1	16,7±10,4	-11 (IC95% -15,3 a -6,8)	p<0,0001

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, 20 (34%) showed dactylitis and 39 (67%) had enthesitis. Sacroiliacs x-ray was damaged in 38 (66%) patients (grade I-IV) and 23 (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 cDMARDs, 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 300mg dose and 51 patients on 150mg dose (dose escalation to 300mg 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 150mg and 300mg doses.

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AB0800

CLINICAL ASSOCIATION BETWEEN URIC ACID/25-HYDROXYVITAMIN D SERUM LEVELS RATIO IN PATIENTS WITH PSORIATIC ARTHRITIS

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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.