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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E. Markelova1, behalf of D. Novikova 1, Y. Korsakova 1, I. Kirillova 1, T. Korotava 1, E. Loginova 1, A. Volkov 1.

Background: Psoriatic arthritis (PsA) is 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.

Methods: 48 (F:23) DMARD-naive 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 in accordance with “Treat to target” principles on LVDD in early PsA (EPsA) patients (pts).

Results: By 18 months of therapy significantly decreased DAS from 4.06[3.48; 4.58] to 2.06[1.32; 2.34] (p<0.001). By 18 months of therapy significantly decreased DAS from 4.06[3.48; 4.58] to 2.06[1.32; 2.34] (p<0.001).

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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.

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>-2,9 (IC95% -3,9 to -1,7)</td>
<td>p&lt;0,001</td>
</tr>
<tr>
<td>TJC</td>
<td>7,5±5,8</td>
<td>3,9±4,1</td>
<td>-3,8 (IC95% -5,1 to -2,4)</td>
<td>p&lt;0,001</td>
</tr>
<tr>
<td>Spinal pVAS</td>
<td>6,1±3,2</td>
<td>4,2±2,9</td>
<td>-1,9 (IC95% -2,4 to -1,4)</td>
<td>p&lt;0,001</td>
</tr>
<tr>
<td>CRP (mg/L)</td>
<td>7,7±9,9</td>
<td>4,9±5,9</td>
<td>-2,9 (IC95% -4,5 to -1,2)</td>
<td>p&lt;0,009</td>
</tr>
<tr>
<td>ASDAS-CRP</td>
<td>2,5±1,9</td>
<td>1,8±1,3</td>
<td>-0,7 (IC95% -0,9 to -0,4)</td>
<td>p&lt;0,001</td>
</tr>
<tr>
<td>DAPSA</td>
<td>27,7±12,1</td>
<td>16,7±10,4</td>
<td>-11 (IC95% -15,3 to -6,8)</td>
<td>p&lt;0,001</td>
</tr>
</tbody>
</table>

SJC: swollen joint count; TJC: tender joint count; Spinal pVAS: spinal pain visual analog scale; CRP: C-reactive protein; SEC: secukinumab.

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

F. Masini1, K. Gjeloshi2, E. Pinotti3, F. Danzo4, F. Guarino5, M. Tardugno5, R. Ferrara2, G. Cuomo5. 1University of Campania “Luigi Vanvitelli” Medical and Surgical Sciences, Napoli, Italy; 2University of Campania “Luigi Vanvitelli”, Internal Medicine, Napoli, Italy; 3University of Campania “Luigi Vanvitelli”; 4Precision Medicine, Napoli, Italy

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.

AB0800

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

F. Masini1, K. Gjeloshi2, E. Pinotti3, F. Danzo4, F. Guarino5, M. Tardugno5, R. Ferrara2, G. Cuomo5. 1University of Campania “Luigi Vanvitelli” Medical and Surgical Sciences, Napoli, Italy; 2University of Campania “Luigi Vanvitelli”, Internal Medicine, Napoli, Italy; 3University of Campania “Luigi Vanvitelli”; 4Precision Medicine, Napoli, Italy

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