Adjusted analyses did not show an increased risk for gestational diabetes, small for gestational age (SGA) and low birth weight (LBW) in PsA patients (table 2). However, estimates for other obstetric outcomes diverged.

Conclusion: Individual studies showed a trend towards increased disease activity after pregnancy in PsA patients but due to the heterogeneity of the instruments used, it is difficult to summarise the single results. No signal for specific adverse pregnancy outcomes was identified. However, a higher risk for (pre)eclampsia, elective caesarean section and preterm birth cannot be ruled out. Differences in studies (e.g. primary vs secondary data) limit statements on obstetric outcomes. Harmonization of approaches and instruments is crucial in order to enable future joint data analyses and meta-analyses. In particular, a standardised instrument for assessing disease activity of PsA that takes into account the particularities of pregnancy is needed.

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AB0805

PREMATURE ATHEROSCLEROSIS IN PSORIATIC ARTHRITIS (PSA) PATIENTS AND ITS POSSIBLE ASSOCIATION WITH INSULIN RESISTANCE & SERUM LEPTIN LEVEL

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Background: PsA is a heterogeneous inflammatory arthritis. Patients (pts) with PsA suffer from associated cardiovascular disease, obesity, metabolic syndrome, diabetes (DM), osteoporosis. In psoriasis, leptin has been shown to stimulate keratinocyte proliferation, expression of adhesion molecules and angiogenesis.

Objectives: To detect the presence of premature atherosclerosis in PsA pts, measure HOMA-IR as a reflection of insulin resistance (IR) and serum leptin (LEP) level & to detect their association with the presence of premature atherosclerosis in PsA pts.

Methods: 45 PsA pts (classified according to CASPAR Criteria) & 45 healthy subjects as controls were included. Pts were subjected to history taking, clinical examination to determine body mass index (BMI), the clinical type of PsA, distribution, involved body surface area (BSA), measuring the Psoriasis Area and Severity Index (PASI) and Disease Activity in Psoriatic Arthritis: DAPSA score. Routine laboratory, fasting insulin (FI), fasting blood glucose (FBG) to calculate HOMA-IR, total cholesterol (TC), HDL, LDL, Triglycerides (TG), serum LEP, carotid Doppler to determine Carotid intima-media thickness (CIMT) & presence or absence of plaques were done. Exclusion: DM, RA, SLE, smoking, postmenopausal females, HCV infection, morbid obesity

CIMT	Person correlation coefficient	p-value
BMI	0.095	0.371
Duration of disease (years)	0.179	0.239
BSA score	0.12	0.434
PASI	0.186	0.221
FBG	0.059	0.582
WBC	-0.104	0.329
Platelet	0.022	0.835
Hb	-0.106	0.319
HDL	0.505	0.000**
LDL	0.382	0.000**
TC	0.275	0.009**
Triglyceride	0.06	0.577
SGOT	0.03	0.776
SGPT	0.033	0.754
Serum leptin	0.537	0.0001**
HOMA IR	0.446	0.000**
ESR	0.351	0.001**
CRP	0.320	0.002**
Urea	0.445	0.784
Creatinine	0.392	0.954
Uric acid	0.034	0.748
FI	0.431	0.000**

Results: Mean BMI 22.51±1.69 and 23.46±1.82 kg/m², no statistical significance (P=0.205).

Mean BSA 5.9±3.1%, DAPSA score (13.98±4.7), PASI score: 88.9% (40 pts) had mild to moderate PASI, 5 had severe disease (8.6±4.8).

TC, LDL and TG were higher in pts, while HDL was higher in controls (P=0.0003, 0.0001, 0.00001 & 0.05).

A significance between 2 groups regarding LEP (P=0.00001), ranging from 2-16.99 (9.7±4.5) in group I and 1.35-1.78 (1.6±0.1) µg/ml in controls. **Normal:** 2.6-8.35

FI & HOMA IR were significantly higher in PsA group (P=0.001, 0.00001)

The mean CIMT 1.1±0.3mm and in group II 0.8±0.1mm. 14 pts (31.1%) had plaque, while 68.9% & all controls had no plaques, with a significance regarding CIMT & presence of plaques (P=0.011 & 0.0041).

A positive statistical significance between LEP and dd (P=0.001), BSA, PASI and DAPSA (P=0.007, 0.003, 0.001) but not with age, BMI (P=0.98 & 0.88).

There was no statistical significance between LEP and FBG, HbA1C, HOMA IR, FI, CBC (P>0.05), or between LEP and TC, TG, HDL, LDL (P=0.438, 0.390, 0.699, 0.050), liver enzymes, renal functions, ESR and CRP.

There was statistical positive correlation between LEP and CIMT (P=0.0001), but not with the presence of plaques (P=0.846).

CIMT and other variables: Table 1

DAPSA: there was no statistical significance with TC, HDL, LDL and TG (P=0.51, 0.876, 0.717 & 0.255), but a statistically significance with LEP and CIMT (p=0.001 & 0.009). Pts with higher score had higher LEP and increased CIMT.

PASI: there was no significance between TC, HDL, LDL, TG (P=0.724, 0.157, 0.651 & 0.374) or CIMT (p=0.290) in mild-moderate and severe PASI. LEP was significantly higher in severe PASI score (P=0.001).

Conclusion: The presence of abnormal lipid profile, IR, increased CIMT, high disease activity and increased LEP may be considered as useful criteria for early recognition and thus prevention of atherosclerosis in PsA pts.

References:

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AB0806

DOES VITAMIN D INFLUENCE THE ACTIVITY OF THE DISEASE IN PATIENTS WITH PSORIATIC ARTHRITIS?

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Background: Several studies have shown an inverse relationship between vitamin D levels (25OHD) and disease activity in patients with rheumatoid arthritis (RA). However, the existing data in patients with psoriatic arthritis (PsA) are poor, and they use the DAS28 index as a peripheral joint activity marker by extrapolation with RA.

Objectives: To analyze the relationship between 25OHD levels, disease activity and functional capacity in patients with PsA.

Methods: Transversal, observational, descriptive study. We included PsA patients with peripheral joint involvement. We collected demographic variables (gender, age), clinical variables [follow-up, received treatments, TJC