We performed a multivariate analysis that showed that being overweight and presenting a waist / hip index above 0.90 cm confers an increased risk of developing PsA (Table 2).

Table 2. Multivariate analysis of significant clinical risk factors for PsA.

Variable	p	OR (95% CI)
Hypertension	0.239	1.69 (0.70-4.05)
Overweight	0.027	2.57 (1.11-5.92)
Waist/hip index >0.90	0.007	2.80 (1.32-5.95)

Conclusion: Several traditional cardiovascular risk factors were found with a higher prevalence in the group with psoriasis. It is critical that physicians known the common comorbidities associated with PsA so that they can provide optimal management and treatment and improve mortality and quality of life.

References:

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AB0817

DOES SMOKING AFFECT SECUKINUMAB TREATMENT OUTCOMES AND SAFETY IN PATIENTS WITH PSORIATIC ARTHRITIS? - REAL WORLD DATA FROM THE GERMAN AQUILA STUDY

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Background: Several studies have shown a negative association between smoking status and psoriatic arthritis (PsA) clinical outcomes.^{1,2} The German non-interventional study AQUILA provides real-world data on the influence of smoking on therapeutic effectiveness and safety issues under secukinumab (SEC), a fully human monoclonal antibody that selectively inhibits interleukin-17A.

Objectives: The aim of this interim analysis is to describe selected baseline (BL) demographics, to evaluate SEC effectiveness on disease activity and depressive mood and to report the safety profile depending on smoking status of PsA patients.

Methods: AQUILA is an ongoing, multi-center study including up to 2700 patients with active PsA or ankylosing spondylitis. Patients were observed from BL up to week (w) 52. Real-world data was assessed prospectively and analyzed as observed. In addition to the assessment of C-reactive protein (CRP), data was collected on patient's disease activity (tender/swollen joint counts, TJC/SJC), skin disease activity (Psoriasis Area and Severity Index, PASI) and depressive mood (Beck's Depression Inventory version II, BDI-II). For calculation of the proportion of patients who experienced (serious) adverse events ((S)AEs), all PsA patients were included who received at least one dose of SEC irrespective of further documentation of any study visit. This interim analysis focuses on subgroups non-smoker (NS) and smoker (S).

Results: At BL, 641 PsA patients were included: 49.8% (n=319) non-smokers (NS) and 24.3% (n=156) smokers (S). 17.5% (n=112) were ex-smoker and 8.4% (n=54) of unknown smoking status. In both, NS and S, the proportion of women was higher (58.0% in NS and 67.3% in S). NS were slightly older than S (mean age: 53.8/49.7 years). There were no significant differences between NS and S in mean CRP within the 52 weeks (Fig. 1A). Both TJC and SJC improved over time and were similar between NS and S (Fig. 1B). Although mean absolute PASI value was worse in S at BL, a similar temporal improvement was seen in both groups (NS: 7.0 at BL to 1.0 at w52; S: 9.2 at BL to 1.0 at w52). BDI-II scores decreased in both groups with overall higher values in S (NS: 10.9 at BL to 9.1 at w52; S: 12.8 at BL and 10.8 at w52). Regarding the occurrence of AEs and SAEs with or without suspected relationship to SEC, NS had percentage-wise less events than S (Table 1). In addition, percentage of PsA patients who discontinued SEC treatment due to an AE was lower for NS compared to S.

Table 1. Overview of AEs (and SAEs) under SEC treatment depending on smoking status in PsA patients

Number of patients with	NS (N=333), n (%)	S (N=161), n (%)	P value
AE	233 (70.0)	118 (73.3)	0.11
AE with suspected relationship to SEC	129 (38.7)	72 (44.7)	0.10
SAE	74 (22.2)	45 (28.0)	0.06
SAE with suspected relationship to SEC	29 (8.7)	18 (11.2)	0.37

Figure 1. Disease activity in PsA patients treated with SEC depending on the smoking status*CRP data/ACR joint counts were documented not for all PsA patients at BL and subsequent visits.

Conclusion: In a real-world setting, SEC improved disease activity and depressive mood of PsA patients with no obvious differences between NS and S. Overall, this interim analysis shows that SEC is an effective and reliable treatment, irrespective of the PsA patients' smoking status. Further progress of the AQUILA study as well as long-term data from other real-world observational studies with SEC, such as SERENA, will reveal whether this trend will continue.

References:

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AB0818

SKIN INVOLVEMENT IN PSORIATIC ARTHRITIS (PSA) - THE INCREMENTAL IMPACT OF PSORIASIS ON QUALITY OF LIFE, DISABILITY AND WORK PRODUCTIVITY: REAL-WORLD SURVEY IN US AND EUROPE

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Background: PsA involves joint and skin symptom presentation that varies across patients. Differences in patients outcomes with joint only, and joint and skin involvement have not been extensively studied in a real-world setting.

Objectives: To assess prevalence of joint only, and joint and skin disease in a real-world clinical setting, and to assess incremental impact of skin symptoms on quality of life (QoL), disability and work productivity.

Methods: A cross-sectional survey in patients with PsA recruited by rheumatologists and dermatologists was conducted in France, Germany, Italy, Spain, UK and US. Data were collected Jun-Aug 2018 via physician-completed patient record forms and patient self-completed forms. Patients were compared by joint and skin involvement using parametric and non-parametric tests. Multiple linear regression analyses examined impact of incremental body surface area (BSA) on patient reported outcomes (PROs). Models controlled for gender, age, time