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AB0821 ANXIETY AND DEPRESSION IN PSORIATIC ARTHRITIS (PSA) - PREVALENCE AND IMPACT ON PATIENT REPORTED OUTCOMES: REAL-WORLD SURVEY IN THE US AND EUROPE

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Background: Anxiety and depression are comorbidities among PsA patients. The impact of anxiety and depression on outcomes in PsA patients has not been characterized in a real-world clinical setting.

Objectives: To describe the prevalence of anxiety and/or depression in PsA patients, assess concordance in reported anxiety and/or depression between patients and physicians, and compare clinical and patient reported outcomes (PROs) in patients who do and do not report anxiety and/or depression.

Methods: A cross-sectional study of 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 and patient self-completed forms. Physicians reported patient demographic, disease characteristics and diagnosed anxiety and/or depression. Patients reported experience of PsA-related anxiety/depression, quality of life [QoL] (EQ5D-5L), work productivity (WPAI), disability (HAQ-DI), and disease impact (PsAID12). Patients were compared according to patient reported anxiety/depression using parametric and non-parametric tests. Multivariate regressions explored impact of anxiety/depression on PROs. Models adjusted for age, gender, employment status, BMI, # of joints affected, body surface area (BSA).

Table 1. Demographic and clinical characteristics by patient-reported anxiety and/or depression

	No anxiety and/or depression (n=436)	Anxiety and/or depression (n=252)	P value
Demographics			
Age, mean (SD)	47.7 (12.1)	49.1 (12.6)	0.13
Female, n (%)	196 (45.0)	146 (57.9)	<0.01
BMI, mean (SD)	26.7 (5.1)	26.9 (4.4)	0.57
Caucasian, n (%)	408 (93.3)	238 (94.4)	0.46
Working full time, n (%)	293 (68.6)	107 (44.8)	<0.01
Biologic tx, n (%)	257 (58.9)	160 (63.5)	0.26
Disease characteristics			
Days since diagnosis, mean (SD)	2090 (2204)	2532 (2813)	0.04
Current overall severity, n (%)			
Mild	277 (63.5)	137 (54.4)	0.02
Moderate	145 (33.3)	106 (42.1)	
Severe	14 (3.2)	9 (3.6)	
Current BSA %, mean (SD)	8.7 (12.3)	6.4 (8.2)	0.02
66 swollen joint count, mean (SD)	2.7 (3.6)	5.6 (10.4)	<0.01
68 tender joint count, mean (SD)	3.8 (4.3)	6.0 (6.2)	<0.01

Results: Data were collected from 688 physician-patient pairs (524 EU; 164 US). Physicians reported anxiety and/or depression in 14.2% of patients (EU 13.3%; US 16.2%), while 36.6% (EU 36.3%; US 37.8%) of patients self-reported anxiety and/or depression. 71.4% of physician-patient pairs agreed on anxiety and/or depression presence or absence (Kappa = 0.31, fair agreement). Patients with anxiety and/or depression had worse QoL, more work impairment, greater disability (Table 2).

Table 2. Impact of anxiety or depression on PROs*

	Anxiety and/or depression	Change in predicted PRO value with anxiety and/or depression α	P value
EQ5D utility score, mean N=488	Without (ref) With	0.83 -0.10	<0.01
WPAI percentage overall work impairment, mean N=262	Without With	22.3 +7.4	<0.01
HAQ-DI score, mean N=480	Without With	0.53 +0.26	<0.01
PsAID12 score, mean N=482	Without With	2.32 +1.78	<0.01

* Adjusted for age, gender, employment status, BMI, # of joints affected and BSA

α PRO key for worse outcome (range): EQ5D utility (0-1.0) = lower; EQ5D VAS (1-100) = lower; WPAI (0-100) = higher; HAQ-DI (0-3) = higher; PsAID12 (0-10) = higher.

Conclusion: One third of patients self-report anxiety and/or depression. Treating physicians may not be aware of patient experience of anxiety and/or depression. Patients with anxiety and/or depression appear to have worse QoL, work productivity and disability outcomes than those without.

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AB0822 WHICH CLINICAL FACTORS INFLUENCE MINERALIZATION OF THE METACARPAL BONES AND FINGER JOINT SPACE WIDTH IN PSORIATIC ARTHRITIS?

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Background: Metacarpal bone mineral density as measured by digital x-ray radiogrammetry (DXR-BMD) and finger joint space width quantified by computer-aided joint space analysis presented computer based and observer independent parameters for the evaluation of radiographic damage of the hand skeleton.

Objectives: The aim of this study was to quantify clinical parameter which potentially influence periarticular mineralisation of the metacarpal bones and finger joint space width in Psoriatic Arthritis (PsA)-patients.

Methods: The study includes 201 PsA-patients. All patients received a radiograph of the hand. Bone mineral density was measured by DXR (Pronosco X-Posure System™, Version 2.0; Sectra; Sweden) and finger joint space width of all finger joints were evaluated by computer-aided joint space analysis (CAJSA, Radiogrammetry Kit, Version 1.3.6; Sectra; Sweden). The Z-Score was used as an age- and gender-independent parameter for the quantification finger joint space narrowing.

Results: Regarding gender, the DXR-BMD was significant reduced with -0.028 g/cm² in women. An equivalent significant result was evaluated for finger joint space width (Z-ScoreMCP -1.07, Z-ScorePIP -0.81 and Z-ScoreDIP -0.76). The DXR-BMD was significantly lower (-0.011 g/cm²) between the disease duration < 2 years (0.545±0.076 g/cm²) and >10 years (0.509±0.070 g/cm²). The Z-Score showed no significant change regarding the disease duration. Inflammatory activity as measured by c-reactive protein presented no impact on DXR-BMD and the Z-Score of all finger joints. Additionally, the use of corticosteroids was associated with a reduced DXR-BMD (-0.037 g/cm²) and an absence of finger joint space narrowing.

Conclusion: The study highlights that the demineralisation of the metacarpal bones was associated with female gender, disease duration and the use of corticosteroids. Whereas, the prior mentioned parameters had no influence on finger