joint space width. Consequently, periarticular demineralisation and finger joint space narrowing presented two different and independent radiological signs in PsA.

References: N/A

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AB0823

MINIMAL DISEASE ACTIVITY IN PSORIATIC ARTHRITIS IS ASSOCIATED WITH LOW IMPACT OF DISEASE ON PSAID12 QUESTIONNAIRE

J. A. Mosquera Martínez¹, C. García-Porrúa², L. Fernández-Domínguez³, J. L. Guerra-Vázquez⁴, J. Pinto-Tasende⁵ on behalf of GIGAPS. ¹CHU Pontevedra, Rheumatology, Pontevedra, Spain; ²Hospital Lucus Augusti, Rheumatology, Lugo, Spain; ³CHU Ourense, Rheumatology, Ourense, Spain; ⁴CHU Arquitecto Marcide, Rheumatology, Ferrol, Spain; ⁵INIBIC-CHU A Coruña, Rheumatology, A Coruña, Spain

Background: Psoriatic arthritis (PsA) has a prevalence of 0.58% in Spain and patients suffer this disease have significant impact on daily life due to articular, dermatological and psychological symptoms. To reach minimal disease activity (MDA) is a therapeutic goal recommended by EULAR for clinical practice.

Objectives: Our aim was to assess the relationship between MDA and PsAID questionnaire in routine clinical practice.

Methods: We performed a cross-sectional study of patient and physician reported outcomes. We obtained clinical information of patients with PsA attending clinic from October 2018 to October 2019. Data were collected from clinical records concerning age, gender, disease duration, joint counts, dactylitis, enthesitis, body surface area (BSA) of psoriasis, laboratory results (ESR and CRP), HAQ, PsAID12, pain and global assessment from patient with numerical rating scale (NRS) and MDA status. Data were analysed using SPSS21. Logistic regression was used to assess patient reported outcomes which were associated with achieving MDA.

Results: Data were available for 210 patient visits, 57% males. MDA 5/7 was reached in 118 patients (56.2%) and MDA7/7 in 58 (27.6%). Age and gender were not associated with reach MDA. Higher disease duration was associated with MDA, OR 1.062 (1.012-1.114, 95% CI), p 0.015.

PsAID12 was evaluated in 156 patients and all components were associated with reach MDA. Patients in MDA had significantly lower PsAID12 than those were not in MDA (mean $1.5 \pm SD 1.5$ vs. 3.8 ± 2.1), $p < 0.0001$. PsAID12 of less than 4 is considered a good outcome and individual components of PsAID12 (Figure 1, mean values for NRS) were less than 4 in patients with MDA.

Figure 1.

All components of PsAID12 were associated with MDA on univariate analysis but only pain and functional capacity remained independent predictors on multiple regression analysis ($p < 0.0001$ and $p 0.008$ respectively).

Percentage of BSA was associated with skin component of PsAID12 ($p < 0.0001$) and with shame component ($p 0.001$).

Conclusion: In these PsA patients, MDA was reached mainly in patients with higher disease duration. MDA is a relevant treatment target in PsA, with markedly lower PsAID12 in patients in MDA. Pain and functional capacity are dominant symptoms in patients with psoriatic arthritis, even in those in MDA. Skin affection is associated with skin and shame components on the PsAID12.

References:

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AB0824

WHICH PARAMETERS ARE RELEVANT IN THE IDENTIFYING AXIAL INVOLVEMENT IN PSORIATIC ARTHRITIS? – RESULTS OF A SURVEY AMONG ASAS AND GRAPPA MEMBERS

D. Poddubnyy¹, P. J. Mease², F. Van den Bosch³, J. Braun⁴, A. Gottlieb⁵, L. C. Coates⁶, V. Chandran⁷, P. Helliwell⁸, D. Jadon⁹, J. Sieper¹, D. Van der Heijde¹⁰, D. D. Gladman⁷ on behalf of ASAS, GRAPPA. ¹Charité - Universitätsmedizin Berlin, Berlin, Germany; ²Swedish Medical Center/ Providence St. Joseph Health and University of Washington, Seattle, United States of America; ³Ghent University, VIB Center for Inflammation Research, Ghent, Belgium; ⁴Rheumazentrum Ruhrgebiet, Ruhr-University Bochum, Herne, Germany; ⁵Icahn School of Medicine at Mount Sinai, New York, United States of America; ⁶University of Oxford, Oxford, United Kingdom; ⁷Toronto Western Hospital, Toronto, Canada; ⁸Leeds Institute of Rheumatology and Musculoskeletal Medicine, University of Leeds, Leeds, United Kingdom; ⁹Cambridge University Hospitals, Cambridge, United Kingdom; ¹⁰Leiden University Medical Centre, Leiden, Netherlands

Background: Inflammatory involvement of the axial skeleton (sacroiliac joints and / or spine) is one of the relatively frequent musculoskeletal manifestations associated with psoriasis / psoriatic arthritis (PsA). There is an urgent need for an evidence-based definition for axial involvement in PsA that would identify a subgroup of patients within the heterogeneous PsA population to conduct observational, interventional and translational studies. ASAS and GRAPPA embarked on a collaborative initiative to develop a definition of axial involvement in PsA.

Objectives: To perform a survey to identify variables relevant in the identification of the presence of axial involvement in PsA among members of ASAS and GRAPPA.

Methods: The online survey utilized the PAPRIKA methodology (Potentially All Pairwise Rankings of all possible Alternatives) that determines decision-makers' part-worth utilities representing the relative importance of the attributes. Participants were exposed to number of clinical scenarios and were prompted to decide which of the scenarios is more compatible with axial involvement in PsA unless they are equal (Figure). The constant stem of each scenario was "a patient diagnosed with psoriatic arthritis fulfilling the CASPAR criteria"; the variable part included 13 common spondyloarthritis variables (Table). Variables were ranked according to their relative importance.

Results: The survey was completed by 186 ASAS/GRAPPA members (63 ASAS only, 80 GRAPPA only, and 43 both societies). The ranking of the variables is presented in Table. The highest ranked parameters indicative of axial involvement in a patient with PsA were presence of typical radiographic or MRI changes in the sacroiliac joints and/or spine followed by the presence of chronic back pain and then inflammatory back pain. A separate analysis of ASAS and GRAPPA members provided the similar results concerning the relevance of the variables.

Conclusion: Objective signs of inflammatory involvement of the axial skeleton are the most important indicators of axial disease in PsA in the opinion of the experts. A prospective cohort study is currently being planned to address the value of these and other variables in defining axial involvement in PsA.