Conclusion: Prevalence of axial involvement in our cohort (35,2%) is found within the data reported in other studies (25-70%). Nevertheless, we found less prevalence of HLAB27 positive than other reports. Patients with HLAB27 positive, dactylitis or uveitis are diagnosed at earlier ages.

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AB0829

INFLAMMATORY BOWEL DISEASE IN PSORIATIC ARTHRITIS. STUDY OF 306 PATIENTS FROM A SINGLE UNIVERSITY CENTER. PREVALENCE, CLINICAL FEATURES AND RELATIONSHIP TO BIOLOGIC THERAPY.

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Background: Inflammatory bowel disease (IBD), which includes Crohn's disease (CD), Ulcerative colitis (UC), and undetermined colitis may be related to psoriasis and psoriatic arthritis (PsA). Biologic therapy (BT) is useful in PsA and IBD but paradoxically has been related to IBD.

Objectives: In a wide series of PsA, our aim was to assess **a)** the epidemiological and clinical features of associated IBD and **b)** its relationship with BT.

Methods: All unselected consecutive patients studied in a single reference University Hospital with: **a)** PsA (CASPAR criteria) and **b)** IBD: CD, UC and undetermined colitis diagnosed by endoscopic patterns, clinical criteria and laboratory tests. A comparative study between patients with and without IBD was performed

Results: We studied 306 (165 women/141 men) patients with PsA; mean age at PsA diagnosis of 41.7±15.79 years; delay of diagnosis from the onset of symptoms of 2.6±2.01 years. IBD (CD=6; UC=1 and undetermined colitis=3) was observed in 10 of 306 (3.3%, 8 women/2 men). A significant more frequency of enthesitis, positive HLA-B27 and non-significant more severe PsA (axial, and hip involvement, and a higher BASDAI, BASFI, DAPSA, PASI) was observed in patients with associated-IBD (**TABLE**).

IBD was present before PsA in 5 patients and in the other 5, after 9.6±15.3 years of evolution of PsA. BT for PsA has been used in 1 (20%) (etanercept) of these 5 patients which developed IBD and in 67 of 296 (22.6%) without IBD (Adalimumab 45; Certolizumab 8; Infliximab 6; Golimumab 4; Etanercept 4).

Conclusion: IBD in PsA was uncommon (3.3%), may be associated to a more severe PsA, and no relationship to BT was found.

TABLE 1.

	Patients with IBD (n=10)	Patients without IBD (n=296)	p
DEMOGRAPHIC PARAMETERS			
Sex, n (%)	2 ♂/8 ♀ (20.0/80.0)	139 ♂/157 ♀ (46.9/53.1)	p = 0.11
Age at PsA symptoms onset (years), mean± SD	39.0±15.1	44.2±11.4	p = 0.17
Age at PsA diagnosis, mean±SD	41.7±15.7	46.4±15.8	p = 0.22
PSA RELATED DATA			
PsA type			
Asymmetric Oligoarthritis, n (%)	4.0 (40.0)	159 (53.7)	p = 0.59
Symmetrical Polyarthritits, n (%)	0.0 (0.0)	46 (15.5)	p = 0.37
Axial, n (%)	3.0 (30.0)	40 (13.5)	p = 0.31
Mixed, n (%)	3.0 (30.0)	51 (17.2)	p = 0.54
Enthesitis, n (%)	7.0 (70.0)	111 (37.5)	p = 0.03*
Dactylitis, n (%)	0.0 (0.0)	79 (26.7)	p = 0.70
Hip involvement n (%)	4.0 (40.0)	55 (18.5)	p = 0.57
Scores			
BASDAI, median [ICR]	3.1 [0.0-4.4]	2.2 [0.0-4.5]	p = 0.64
BASFI, median [ICR]	6.0[0.0-6.9]	0.0 [0.0-3.3]	p = 0.69
DAPSA, median [ICR]	10.7 [0.0-14.62]	4.3 [0.0-13.0]	p = 0.31
PASI, median [ICR]	2.3 [0.0-6.7]	0.6 [0.0-2.38]	p = 0.70
Laboratory tests: HLA-B27, n (%)	6.0 (60.0)	23 (7.8)	p = 0.001*

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AB0830

LIPID PROFILE IN PSORIATIC ARTHRITIS. FREQUENCY AND ASSOCIATION WITH DISEASE ACTIVITY.

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Background: Psoriatic arthritis (PsA) is a chronic inflammatory disease associated with higher risk of cardiovascular events and metabolic syndrome. The inflammation not only accelerates atherosclerosis, but also may influence cardiovascular (CV) risk factors such as lipid profile, blood pressure and insulin resistance. Lipid profile has previously been studied in PsA, however this association is still controversial.

Objectives: To study the frequency of altered lipid profile in patients with PsA and its association with disease activity.

Methods: We studied all the patients with diagnosis of PsA who consecutively attended to Rheumatology Unit at Córdoba Hospital from July 2018 to December 2019. PsA was diagnosed according CASPAR criteria. Clinical and laboratory data were collected. The activity of the disease was evaluated by PASI, MDA and DAPSA. Quantitative variables will be expressed in median and 1st and 3rd interquartile; qualitative variables expressed in frequency and percentage. Correlation analysis was calculated using Spearman's rank correlation coefficient. P<0.05 was considered statistically significant.

Results: 42 PsA patients were included. Mean age was 56 years old (47.25-62.75) and 54.76% were female (n=23). 92.86% (n=39) of the patients had plaque Psoriasis and 87.8% (n=36) had peripheral joint involvement.

Frequency of comorbidities in PsA are shown in Graphic 1. 31 (73.8%) of the patients were treated with topical therapy, 3 (7.14%) with phototherapy, 31 (73.8%) with Methotrexate and 17 (41.46%) with biologics and JAK inhibitor. Activity Disease Index and Lipid profile are shown in Table 1 and 2.

There was not association between Apo B/Apo A coefficient with DAPSA (rho=0.013; p=0.940) and MDA (rho=-0.029; p=0.867).

Conclusion: In spite of the presence of cardiovascular factors in the majority of PsA patients, lipid profile is not correlated with disease activity in this population.

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Graphic 1. Comorbidities in PsA