Table 1

	Baseline		3 months		Adjusted β for comparison at 3 months (95% CI)	p
Number	TNFi Mean(SE)	Exercise Mean(SE)	TNFi EMM (SE)	Exercise EMM(SE)		
Primary outcomes						
ASDAS	3.16 (0.05)	2.45 (0.12)	2.13 (0.06)	1.88 (0.15)	-0.25 (0.56,0.05)	0.11
BASDAI total	5.92 (0.08)	4.94 (0.22)	3.89 (0.12)	3.72 (0.32)	-0.18 (-0.85,0.50)	0.61
BASDAI subscores						
Fatigue	6.60 (0.11)	5.8 (0.25)	4.63 (0.14)	4.06 (0.39)	-0.57 (-1.39,0.25)	0.17
Pain	6.48 (0.11)	5.8 (0.27)	4.29 (0.15)	3.89 (0.39)	-0.39 (-1.21,0.42)	0.35
Peripheral arthritis	4.41 (0.15)	3.76 (0.31)	3.10 (0.13)	2.64 (0.35)	-0.45 (-1.18,0.29)	0.23
Enthesitis	5.41 (0.13)	4.46 (0.33)	3.54 (0.14)	3.30 (0.39)	-0.24 (-1.06,0.58)	0.57
Stiffness intensity	6.75 (0.11)	5.42 (0.30)	4.01 (0.14)	3.86 (0.37)	-0.16 (-0.95,0.63)	0.70
Stiffness duration	6.66 (0.15)	4.32 (0.35)	4.17 (0.15)	3.93 (0.41)	-0.24 (-1.11,0.63)	0.59
Soluble biomarker						
CRP	7.94 (0.72)	4.12 (0.71)	3.81 (0.38)	3.95 (0.95)	0.13 (-1.88, 2.15)	0.90

Adjusted β derived from ANCOVA models adjusted for age, gender and baseline values. Disease activity at 3 months was the dependent variable in the models. EMM: Estimated marginal means.

Figure 1 Standard mean difference in change in disease outcomes at 3 months

Conclusion: High intensity exercise has comparable 3-month effectiveness to TNF-inhibitors, in patients with axSpA. This confirms the important role of high-intensity exercise in the treatment of axSpA.

References:

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THU0372

EFFECTIVENESS OF STEROID INJECTION FOR HAND PSORIATIC DACTYLITIS: RESULTS FROM A MULTICENTRE PROSPECTIVE OBSERVATIONAL STUDY.

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Background: Dactylitis is a common feature of PsA, occurring in 16 to 49% of PsA patients, mostly in early disease.

Table 1. Variation of clinical parameters during follow up.

		T0 baseline	T1 1 month	T3 3 months	T0 vs T1 95% CI	T0 vs T3 95% CI
VAS - PAIN	LT	6.89±1.93	1.97±1.62	1.34±1.48	4.92 (4.17; 5.67)	5.55 (4.76; 6.32)
	ST	6.03±2.43	5.49±2.53	5.0±2.65	0.54 (-0.23;1.32)	1.03 (-0.02; 2.07)
	Mean differences (95% CI)	0.87 (-1.89; 0.16)	3.51 (2.53; 4.49)	3.66 (2.67; 4.65)		
VAS - FI	LT	7.87±1.53	2.76±1.87	1.68±1.54	5.11 (4.49; 5.72)	6.18 (5.52; 6.84)
	ST	6.89±1.92	6.14±2.25	5.74±2.63	0.74 (0.23; 1.26)	1.14 (0.32; 1.97)
	Mean differences (95%CI)	0.98 (-1.79; 0.17)	3.38 (2.42; 4.34)	4.05 (3.06; 5.05)		
Finger circumference (cm)	LT	7.17±0.57	6.61±0.59	6.55±0.54	0.56 (0.46; 0.65)	0.62 (0.52; 0.73)
	ST	7.05±0.80	6.90±0.89	6.88±0.91	0.15 (0.06; 0.25)	0.17 (0.07; 0.27)
	Mean differences (95%CI)	0.12 (-0.44; 0.21)	0.29 (-0.07- 0.69)	0.33 (-0.02 -0.68)		
LDI-b	LT	12.31±0.03	9.91±7.15	1.25±4.35	8.40 (5.73;11.06)	11.05 (8.22; 13.89)
	ST	14.97±11.07	9.88±10.98	10.04±11.09	5.10 (1.63; 8.55)	4.93 (1.54; 8.32)
	Mean differences (95%CI)	2.67 (-1.82; 7.16)	5.97 (1.58; 10.35)	8.79 (4.74;12.83)		

VAS, visual analogue scale; VAS-FI, Visual analogue scale for functional impairment; LDI-b, Leed's dactylitic index basic; LT, local treatment group; ST, systemic treatment group.

Objectives: To assess the effectiveness of steroid injection (local treatment, LT) into the digital flexor tendon sheath for the treatment of active dactylitis in PsA patients as compared to systemic treatment (ST) alone.

Methods: 73 hand dactylitis were assessed in a prospective observational study by the Leeds Dactylitis Index basic (LDI-b) score and evaluated for pain (VAS pain), functional impairment (VAS-FI). In accordance with EULAR and GRAPPA recommendations, steroid injection was proposed to all patients. Patients who refused LT were treated with oral NSAIDs. The patients of the two groups continued baseline therapy with csDMARDs or corticosteroids. The clinical outcomes were measured at baseline, 1 month (T1) and 3 months (T3) by assessors blinded to this study.

Results: The reduction of VAS-pain, VAS-FI and LDI-b values was statistically significant higher in the LT group as compared to the ST group, both at T1 (p <0.001, p<0.001 and p=0.008, respectively) and at T3 (p<0.001, p<0.001 and p<0.001, respectively) (see Table 1). A clinically meaningful treatment response was observed at T1 in 33 (87%) digits in LT group and in 6 (17%) digits in ST group (p < 0.001). At T3, clinical response improved significantly in both the groups, with significant difference (see Table 2). In both the groups, no local and systemic adverse events were observed during the follow up period.

Table 2. Percentage of Significant response and Remission of dactylitis.

		T1 1 month	T3 3 months
Significant response, n (%)	LT	33 (86.8%)	36 (94.7%)
	ST	6 (17.1%)	11 (31.4%)
	p value	< 0.001	< 0.001
Remission n (%)	LT	1 (2.8%)	7 (18.4%)
	ST	0 (0%)	0 (0%)
	p value	ns	0.012

Values are presented as number of dactylitic fingers achieving response/remission. p values < 0.05 were considered statistically significant.

Conclusion: For the first time, we show the effectiveness of steroid injection into the digital flexor tendon sheath in improving clinical aspects and symptoms of hand psoriatic dactylitis.

References:

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THU0373

SECUKINUMAB DOSE ESCALATION ON ACR RESPONSES IN ANTI-TUMOUR NECROSIS FACTOR NAÏVE PATIENTS WITH PSORIATIC ARTHRITIS: 2-YEAR DATA FROM THE PHASE 3 FUTURE 4 AND FUTURE 5 STUDIES

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Background: Secukinumab (SEC) 150 and 300 mg doses are approved for the treatment of psoriatic arthritis (PsA). SEC 300 mg is the recommended dose for patients (pts) with concomitant moderate-to-severe plaque psoriasis or who are anti-tumour necrosis factor (TNF) inadequate responders. An increase from