Conclusion: The high prevalence of overweight/obesity PsA pts was associated with higher PsA activity and lower response to therapy in our cohort.

Disclosure of Interests: Yulia Korsakova: None declared, Elena Logino, Svetlana Stepanov, Natasha Janssen, ELENA GUBAR: None declared, Elizaveta Vasilenko: None declared, Aleksy Vasilenko: None declared, Natalia Kuznetsova: None declared, Irina Patrikeeva: None declared, Tatiana Korotova Grant/research support from: Abbvie, BIOCAD, Bristol-Myers Squibb, Celgene, Eli Lilly, Janssen, Merck Sharp & Dohme, Novartis, Novartis-Sandoz, Pfizer, UCB, Speakers bureau: Abbvie, BIOCAD, Bristol-Myers Squibb, Celgene, Eli Lilly, Janssen, Merck Sharp & Dohme, Novartis, Novartis-Sandoz, Pfizer, EUGY, Evgeny Nasonov: None declared, UCB, Evgeny Nasonov: None declared, DOI: 10.1136/annrheumdis-2020-eular.3314

Disclosure of Interests: Jean-Guillaume Letarouilly Grant/research support from: Research grant from Pfizer, Benoît Flachaire: None declared, Céline Labadie: None declared, Nicolas Cohen Speakers bureau: Novartis, Janssen, Maeva Kyheng: None declared, Jérémie SELLMAN: None declared, Pascal Richette: None declared, Philippe Dieudé: None declared, Pascal Claudepierre Speakers bureau: Janssen, Novartis, Lilly. Bruno Fauret Grant/research support from: AbbVie, Lilly, MSD, Pfizer, Consultant of: AbbVie, Biogen, BMS, Boehringer Ingelheim, Celgene, Lilly, Janssen, Medac MSD France, Nordic Pharma, Novartis, Pfizer, Roche, Sanofi Aventis, SOBI and UCB, Eric Houvenagel Speakers bureau: Janssen, Novartis, Chuc Duc Nguyen: None declared, Marie-Hélène Guyot: None declared, Nicolas Segaud: None declared, Frédéric Maury: None declared, Laurent Marguerie: None declared, Xavier Deprez Speakers bureau: Novartis, Janssen, Jean-Hugues Salmon Speakers bureau: Novartis, Janssen, Guy Baudens: None declared, Corinne Miceli Richard: None declared, Elisabeth Gervais Speakers bureau: Abbvie, Lilly, MSD, Pfizer, Consultant of: AbbVie, Biogen, BMS, Boehringer Ingelheim, Celgene, Lilly, Janssen, Medac MSD France, Nordic Pharma, Novartis, Pfizer, Roche, Sanofi Aventis, SOBI and UCB, Thao Pham Speakers bureau: Novartis, Janssen, Lilly, Rene-Marc Flipo Speakers bureau: Novartis, Janssen, Lilly

DOI: 10.1136/annrheumdis-2020-eular.746

Disclosure of Interests: Giuseppe Pistone, G. Natoi, R. Datta, C. Argano, L. Calvo, R. Malliaci Bocchio, R. Scostondio, S. Corrao, "National Relevance and High Specialization Hospital Trust ARNAS Civico, Di Cristina, Benfratelli, Internal Medicine with Rheumatology and Dermatology, Palermo, Italy," School of Medicine University of Palermo, Biomedicine and Neuroscience (BIND), Palermo, Italy", "I.E.ME.S.T., Organizational, Clinical, and Translational Research, Palermo, Italy", "School of Medicine University of Palermo, Biomedicine and Neuroscience (BIND), Palermo, Italy, "School of Medicine University of Palermo, Promozione della Salute, Materno-Infantile, Medicina Interna e Specialistica di Eccellenza “G. Di Alessandro" (PROMISE), Palermo, Italy", "School of Medicine University of Palermo, Internal Medicine, Palermo, Italy".

FR010348 PERSISTENCE OF SEK AND UST IN PsA: A REAL-WORLD MULTICENTRIC COHORT OF 409 PATIENTS

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Background: Real-world data are missing for Ustekinumab (UST) and secukinumab (SEK) in psoriatic arthritis (PsA).

Objectives: To evaluate the characteristics of the patients (pts) with PsA treated by UST or SEK and to assess real world persistence of UST and SEK in PsA.

Methods: This is a retrospective, multicenter study of pts with PsA (CASPAR criteria or diagnosis confirmed by a rheumatologist) initiating UST or SEK with a follow-up ≥ 6 months from January 2011 to April 2019. The comparison of persistence between UST and SEK was analysed using a Cox model with an inverse probability of treatment weighting propensity score including 11 confounding factors. Subgroup analyses (age>65 years, gender, Body Mass Index (BMI), Charlson score>2, psoriasis, CRP>5mg/L, number (nb) of prior biotherapies, proportion of pts on maximum dose of UST or SEK, combination with methotrexate (MTX), enthesitic and axial forms of PsA) were also performed to test the heterogeneity of UST and SEK persistence. Finally, 2 sensitivity analyses were performed, first excluding the pts treated before the marketing authorization of SEK, and then excluding the pts that underwent a molecule switch.

Results: 406 pts were included: 245 with UST and 161 with SEK. At baseline before propensity score-matching, the UST group has a higher BMI (28.9 ± 6.4 kg/m2 vs. 27.4 ± 6.0 kg/m2), more peripheral forms (98% vs. 90.8%), a higher nb of active smokers (27.1% vs. 19.9%), a higher frequency of psoriasis (96.3% vs. 83.2%), less MTX users (38.9% vs. 44.2%), a higher nb of pts with CRP>5mg/L (54.3% vs. 47%), a higher nb of pts naïve to biotherapies (22% vs. 13%), and a higher nb of pts with recommended dosing (97.3% vs 50.9%). The median persistence was 9.4 months and 14.7 months for UST and SEK, respectively. The persistence rate was lower in the UST group compared to the SEK group (40.9% vs. 59.1% 1 year; 26.4% vs. 38.0% at 2 years; weighted HR=1.42; 95% CI 1.07 to 1.92; p=0.015) (Fig 1). In subgroup analysis, combination with MTX was associated with a higher persistence rate in the patients with SEK compared to UST: 33.8% vs 43.6% (HR=2.20; 95% CI 1.30 to 3.51; p=0.001), whereas no difference was observed in SEK and UST monotherapy: 33.8% vs 23.2% (HR=1.07 to 1.92; p=0.015) (Fig 2). In subgroup analysis, combination with MTX was associated with a higher persistence rate in the patients with SEK compared to UST: 33.8% vs 43.6% (HR=2.20; 95% CI 1.30 to 3.51; p=0.001), whereas no difference was observed in SEK and UST monotherapy: 33.8% vs 23.2% (HR=1.07 to 1.92; p=0.015) (Fig 2). A similar difference was found in the sensitivity analyses, with however a difference at the limit of significance for the analysis excluding pts with a molecule switch (adjusted HR=1.35; IC95% 0.96 to 1.92; p=0.085). The causes of discontinuation were due to inefficacy in 83% of cases and an adverse event in 12% of cases (19% in the SEK group and 9% in the UST group).

Conclusion: In this first real-world study comparing UST and SEK persistence in PsA, the persistence of SEK was longer than that of UST. Subgroup analysis revealed this difference of persistence was restricted to patients treated in combination with MTX.
Background: Psoriatic arthritis (PsA) is a chronic inflammatory arthritis associated with comorbidities like obesity, metabolic syndrome, and cardiovascular disease. Adipose tissue leads to a pro-inflammatory status in obese subjects. For this reason, central obesity may determine a worsening in both disability index or quality of life in PsA patients treated with biologic agents.

Objectives: Our study aimed to evaluate the relationship between central obesity and disability index or the impact of the disease on quality of life in a real-world sample of PsA patients.

Methods: A cross-sectional study was conducted. Patients with PsA were enrolled at the PsA clinic at the ARNAS Civico in Palermo (Italy) from March 2018 to December 2019. Clinical, pharmacological, anthropometric, laboratory variables, and patient-reported outcomes, including the Health Assessment Questionnaire (HAQ) and Psoriatic Arthritis Impact of Disease (PsAID) were evaluated. STATA 14.1 was used to perform statistical analysis.

Results: A total of 143 outpatients aged 55.6 (47.7-63.7) affected by PsA, according to CASPAR criteria, were consecutively evaluated. The average years of illness were 10.8 (9.5-12.1). Patients were treated with biological therapy (81.3%), DMARDs (41.6%), small molecules (9.9%), or their combinations. Both sexes were equally represented. 71.9% of enrolled patients had central obesity (64.9% men and 78.1% women) with an average waist circumference of 104.2 (101.8 - 106.6) for women and 103.6 (100.0 - 107.2) for men. Average HAQ was 1.05 (0.92 - 1.19), and data analysis showed 50.3% of patients with normal-mild functional disability, 30.1% moderate to severe disability, and 19.6% severe to very severe disability [Fig 1]. 51.7% of the sample had a high impact of the disease on life, according to the PsAID questionnaire [Fig 2]. A strong association was observed between functional disability measured by HAQ >2 and central obesity (OR = 1.05 (0.92 - 1.19), and data analysis showed 50.3% of patients with normal-mild functional disability, 30.1% moderate to severe disability, and 19.6% severe to very severe disability [Fig 1].

Conclusion: Our study demonstrated a high association between functional disability studied subjectively using the HAQ, the impact of the disease on patients' quality of life using PsAID, and central obesity in Sicilian outpatients affected by PsA. Data suggest that therapeutic goals should not be focused on treatment but also on waist circumference reduction in order to reduce inflammation and improve patients' functional ability and quality of life.

References:

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.3568

Fig 1. Functional disability on PsA patients

Fig 2. Impact of disease on PsA patients quality of life