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 Loginova Speakers bureau: Janssen, ELENA GUBAR: None declared, Elizaveta Vasilenko: None declared, Aleksey Vasilenko: None declared, Natalia Kuznetsova: None declared, Irina Patrikeeva: None declared, Tatiana Korotaeva Grant/research support from: Pfizer, Consultant of: 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, UCB, Evgeny Nasonov: None declared

DOI: 10.1136/annrheumdis-2020-eular.3314

FRI0348 PERSISTENCE OF SECUKINUMAB AND USTEKINUMAB IN PSORIATIC ARTHRITIS: A REAL-WORLD MULTICENTRIC COHORT OF 409 PATIENTS

J. G. Letarouilly[1], B. Flachaire[2], C. Labadie[3], N. Cohen[2], M. Kyheng[1], J. Sellam[4], P. Richette[5], P. Dieudé[6], P. Claudepierre[7], B. Fautrel[8], E. Houvenagel[9], C. D. Nguyen[10], M. H. Guyot[11], N. Segaud[12], F. Maury[13], L. Marguerie[14], X. Deprez[15], J. H. Salmon[16], G. Baudens[17], C. Miceli Richard[18], E. Gervais[19], I. Chary Valckenaere[20], P. Lafforgue[2], D. Loeuille[20], C. Richez[3], T. Pham[2], R. M. Flipo[21]. [1]*CHU Lille, Lille, France*; [2]*Aix Marseille Univ, APHM, Marseille, France*; [3]*CHU Bordeaux, Bordeaux, France*; [4]*CHU Saint-Antoine, Paris, France*; [5] *CHU Lariboisière, Paris, France*; [6]*CHU Bichat, Paris, France*; [7]*CHU Henri Mondor, Paris, France*; [8]*CHU Pitié, Paris, France*; [9] *GHICL, Lomme, France*; [10]*CH. Béthune, Béthune, France*; [11]*CH. Roubaix, Roubaix, France*; [12]*CH. Armentières, Armentières, France*; [13]*Private Practice, Beuvry, France*; [14]*Institut Calot, Berck-sur-mer, France*; [15]*CH. Valenciennes, Rhumatologie, France*; [16] *CHU Reims, Reims, France*; [17]*Private practice, Valenciennes, France*; [18]*CHU Cochin, Paris, France*; [19]*CHU Poitiers, Poitiers, France*; [20]*CHU Nancy, Nancy, France*; [21] *CHU Lille, Lille, France*

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. Causes of discontinuation were also collected.

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/m^2 vs. 27.4 ± 6.0 kg/m^2), 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% % at 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 those receiving UST: 43.6% vs. 23.2% (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 28.4%, respectively (HR=1.06; 95% CI 0.74 to 1.53; p=0.75) (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 85% 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.

Figure 1. Persistence with Ustekinumab (UST) and Secukinumab (SEK) in IPTW cohort

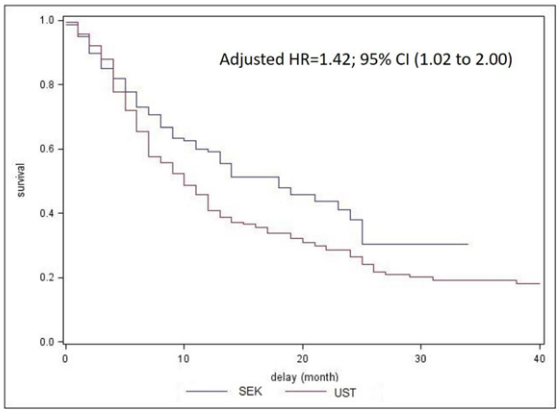
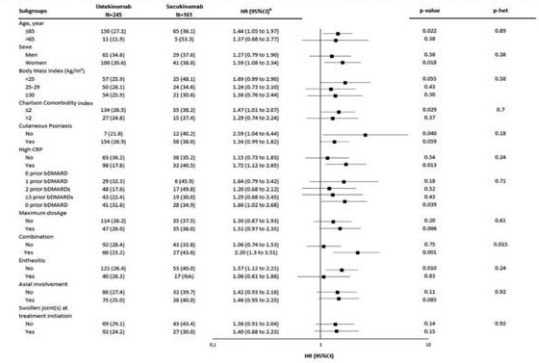


Figure 2. Follow-up 2-year persistence of molecules according to different subgroups In IPTW Cohorts



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 SELLAM: None declared, Pascal Richette: None declared, Philippe Dieudé: None declared, Pascal Claudepierre Speakers bureau: Janssen, Novartis, Lilly, Bruno Fautrel 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, Chi Duc Nguyen: None declared, Marie-Hélène Guyot: None declared, Nicolas Segaud: None declared, Frederic 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: Novartis, Janssen, Roche, Pfizer, BMS, Abbvie, Isabelle CHARY VALCKENAERE: None declared, Pierre Lafforgue Speakers bureau: Novartis, Janssen, Damien LOEUILLE: None declared, Christophe Richez Consultant of: Abbvie, Amgen, Mylan, Pfizer, Sandoz and UCB., Thao Pham Speakers bureau: Novartis, Janssen, Lilly, Rene-Marc Flipo Speakers bureau: Novartis, Janssen, Lilly

DOI: 10.1136/annrheumdis-2020-eular.746

FRI0349 PSORIATIC ARTHRITIS AND CENTRAL OBESITY: STRONG ASSOCIATION WITH FUNCTIONAL DISABILITY AND A WORSE QUALITY OF LIFE

M. Lo Monaco[1,2,3], G. Pistone[1], G. Natoli[1,3], R. Daita[1], C. Argano[1], L. Calvo[1], R. Mallaci Bocchio[1,3,4], R. Scondotto[1,5], S. Corrao[1,3,4]. [1]*National Relevance and High Specialization Hospital Trust ARNAS Civico, Di Cristina, Benfratelli, Internal Medicine with Rheumatology and Dermatology, Palermo, Italy*; [2]*School of Medicine University of Palermo, Biomedicine and Neuroscience (BIND), Palermo, Italy*; [3]*I.E.ME.S.T., Organizational, Clinical, and Translational Research, Palermo, Italy*; [4]*School of Medicine University of Palermo, Promozione della Salute, Materno-Infantile, Medicina Interna e Specialistica di Eccellenza "G. D'Alessandro" (PROMISE), Palermo, Italy*; [5]*School of Medicine University of Palermo, Internal Medicine, Palermo, Italy*

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, laboratoristic 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 (95% CI) 16.94 (2.22 - 129.48); p < 0.006]. Moreover, data analysis showed an association between high impact of disease on life (PsAID >4) and central obesity [OR (95% CI) 3.33 (1.56 - 7.13); p<0,002].

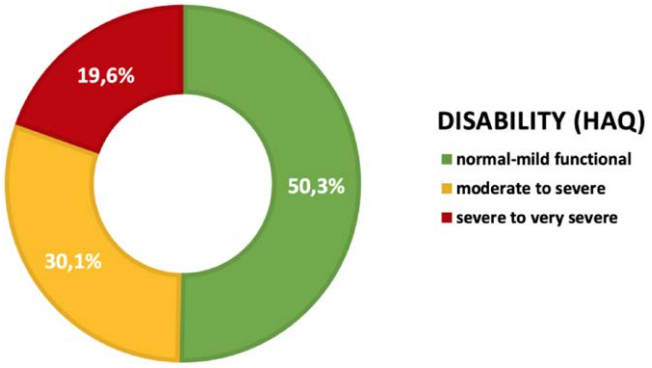


Fig 1. Functional disability on PsA patients

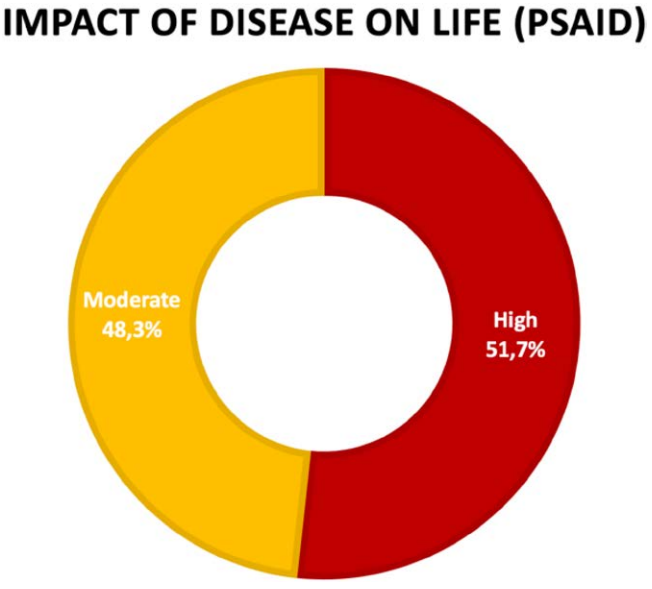


Fig 2. Impact of disease on PsA patients quality of life

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:
[1] Labitigan M, Bahce-Altuntas A, Kremer JM et al. Higher rates and clustering of abnormal lipids, obesity, and diabetes mellitus in psoriatic arthritis compared with rheumatoid arthritis. Arthritis Care Res (Hoboken). 2014;66(4):600–7. 3.
[2] Jamnitski A, Symmons D, Peters MJ et al. Cardiovascular comorbidities in patients with psoriatic arthritis: a systematic review. Ann Rheum Dis. 2013;72(2):211–6.
[3] Chiara TD, Argano C, Corrao S et al. Circulating adiponectin: a cardiometabolic marker associated with global cardiovascular risk. Acta Cardiol. 2015 Feb;70(1):33-40.
Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2020-eular.3568

FRI0350

FACTORS ASSOCIATED WITH PERIPHERAL EROSIVE RADIOGRAPHIC DISEASE IN A CONSECUTIVE SERIES OF 794 PSA PATIENTS

M. G. Catanoso[1], P. Macchioni[1], A. Marchesoni[2], S. D'angelo[3], R. Ramonda[4], A. Cauli[5], F. Perrotta[6,7], R. Bortolotti[8], M. Lofrano[3], L. Rotunno[2], M. G. Lorenzin[4], G. Valesini[6,9], G. Mathieu[5], G. Paolazzi[8], C. Salvarani[1]. *[1]ASMN IRCCS, Reggio Emilia, Italy*; *[2]Rheumatology Unit, Orthopedic Institute G. Pini, Milano, Italy*; *[3]Rheumatology Department of Lucania, San Carlo Hospital of Potenza, Potenza, Italy*; *[4]Rheumatology Unit, Department of Medicine DIMED, University of Padova, Padova, Italy*; *[5]University of Cagliari, Cagliari, Italy*; *[6]University of Rome, Rome, Italy*; *[7]Rheumatology Unit, Sapienza University, Department of Internal Medicine and Medical Specialties, Rome, Italy*; *[8]Rheumatology Unit, Santa Chiara Hospital, Trento, Italy*; *[9]Rheumatology Unit, Sapienza University, Department of Internal Medicine and Medical Specialties, Rome, Italy*

Background: Few studies have examined the correlation between clinical demographic and laboratory parameters with peripherical radiological erosive disease in PsA pts.
Objectives: To examine the association between clinical, demographical and laboratory data and the presence of radiographic erosions (RE) in the peripheral joints of psoriatic arthritis (PsA) pts.
Methods: A cross-sectional study was conducted in consecutive patients with PsA afferring 7 rheumatological italian tertiary care centers. Demographical, clinical, laboratory and imaging data were collected according to a standardized protocol. A patient was considered as affected by erosive disease (ED) if at least one joint presented radiographic erosions at hand and/or feet rx examination. Patients with ED at early rx examination (before 5 y from disease diagnosis) were considered as early ED (EED) pts and pts without ED at 6 y or more rx examination from disease diagnosis were considered as not EED (NEED).The association between the presence of joint erosions and demographical, clinical and laboratory data was assessed using logistic regression analysis. The results were expressed in terms odds ratios (OR), and 95% confidence intervals (CI).
Results: Rx hand and feet examination were available for analysis in 492/794 (39.9 % females, mean age 53.3 ± 13.2 y, mean PsA duration 16.9 ± 16.8 y, ED 171 pts). 48 pts had EED and 133 pts had NEED. At univariate analyses factors significantly associated with EED (p < 0.20) were PsA duration (OR=0.979,95%CI 0.953-1.006, p = 0.119), diagnostic delay (OR=1.077, 95%CI 1.018-1.138, p = 0.009), history of peripheral enthesitis (OR=2.308,95%CI 0.904-5.888, p= 0.080), hypertrigliceridemia (OR=2.756,95%CI 0.997-7.618, p = 0.0.051), hypercholesterolemia (OR=1.687, 95%CI 0.777-3.661, p = 0.186), hyperuricemia (OR=0.450, 95%CI 0.174-1.166, p = 0.10), use of biological agents (OR=1.712, 95%CI 0.873-3.355, p=0.118). Factors significantly associated with EED at multivariate regression analyses were diagnostic delay (OR = 1.11, 95% CI: 1.01, 1.22), history of enthesitis (OR = 3.15, 95% CI: 1.23, 8.22), use of therapy with biological agents (OR = 3.60, 95% CI: 1.31, 9.85) with protective effect of hyperuricemia (OR = 0.25, 95% CI: 0.07, 0.90).
Conclusion: The presence of EED in a group of consecutive PsA patients is correlated to diagnostic delay and history of enthesitis. Longitudinal study may confirm these associations.
Disclosure of Interests: Maria Grazia Catanoso: None declared, Pierluigi Macchioni: None declared, Antonio Marchesoni Speakers bureau: Abbvie, Pfizer, UCB, Novartis, Celgene, Eli Lilly, Salvatore D'Angelo Speakers bureau: AbbVie, Biogen, BMS, Celgene, Janssen, Lilly, MSD, Novartis, Pfizer, Sanofi, and UCB, Roberta Ramonda Speakers bureau: Novartis, Celgene, Janssen, Pfizer, Abbvie, Lilly, Alberto Cauli: None declared, fabio perrotta: None declared, Roberto Bortolotti: None declared, mariana lofrano: None declared,