Physical activity and obesity in patients with ankylosing spondylitis

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Background: Ankylosing Spondylitis (AS) is associated with an increased cardiovascular risk. Obesity and limited activity in patients with AS may contribute to this cardiovascular risk.

Objectives: We aimed to evaluate physical Activity and obesity in patients with AS.

Methods: We conducted a cross-sectional observational study of 40 patients with AS, over a period of 3 months. We evaluated the level of physical activity using the IPAQ (International Physical Activity Questionnaire). We also measured body mass index (BMI), body fat percentage, waist circumference, hip circumference and their ratio in all patients.

Results: The mean age of our population was 44±10 years. A male predominance was noted with a sex ratio =1.11. The mean ASAS-ESAP and BASDAI levels were 2.1±0.95 and 2.25±1.33. The mean of IPAQ was 3900 MET minutes per week, with a median of 3069 and extremes of 339 and 11000. 45.5% of patients had moderate physical activity and 20% had low activity. The mean BMI was 26.5±4.7 kg/m². Twenty percent of patients were obese. The mean body fat percentage was 25% with a median of 23.7% and extremes of 8-46%. Forty-five percent of the patients had a high fat mass. The mean waist circumference was 95±13 cm, hip circumference 104±9.5 cm. The mean waist to hip ratio was 0.9±0.07. Thirty-seven percent of patients had a high waist to hip ratio. BMI and body fat percentage were negatively correlated with HDL level; (r=-0.365, p=0.024) and (r=-0.393, p=0.015) respectively.

Conclusion: The majority of our patients have moderate or low levels of physical activity. The increase in BMI and fat mass appear to be associated with disturbance of the lipid balance, with low HDL values.

Disclosure of Interests: None declared.

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Psoriatic arthritis – treatment

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Background: Tofacitinib is an oral Janus kinase inhibitor for the treatment of psoriatic arthritis (PsA). It was approved in the United States (US) in December 2017 for use in combination with non-biologic disease-modifying antirheumatic drugs (DMARDs).

Objectives: This analysis of real-world data assessed demographic and baseline clinical characteristics, as well as treatment persistence/adherence, in patients with PsA who had newly initiated tofacitinib treatment.

Methods: This retrospective cohort study included pts aged ≥18 years in the Truven MarketScan™ US Commercial and Medicare Supplemental Claims and Encounters database with ≥1 tofacitinib claim (first = index) between 14 December 2017–30 April 2019, and PsA diagnoses (≥1 inpatient or ≥2 outpatient claims for tofacitinib) within 90 days pre-index. Pt demographic and clinical characteristics, as well as treatment persistence/adherence, were compared across 4 groups: ≤365 days post-index (≤80% adherence), 365–738 days post-index (≥80% adherence), 738–1140 days post-index (≥80% adherence), and ≥1140 days post-index (≥80% adherence).

Results: Of 17 321 pts receiving tofacitinib, 440 pts met the inclusion criteria for the overall cohort, with 315 pts included in the sub-cohort. In the overall cohort, pts were mostly female, with a mean age of 52.3 years and a mean PsA duration of 738 days (data not shown). Most pts were exposed to ≥1 advanced therapy within 12 months pre-index (mean = 1.1; range = 0–4); most commonly secukinumab (Table 1). Overall, 60.7% of pts received mono-therapy and 39.3% of pts received tofacitinib combination therapy post-index; most commonly methotrexate (data not shown). At 6 months post-index, persistence was similar in pts receiving tofacitinib monotherapy vs combination therapy; adherence was slightly lower in pts receiving tofacitinib monotherapy vs combination therapy (Figure 1). Results were similar in the sub-cohort (Table 1, Figure 1).
OBJECTIVES: To describe the long-term integrated safety profile of upadacitinib (ADA) in pts with PsA treated in the SELECT program.

METHODS: The SELECT-Psa program enrolled pts with prior inadequate response or intolerance to ≥1 non-biologic DMARD (SELECT-Psa 1) or ≥1 biologic DMARD (SELECT-Psa 2). Both trials include UPA 15mg and 30mg, and only SELECT-Psa 1 includes long-term comparison with ADA 40mg every other week. Treatment-emergent adverse events (TEAEs): AE onset ≥first dose and ≤30 days after last dose for UPA and ≤70 days for ADA were summarized for the following: pooled UPA 15; pooled UPA 30; and ADA. TEAEs are reported as event-adjusted event rates (EAERs; events/100 pts years [E/100 PY]) up to a cut-off date of 20 June 2020.

RESULTS: 2257 pts received ≥1 dose of UPA 15 (N=907; 1247.2 PYs), UPA 30 (N=921; 1257.4 PYs), or ADA (N=429; 549.7 PYs), with median (max) exposures of 89 (155), 69 (154), and 68 (152) weeks, respectively. EAERs of TEAEs and serious AEAs were generally similar between UPA 15 and ADA and higher with UPA 30. Rates of herpes zoster events were lower with UPA 15 than UPA 30 but higher than ADA. Most herpes zoster events involved a single dermatome; no events involved the central nervous system or other internal organs. Lower rates of opportunistic infections (OI) excluding tuberculosis were observed with UPA 15 vs UPA 30; the most common OI was mucosal candida infection. Malignancies were reported at similar rates across all treatment groups; no events of lymphoma were reported. Age-gender-adjusted standardized incidence ratios for malignancies excluding NMSC indicated no increased risk with UPA compared to the general population. Rates of adjudicated major adverse cardiovascular events and venous thromboembolic events were 60.3/100 PY for both UPA arms; all pts had ≥1 risk factor. One adjudicated gastrointestinal perforation was reported with UPA 15.

Table 1. Overall Treatment-emergent AEs for Upadacitinib and Adalimumab (E/100 PY [95% CI])

<table>
<thead>
<tr>
<th>AEs</th>
<th>UPA 15 mg QD</th>
<th>UPA 30 mg QD</th>
<th>ADA 40 mg EOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=907</td>
<td>N=921</td>
<td>N=429</td>
<td>(1247.2 PY)</td>
</tr>
<tr>
<td>Serious AEs</td>
<td>10.3 (8.6, 12.1)</td>
<td>13.2 (11.2, 15.2)</td>
<td>9.6 (7.0, 12.2)</td>
</tr>
<tr>
<td>AE leading to discontinuation</td>
<td>6.7 (5.2, 8.1)</td>
<td>7.8 (6.2, 9.3)</td>
<td>7.8 (5.5, 10.2)</td>
</tr>
<tr>
<td>Deaths*</td>
<td>0.2 (0.1, 0.4)</td>
<td>0.2 (0.0, 0.5)</td>
<td>0.2 (0.0, 0.5)</td>
</tr>
</tbody>
</table>

*Deaths included non-treatment emergent deaths: UPA 15, 1; UPA 30, 1; ADA, adalimumab; AE, adverse event; CI, confidence interval; E, event; EOW, every other week; PY, patient years; QD, once daily; UPA, upadacitinib.