Figure 1. Classification of disease activity according to DAPSA at the indicated timepoints. Percentages in each category were calculated based on the number of patients with available data at each timepoint. DAPSA, Disease Activity in Psoriatic Arthritis.

Conclusion: Forty-one (75.9%) patients with PsA naïve to biological therapies were treated with apremilast during ≥ 6 months. After treatment, the number of swelling joints, and dactylitis and enthesitis decreased and changes in disease activity according to DAPSA and PGA pointed to a favorable disease evolution. Apremilast treatment provides a clinical benefit to patients with PsA treated in clinical practice.

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AB0543

CHARACTERISTICS AND TREATMENT CHANGES IN PATIENTS WITH PSORIATIC ARTHRITIS SEEN IN A COMBINED DERMATOLOGY-RHEUMATOLOGY CLINIC

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Background: Data on patients with Psoriasis (PSO) referred to a combined Dermatology-Rheumatology outpatient Clinic (Derm-Rheum) with suspected psoriatic arthritis (PsA) are limited.

Objectives: To assess patient characteristics and treatment changes in PsA patients referred to a Derm-Rheum Clinic.

Methods: Prospective study of PSO patients referred to a combined Derm - Rheum Clinic from February 2018 to June 2020 in a Tertiary University Hospital.

Results: Among 151 patients with PSO referred to the Clinic, 129 (85%) with a final diagnosis of PsA were included. In 73% of patients (n=94) PsA was diagnosed there for the 1st time. 56% were females with a mean age of 55 years and a median disease duration of 14.2 years. At initial evaluation, 95% had peripheral arthritis, 45% nail involvement, 23% axial involvement, 12% enthesitis and 6% dactylitis with a median DAPSA score of 20.5 and PASI score of 1.6, respectively. 31% of the patients were not receiving any systemic treatment, 45% were on biologics (30% as monotherapy, 15% in combination with non-biologics), 29% were on non-biologics (14% as monotherapy, 15% in combination with biologics or targeted synthetic agents) and 10% were on targeted synthetic (ts) agents. At last visit (median follow-up: 15 months) only 8% did not receive any systemic therapy (p<0.001 compared to 1st visit), 62% were on biologics (39% monotherapy – 23% in combination with non-biologics, p=0.009), 46% were on non-biologics (20% as monotherapy – 26% in combination with biologics or ts agents, p=0.01) and 10% of the patients were on apremilast. The median DAPSA and PASI scores at last visit were 5.3 and 0, respectively.

Conclusion: About 2/3 of patients with PSO referred to a combined Derm - Rheum Clinic with suspicious musculoskeletal complaints were diagnosed for the 1st time as PsA. During follow-up the percentage of PsA patients who started or continued systemic therapy significantly increased with significant improvement of disease activity indices. These data emphasize the value of combined Derm - Rheum Clinics for earlier diagnosis and more efficacious treatment of PsA patients.

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AB0544

EFFICACY AND SAFETY OF TILDRAKIZUMAB IN PATIENTS WITH AND WITHOUT METABOLIC SYNDROME: 5-YEAR POOLED DATA FROM reSURFACE 1 AND reSURFACE 2

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Background: Patients with psoriasis and metabolic syndrome (MetS) may have reduced absolute Psoriasis Area and Severity Index (PASI) response and long-term drug survival. Tildrakizumab is approved for the treatment of moderate to severe plaque psoriasis in the US, EU, Australia, and Japan. Efficacy and safety of tildrakizumab were previously shown to be comparable in patients with vs without MetS after 1 and 3 years of treatment.¹

Objectives: This post hoc analysis of pooled data from reSURFACE 1 and reSURFACE 2 (NCT01722331/NCT01729754) assessed tildrakizumab efficacy and safety through up to 5 years of treatment in patients with psoriasis with and without MetS.

Methods: reSURFACE 1 and 2 were 3-part, double-blind, randomized controlled phase 3 trials with long-term extensions evaluating tildrakizumab 100 or 200 mg monotherapy at Weeks 0, 4, and every 12 weeks thereafter in adults with moderate to severe plaque psoriasis.² Patients who achieved $\geq 50\%$ improvement from baseline PASI score (PASI 50 response) at both week 28 and at the end of the phase 3 studies could enter the long-term extension studies continuing the same dose of tildrakizumab.¹ This post hoc analysis reports results from a pooled data analysis through up to 5 years of tildrakizumab exposure from patients with and without MetS by National Cholesterol Education Program-Adult Treatment Panel III criteria who continuously received the same dose of tildrakizumab throughout the base studies and entered the long-term extensions. Efficacy was assessed as change from baseline PASI score; missing data were handled using multiple