Figure 1. Contacts to specialists by subgroup

Conclusion: Patients with PsO and MSK pain have decreased HRQoL compared to patients with PsO without MSK pain, to a similar degree as patients with PsA. Many have never been examined by a rheumatologist, demonstrating an unmet need for adequate evaluation of these patients.

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POS0150

BEING OVERWEIGHT IS ASSOCIATED WITH NOT REACHING LOW DISEASE ACTIVITY IN WOMEN BUT NOT MEN WITH PSORIATIC ARTHRITIS

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Background: Disease manifestations and outcomes of psoriatic arthritis (PsA) seem to differ between sexes. Gaining knowledge about the underlying mechanisms of these differences between men and women is important to optimize treatment strategies, especially given that women seem to less often reach low disease activity (LDA) treatment targets^{1,2}.

Objectives: To assess sex differences in disease activity parameters and health-related quality of life in PsA, and to assess whether determinants associated with not reaching treatment target differed between men and women.

Methods: A cross-sectional study was conducted, using data from a routine practice cohort of 855 patients with PsA, that were all tightly monitored and treated. Gender differences with respect to Psoriatic Arthritis Disease Activity Score (PASDAS), skin/nail disease, SF12-PCS, SF12-MCS, inflammatory back-pain (IBP), and demographics were assessed. Multivariate analyses were used to examine determinants associated with not reaching PASDAS ≤ 3.2 (LDA) in men and women.

Results: Women had worse scores for - among others- swollen and tender joints, CRP, enthesitis, and function (all $P < 0.001$). Higher PASDAS scores in women were found than in men, mean 3.5 (SD=1.5) vs 2.7 (SD=1.5), $p < 0.001$. Likewise, women were more often not at PASDAS treatment target (OR = 2.03, $P < 0.001$). Besides being female, also the presence of nail disease and IBP, a higher number of DMARDs used in the past or current number of DMARDs used, and a higher Body Mass Index (BMI) were associated with not reaching the treatment target in the overall sample. No differences in current medication use was found between the sexes. Table 1 shows that for women, but not men, BMI was associated with not reaching PASDAS ≤ 3.2 (BMI 25-30: OR = 3.6, $P < 0.001$; BMI 30-35: OR=2.41, $P = 0.023$; BMI >35: OR=2.45, $P = 0.002$).

Conclusion: Women with PsA in a tightly monitored and treated setting have more severe disease than men. This is demonstrated by worse scores for women in both subjective and objective disease activity measures, in addition to women less often reaching the treatment target. Notably, being overweight is associated with not reaching the treatment target in women, but not men.

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Table 1. Final multivariate logistic regression model of determinants associated with not reaching PASDAS target stratified for gender

Variable	Men (N = 465)		Women (N = 390)	
	OR (95% CI)	P-value	OR (95% CI)	P-value
BMI 25-30 kg/m ² (ref: <25)			3.6 (1.86-6.99)	<0.001
BMI 30-35 kg/m ² (ref: <25)			2.41 (1.12-5.14)	0.023
BMI >35 kg/m ² (ref: <25)			2.45 (1.40-4.28)	0.002
Presence of nail disease			1.57 (0.97-2.55)	0.066
Presence of IBP	2.75 (1.13-6.70)	0.026	3.22 (1.52-6.85)	0.002
MCS (SF12)	0.93 (0.90-0.95)	<0.001	0.96 (0.94-0.98)	0.001
cDMARD use (ref: no DMARD)	1.16 (0.58-2.31)	0.671		
bDMARD use (ref: no DMARD)	0.49 (0.23-1.02)	0.057		
Number of DMARDs history	1.36 (1.17-1.59)	<0.001	1.13 (1.02-1.25)	0.015
Number of DMARDs current	1.90 (1.11-3.24)	0.018		

* A P-value of <0.05 is considered significant. PASDAS = psoriatic arthritis disease activity score; BMI = body mass index; IBP = inflammatory backpain; SF12-MCS = short form-12 mental component scale; cDMARD = conventional DMARD; bDMARD = biological disease-modifying antirheumatic drug.

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