agreed that the method was a helpful method to share such information. Age distribution of our whole cohort, patients with mobile phones, and responders were similar: Age >50 was 80.4%, 76.3%, and 88.6% respectively. A large proportion was treated with immunosuppressive medication (61.3% conventional DMARD, 39.4% biological DMARD and 17.6% corticosteroids). Gender and case mix for responders were similar to published data from our cohort: female 74.0%; rheumatoid arthritis commonest disease (389/664, 58.5%).

Conclusion: To our knowledge, this is the first study to show the potential for SMS linked interactive multimedia message for patient education. The multimedia component allows users to easily navigate to relevant sections, and access a choice of linked resources. We demonstrate this low-cost technology is simple, effective and well placed to assist physicians in educating patients during a time when face-to-face contact is proving to be difficult. We have shown high levels of patient satisfaction, reassurance, and self-reported behaviour change. Such technology has potential utility for national bodies, primary and secondary care groups, and merits further research.

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OP010

EFFICACY AND SAFETY OF FAECAL MICROBIOTA TRANSPLANTATION FOR ACTIVE PERIPHERAL PSORIATIC ARTHRITIS: A RANDOMISED SHAM-CONTROLLED TRIAL

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Background: Although causality remains to be established, targeting dysbiosis of the intestinal microbiota by faecal microbiota transplantation (FMT) has been proposed as a novel therapeutic option for treatment of extra-intestinal inflammatory diseases.¹

Objectives: In this proof-of-concept study, we evaluated efficacy and safety of FMT in psoriatic arthritis (PsA).²

Methods: In this double-blind, parallel-group, sham-controlled, superiority trial, we randomly allocated (1:1) adults with active peripheral PsA (≥3 swollen joints) despite ongoing treatment with methotrexate to one gastroscopic-guided FMT or sham transplantation into the duodenum. The transplants (50g faeces) came from one of four healthy, thoroughly screened, anonymous stool donors.³ The primary efficacy endpoint was the proportion of participants experiencing treatment failure (i.e., needing treatment intensification) through 26 weeks. The first key secondary endpoint was change in Health Assessment Questionnaire Disability Index (HAQ-DI) score from baseline to week 26. Safety was monitored throughout the trial. Trial registration number: NCT03058900, ClinicalTrials.gov.

Results: Of 97 screened, 31 (32%) underwent randomisation (15 allocated to FMT), all received the assigned intervention, and 30 (97%) completed the 26-week clinical evaluation (Table 1). Treatment failure occurred more frequently in the FMT group than in the sham group (9 [60%] vs 3 [19%]; risk ratio, 3.20; 95% CI, 1.06 to 9.62; P=0.018). During the entire 26 weeks of observation, the rate of the treatment failures was significantly higher in the FMT than in the sham group, see figure 1. Improvement in HAQ-DI score differed between groups (0.07 vs 0.30) by 0.23 points (95% CI, 0.02 to 0.44; P=0.031) in favour of sham. No serious adverse events were observed.

Conclusion: In this first interventional randomised controlled trial of FMT in immune-mediated arthritis, FMT was inferior to sham in treating active peripheral PsA. FMT did not appear to result in serious adverse events.

Figure 1. Time-to-event curves by intervention group from baseline to week 26. FMT, faecal microbiota transplantation.

Table 1. Baseline demographics and disease characteristics.

Characteristic	FMT (n=15)	Sham (n=16)
Female sex, no. (%)	8 (53%)	12 (75%)
Age, yr.	48.9 (16.1)	52.4 (11.0)
Height, cm	175.2 (7.0)	169.8 (8.6)
Weight, kg	93.6 (15.4)	92.4 (24.8)
Time since diagnosis, yr. ^a	2.6 (0.3 to 5.8)	5.6 (0.5 to 8.8)
Rheumatoid factor IgM negative, no. (%) ^b	13 (93%)	15 (94%)
Anti-citrullinated peptide antibody negative, no. (%) ^b	14 (100%)	16 (100%)
HLA-B27 negative, no. (%)	15 (100%)	13 (81%)
C-reactive protein, mg/L	4.98 (7.18)	5.54 (5.87)
HAQ-DI	0.89 (0.51)	0.78 (0.50)
Swollen joint 66 count	7.5 (3.0)	6.7 (2.7)
Tender joint 68 count	14.9 (8.9)	17.3 (8.8)
SPARCC enthesitis index		
Score ≥1, no. (%)	13 (87%)	15 (94%)
Score in patients with a score ≥1	8.1 (4.3)	7.2 (3.3)

Data are mean (SD) or n (%) unless otherwise stated. FMT, faecal microbiota transplantation. ^a Time since diagnosis of psoriatic arthritis is presented as median and interquartile range (IQR). ^b Presence of rheumatoid factor (IgM) and anti-citrullinated peptide antibody was not accessed in one patient from the FMT group.

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