Mann Whitney U test. A total PsAID score below 4 out of 10 is considered a 'patient-acceptable state'.

Results: A total 95 patients (female n= 53, 56%) completed the PSAID; TNFi n=72 (female 50%, adalimumab n=41, Etanercept n= 24, Golimumab n=4, Infliximab n =2, Certolizumab n=1) and non-TNFi n= 23 (female 74%, Secukinumab n=9, Ixekizumab n=1, Ustekinumab n=9, Tofacitinib n=4). The mean age was 53.6 (TNFi 53.5, non-TNFi 53.7) years, and duration of time on bDMARD treatment was TNFi 49.5 (range 1- 141) months, non-TNFi 25.3 (range 4 -59) months. The total and individual domain PSAID scores are shown in the Table 1. A 'patient acceptable state' total score <4 was recorded in TNFi 36/72 (50%) and non-TNFi 11/23 (48%). There was no significant difference between TNFi and non-TNFi groups in the mean total PSAID score, or proportion achieving a patient acceptable state. Patients on TNFi had lower (better outcome) mean scores for all 12 domains except skin, and the differences, versus non-TNFi treated patients, were significant for pain, functional capacity, discomfort and depression.

PSAID domain	TNFi	Non-TNFi	P value
Total score	3.31	4.64	N.S.
Pain	3.67	5.43	0.02
Fatigue	4.04	5.65	N.S.
Skin problems	3.11	2.78	N.S.
Work/leisure activities	3.56	4.78	N.S.
Functional capacity	3.29	5.04	0.02
Discomfort	3.88	5.65	0.02
Sleep disturbance	3.42	4.78	N.S.
Coping	3.01	4.09	N.S.
Anxiety, fear, uncertainty	2.64	4.17	N.S.
Embarrassment/shame	2.28	3.39	N.S.
Social participation	2.6	3.48	N.S.
Depression	2.11	3.91	0.03

Conclusion: In PsA, TNFi appear to have a greater impact over non-TNFi bDMARDs on some aspects of quality of life, including pain and functional capacity. TNFi and non-TNFi were no different with respect to patients' perspective on skin disease, embarrassment or shame, despite less good cutaneous responses in clinical trials from TNFi agents. Overall, the PsAID tool reveals an unmet burden on quality of life in PsA patients treated with all classes of bDMARDs and JAKi, as 50% fail to achieve a 'patient acceptable state'. This should prompt scrutiny of the high scoring domains and utilization of additional treatment modalities to achieve better holistic outcomes for PsA patients in routine care.

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Disclosure of Interests: Atif Rauf: None declared, Catherine Hughes: None declared, Diane Hill: None declared, Patrick Kiely Speakers bureau: Abbvie.
DOI: 10.1136/annrheumdis-2021-eular.2887

POS1057

DISCONNECT BETWEEN TREATMENT SWITCHES AND DISEASE ACTIVITY STATE IN EARLY PSORIATIC ARTHRITIS

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Background: Receiving adequate treatment early in the disease course is one of the most important prognostic factors to achieve optimal disease outcome in most rheumatological conditions. Treat-to-target strategies and early step-up of treatment are important ingredients to accomplish this. While for Rheumatoid Arthritis this is common practice on accepted targets, for Psoriatic Arthritis (PsA) this is less outspoken practice. In PsA multiple domains must be taken into account and also there is a less established practice to use PsA specific targets, such as MDA, although this is associated with a better quality of life.[1,2] Whether this affects optimal disease outcome is not well described

Objectives: To describe treatment strategies in newly diagnosed PsA with at least one synovitis and, treatment switches over time in those that not achieved MDA.

Methods: For this study we used data from the DEPAR study between August 2013 and February 2019. The DEPAR study is a cohort that includes newly diagnosed PsA patients and follows them for up to 6 years. Patients are classified at baseline according to their prominent features: mono-, oligo-, polyarthritis, enthesitis, dactylitis or axial phenotype. For this study we used the data from the first 2 years for the patients with an articular phenotype. Methotrexate (MTX) and MTX plus another s-DMARD or GCs were addressed separately as they form the cornerstone of treatment in PsA. Next treatment was grouped in the usual drug classes: sDMARD (conventional), bDMARD and Glucocorticoids (GCs). Descriptive statistics were applied in STATA16 and Tableau 2020.3

Results: Out of 620 patients, 478 patients had at least one swollen joint at baseline and were included in this analysis. 349 (73%) had data at 1 year and 267

(56%) at 2 years. Average age was 50.3 years(sd 14.1), and 50% was female. Half of the patients had oligo-arthritis, 30% poly-arthritis and 20% mono-arthritis. At baseline, clinical characteristics were 3.8 swollen joints (sd 4.9), 5.5 tender joints (sd 6.2), 3.1 PASI points (sd 3.7, skin), 0.8 enthesal points (LEI; sd 1.2) and 0.1 dactylitis count (basic count of digits; sd 0.6). Treatment was initiated with Monotherapy MTX in 51% of the patients, while 25% did not start any DMARD, 10% started a combination of s-DMARDs, 9% a single s-DMARD, 3% a b-DMARD and 2% GCs. This differed for the different phenotypes as shown in Table 1.

Minimal Disease Activity (MDA) was achieved by 32% after 3 months increasing to 58% at 24 months. Treatment switches in the non-MDA mono-, oligo- and polyarthritis groups are shown in Figure 1. In the patients not in MDA treatment was not switch in: 70% of patients with mono-arthritis, 50-66% with oligo-arthritis and 50% poly-arthritis. Similar observations were found when using the DAS28(<=3.2) or DAPSA(<14), both including only articular disease activity (data not shown).

Conclusion: Achieving MDA is associated with a better quality of life, though it is not yet common practice to make treatment adjustments based on MDA. Of the newly diagnosed PsA patients not in MDA, more than half of the clinical evaluations did not result in a switch of medication.

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- [1] Wervers, K, et al ART 2019
 [2] Coates, L, et al. Lancet 2015

Figure 1. Medication change in patients not in MDA at each timepoint (dark bars = change and light bars = no change)

table 1 baseline medication

diagnosis	MTX mono	none	combi s-dmard	s-DMARDs	b-DMARDs	MTX+ GCs	GCs
monoarthritis	28%	58%	5%	6%	1%		2%
oligoarthritis	54%	20%	10%	10%	3%		2%
polyarthritis	62%	10%	13%	9%	4%	1%	1%
Grand Total	51%	25%	10%	9%	3%	0%	2%

Disclosure of Interests: Jolanda Luime: None declared, Marc Kok Grant/research support from: Pfizer, Novartis, BMS, Abbvie, Ilja Tchertverikov: None declared, Marijn Vis Grant/research support from: Novartis, CICERO collaboration of rheumatologists: None declared.

DOI: 10.1136/annrheumdis-2021-eular.3748

POS1058

SUBCLINICAL DACTYLITIS: COMPARATIVE STUDY OF THERAPEUTIC RESPONSE WITH TNF INHIBITORS, SECUKINUMAB AND USTEKINUMAB

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Background: Non tender dactylitis has been recently associated with synovitis, tenosynovitis and enthesitis without fat tissue hyperemia. Dactylitis is a remarkable hallmark of spondyloarthritis and particularly in psoriatic arthritis. Also, dactylitis has been recognized as one of the most difficult musculoskeletal feature of the disease to treat. It has been of interest to compare the effectiveness of available therapies in cases of clinical dactylitis, however, the efficacy on subclinical dactylitis has not studied yet.

Objectives: To determine the effectiveness of three different biological therapy approaches in subclinical (non-tender) dactylitis in patients diagnosed by psoriatic arthritis in terms of changes detected by ultrasound scan.