

showed the same disease activity category in the DAS28-qCRP and weighted Cohen's kappa was 0.951 (95%CI 0.886; 1.000).

Conclusion: The Q-DAPSA and DAPSA showed an almost perfect agreement on the assignment to disease activity categories (99%) with the important advantage of time. With Q-DAPSA, rheumatologists could base their clinical decision-making on a disease activity measurement by using a composite score immediately. Consequently, Q-DAPSA can be integrated in clinical routine and clinical trials and could be implemented into the treat-to-target concept in PsA patients. For rheumatologists who prefer DAS28-CRP for assessing disease activity in PsA patients, DAS28-qCRP may serve as a suitable alternative.

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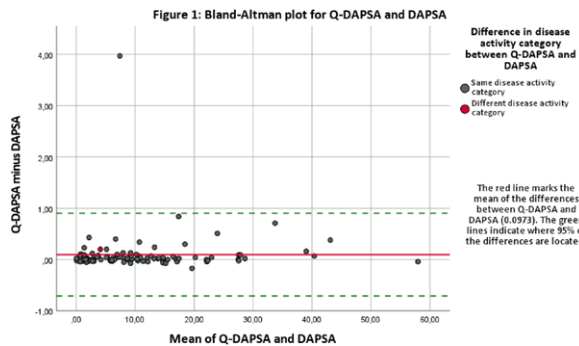


Figure 1. Bland-Altman plot for Q-DAPSA and DAPSA

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POS1070 ANXIETY IN PSORIATIC ARTHRITIS PATIENTS: RESULTS FROM THE HUR-BIO BIOLOGIC REGISTRY

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Background: Anxiety is commonly observed, underestimated problem in patients with psoriatic arthritis (PsA). Overall rate has been reported around 20% [1]. However the data on anxiety in PsA patients requiring advanced treatment and change in response to therapy is scarce.

Objectives: Our aim was to understand the frequency of anxiety before starting biologic agents and change in the anxiety scores with the treatment.

Methods: PsA patients from the Hacettepe University biological database (HUR-BIO) were assessed for anxiety (score ≥ 4) using the patient self-reported measure of anxiety on a 0-10 numerical scale, included in the Psoriatic Arthritis Impact

of Disease questionnaire (PSAID-12) [2]. The anxiety rate and scores were determined before starting biologic agents and at first visit in 6 months. Change in the scores were compared between patients according to the favourable treatment responses (Table 1). The correlation between the score-changes in anxiety and treatment response parameters was assessed by spearman correlation analysis.

Results: From 520 patients registered, 147 [mean (SD) age 43.3 (12.4) years, 70.7% female] had anxiety score registered both at baseline and first visit in 6 months. Both the frequency and mean (SD) score of anxiety decreased at first visit [63.9% vs 41.4%, 4.8(3.4) vs 3.2 (3.1) respectively, $p < 0.001$ for both] after a mean (SD) follow-up of 105.7 (22.2) days. There was a statistically significant difference between changes in the anxiety scores in patients with/without treatment responses in pain, PGA, BASDAI, HAQ-DI and DAS-28. A positive correlation between the change in anxiety and all treatment response parameters was observed (Table 1, Figure 1).

Conclusion: Anxiety is a more frequent problem at the time of biologic initiation compared to rates observed in general PsA population which could be related to the high disease activity. The rates are still high in 6 months under treatment, however both the frequency and score of anxiety showed a decreasing trend parallel to the treatment response.

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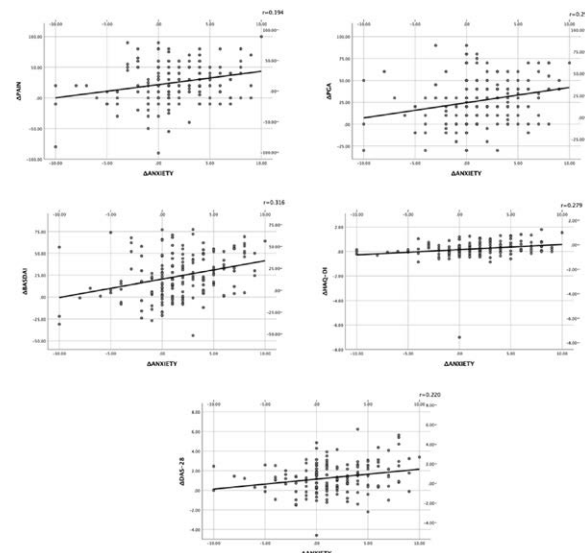


Figure 1. Correlation between the score changes

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Table 1. Patient characteristics at baseline and changes in the anxiety score according to treatment response

	Total N= 147	Patients with anxiety N=94	Patients without anxiety N=53	P	
Age, mean (SD)	43.3(12.4)	43.2 (12.9)	43.5 (11.4)	0.761	
Female gender, n (%)	70.7	73.4	66	0.352	
Psoriasis duration, years [§]	12 (4-20)	12 (3-19)	12 (4.75-24)	0.661	
Psoriatic arthritis, duration years [§]	1 (0-5)	1 (0-5)	1 (0-5)	0.344	
DAS-28*	3.9 (1.3)	4 (1.3)	3.7 (1.3)	0.285	
HAQ-DI*	0.75 (0.53)	0.84 (0.53)	0.58 (0.48)	0.003	
BASDAI*	6.1 (2.1)	6.4 (1.9)	5.5 (2.1)	0.003	
CRP*	1.7 (2.3)	1.7 (2.1)	1.8 (2.5)	0.843	
Pain*	6.8 (2.3)	7.1 (1.9)	6.4 (2.8)	0.486	
PGA*	6.5 (2.1)	6.7 (1.8)	6.3 (2.5)	0.589	
PsAID-12*	6.3 (1.7)	6.8 (1)	3.1 (1.9)	0.002	
Favorable treatment response					
	Response n	ΔAnxiety score*	P	ΔAnxiety r	P
ΔPain ≥ 20 mm	Yes = 98 No = 49	2.2 (3.6) 0.5 (3.9)	0.017	ΔPain 0.194	0.011
ΔPGA ≥ 20 mm	Yes = 104 No = 43	2.3 (3.7) 0.3 (3.7)	0.002	ΔPGA 0.254	0.001
ΔBASDAI ≥ 20 mm	Yes = 85 No = 62	2.9 (3.4) 0.1 (3.7)	<0.001	ΔBASDAI 0.316	<0.001
ΔHAQ-DI ≥ 0.22	Yes = 70 No = 73	2.67 (3.2) 0.9 (4.1)	0.023	ΔHAQ-DI 0.279	<0.001
ΔDAS-28 ≥ 1.2	Yes = 75 No = 67	2.3 (3.9) 0.9 (3.5)	0.036	ΔDAS-28 0.220	0.004

[§]=median (IQR), * =mean (SD)SD, Standard deviation; BASDAI, Bath Ankylosing Spondylitis Disease Activity Index; CRP, C-reactive protein (mg/dl); DAS-28, Disease Activity Score-28; PGA, patient global assessment; HAQ-DI, Health Assessment Questionnaire Disability Index; PsAID, Psoriatic Arthritis Impact of Disease