Table 1. Comorbidities. Comparison between axial-PsA and AS. OR: odds ratio, MACE: Major cardiovascular events. * adjustments are reported in the text

Comorbidities	axial-PsA (n=79)	AS (n=129)	Crude OR (95%CI)	Adjusted OR (95%CI)	p-value
MACE* n (%)	4 (5.1)	6 (4.6)	0.91 (0.25-3.34)	1.73 (0.32-9.34)	0.526
Dyslipidemia n (%)	37 (46.8)	45 (34.9)	0.61 (0.34-1.07)	NA	0.108
Hypertension* n (%)	27 (34.2)	24 (18.6)	0.44 (0.23-0.83)	1.11 (0.38-3.21)	0.843
Diabetes mellitus* n (%)	12 (15.2)	10 (7.7)	0.47 (0.19-1.14)	1.65 (0.43-6.29)	0.463
Depression* n (%)	19 (24.1)	16 (12.4)	0.44 (0.21-0.93)	0.48 (0.22-1.07)	0.07
Osteoporosis* n (%)	3 (3.8)	10 (7.7)	2.13 (0.57-7.98)	2.40 (0.56-10.18)	0.235
Malignancies* n (%)	3 (3.8)	3 (2.3)	0.60 (0.12-3.06)	0.87 (0.16-4.70)	0.870

Conclusion: AS and axial-PsA have certain clinical and radiologic differences. Comorbidities were comparable, while depression was more common in axial-PsA.

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POS1074 CARDIOVASCULAR RISK FACTORS IN A MEXICAN MESTIZO PATIENTS WITH PSORIATIC ARTHRITIS

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Background: Psoriatic Arthritis (PsA) is a chronic inflammatory arthropathy that affects 14%-30% of patients with skin and/or nail psoriasis. Patients with psoriatic arthritis (PsA) have a higher prevalence of traditional cardiovascular (CV) risk factors and an increased risk of developing cardiovascular diseases (1), such as acute myocardial infarction, cerebrovascular accident, peripheral vascular disease and heart failure. Despite the evidence patients with PsA are inadequately screened and undertreated for CV risk factors (CVRF), highlighting a gap in preventive medicine to adjust cardiovascular therapies(2).

Objectives: The aim of the study is to determine the main CVRF in Mexican Mestizo patients with a diagnosis of PsA and to compare it with healthy controls. Additionally, to assess the impact of the diagnosis of PsA on the presence on these cardiovascular comorbidities.

Methods: A cross-sectional, observational, and comparative study of ninety-six patients with PsA between 40-75 years who fulfilled CASPAR criteria 2006. Patients were matched by age and gender with non-PsA subjects. A medical history and physical exam were performed, also a blood sample was collected during the first visit. Chi square and Student's t test were used for comparisons between groups. A binary logistic regression was performed including the traditional CVRF (type 2 diabetes mellitus, hypertension, obesity, and active smoking), age and the diagnosis of PsA. A p value <0.05 was considered statistically significant.

Results: There were 58 (60.4%) women in each group with a mean of 53 years. Patients with PsA showed a higher prevalence of hypertension (HTN) compared to healthy controls (35.4% vs 19.8%, respectively, $p = 0.015$). Additionally, there was a significant difference in the diagnosis of dyslipidemia (42.7% vs 22.9%, $p = 0.003$). We found no statistically difference between the two groups in type 2 diabetes mellitus, active smoking and, obesity (Table 1. below).

Table 1. Comparison of cardiovascular risk factors between Psoriatic Arthritis and controls.

	PsA (n=96)	Control (n=96)	p
Age, years ± SD	53.19 ± 11.13	53.34 ± 8.4	NS
Women, n (%)	58 (60.4)	58 (60.4)	NS
T2DM, n (%)	21 (21.9)	12 (12.5)	NS
HTN, n (%)	34 (35.4)	19 (19.8)	0.015
Active smoking, n (%)	21 (21.9)	20 (20.8)	NS
Dyslipidemia, n (%)	41 (42.7)	22 (22.9)	0.003
Obesity, n (%)	36 (37.5)	25 (26.0)	NS

NS, no significant; SD, standard deviation; HTN, hypertension; T2DM, type2 diabetes mellitus.

The binary logistic regression showed that the diagnosis of PsA (OR 2.235, 95% CI 1.141-4.375, $p = 0.019$) and active smoking (OR 2.429 95%, CI 1.137-5.186, $p = 0.022$) are independent risk factors for the presence of dyslipidemia.

Conclusion: Patients with PsA have a higher prevalence of HTN and dyslipidemia. The diagnosis of PsA seems to be an independent factor for the presence of dyslipidemia. It is important for rheumatologists to identify those patients who could benefit from adjust antirheumatic and cardiovascular therapies due to their impact on morbidity and mortality.

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Figure 1. Binary logistic regression for the presence of dyslipidemia.

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POS1075 PREDICTIVE FACTORS ASSOCIATED WITH DEVELOPMENT OF PSORIATIC ARTHRITIS IN PATIENTS WITH UNDERLYING PSORIASIS

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Background: Psoriatic arthritis (PsA) is a chronic inflammatory condition in which a delayed diagnosis will have health impacts including physical and psychological aspects. Thus, identification of risk factors and early diagnosis are crucial in clinical practice. In Malaysia, 13.7% of patients with underlying psoriasis develop PsA¹. However, there are limited data on the risk factors in developing PsA in these patients, not just in Malaysia but also in the Southeast Asia region.

Objectives: To analyse sex, clinical features, comorbidities in patients with psoriasis and PsA, and the predictive factors of developing PsA in patients with underlying psoriasis.

Methods: A retrospective study was carried out involving patients with a physician-verified diagnosis of psoriasis who were attending the dermatology and/or rheumatology clinics at the University of Malaya Medical Centre, Kuala Lumpur between 2015 to 2020. Data were retrieved from electronic medical records. Data collected included sex, age, body mass index (BMI), duration of psoriasis, socio-demographics, comorbidities, body area affected, severity of skin involvement, presence of nail involvement and systemic therapy used in treating psoriasis. Systemic therapy is defined as methotrexate, sulfasalazine and/or acitretin used before diagnosis of PsA. Patients with psoriasis who developed PsA had information collected on tender joint count, swollen joint count and erythrocyte sedimentation rate (ESR) at their initial visit to the rheumatologist. Logistic regression analyses were performed to identify the possible risk factors of developing PsA.

Results: A total of 330 psoriasis patients which included 54.5% male and a mean age of 53 (standard deviation, SD 18.85) years were included. Eighty-three (25.0%) patients were diagnosed with PsA. Among patients with PsA, 39.8% were males with a mean age of 54 (SD 15.79) years. Majority of the PsA patients were ethnic Malay (45.8%), followed by 28.9% Chinese and 25.3% Indian. The median duration of developing PsA was at 36 (IQR 3.5 - 114) months after the