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.

REFERENCES:

- [1] Peluso R, Caso F, Tasso M, et al. Cardiovascular Risk Markers and Major Adverse Cardiovascular Events in Psoriatic Arthritis Patients. *Rev Recent Clin Trials* 2018;13(3):199-209. doi: 10.2174/1574887113666180314105511
- [2] Takeshita J, Grewal S, Langan SM, et al. Psoriasis and comorbid diseases: Implications for management. *J Am Acad Dermatol* 2017;76(3):393-403. doi: 10.1016/j.jaad.2016.07.065

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

diagnosis of psoriasis. 12.3% presented with active polyarthritis at the initial diagnosis of PsA. There was a significant difference in the use of systemic therapy in females, in which there was a higher rate of systemic therapy used in female PsA patients prior to developing PsA as compared to females with psoriasis who did not develop PsA ($n=24$, 48% vs $n=16$, 16%; $p < 0.001$). There was no significant association between ethnicity, education level, comorbidities, BMI, body area affected and family history of psoriasis with development of PsA. The predictive factors in developing PsA are females (OR = 3.14, 95% CI 1.77, 5.58), presence of nail involvement (OR = 3.72, 95% CI 1.91, 7.26) and the use of systemic therapy (OR = 3.04, 95% CI 1.70, 5.43), (all p values < 0.001).

Conclusion: This study highlighted that female sex, presence of nail involvement and use of systemic therapy prior to PsA diagnosis are predictive risk factors in developing PsA among patients with underlying psoriasis. Further prospective studies with larger cohorts are needed to better delineate these risk factors.

REFERENCES:

- [1] Mohd Affandi A, Khan I, Ngah Saaya N. Epidemiology and Clinical Features of Adult Patients with Psoriasis in Malaysia: 10-Year Review from the Malaysian Psoriasis Registry (2007-2016). *Dermatology research and practice*. 2018;2018:4371471.

Figure 1. Comorbidities among Patients with underlying Psoriasis and Psoriatic Arthritis ($n=330$)

Chi-square test revealed that there was no significant difference between psoriasis and psoriatic arthritis ($p > 0.05$)

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POS1076

APICAL FIBROSIS AND INTERSTITIAL LUNG DISEASE IN PATIENTS WITH PSORIATIC ARTHRITIS: DO WE UNDERESTIMATE?

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Background: Extra-articular manifestation (EAMs) definition is not clearly defined in psoriatic arthritis (PsA). Nail involvement, enthesitis, dactylitis has been widely studied however, data are needed on pulmonary involvement in PsA. **Objectives:** We aimed to understand real-life results of lung involvement in PsA patients.

Methods: From the PsA cohort followed in our outpatient clinic, patients who have been requested a chest computed tomography (CT) for any reason by any department were retrieved from medical records and included in this retrospective cross-sectional analysis. All CTs were assessed by a radiologist who is blinded to the patients' clinical history and findings were categorized as parenchymal, airway, pleural findings and lymphadenopathy (LAM). Moreover, any findings that are radiologically attributed to a specific entity such as previous tuberculosis (Tb) infection were noted. Demographic/clinic data including smoking status, concomitant lung problems, disease characteristics (duration, axial/peripheral involvement) were collected and analyzed.

Results: A total of 80/1072 (7.4%; 65% female) PsA patients with mean (SD) age 56.1 (13.2) years were included in the study. Median (IQR) PsA duration was 23.5 (55.75) months and 36 (45%) patients had peripheral, 29 (36.3%) patients had axial involvement. For the rest of 15 (18.7%) patients, radiographic

Table 1. Patient characteristics with apical fibrosis, interstitial lung disease

	Involvement	Gender	Age	PsA duration, months	Axial Disease (yes/no)	Smoking Status	Smoking pack-age-years	Concomitant Lung Disease (yes/no)	Linked to another problem by radiologist (yes/no)
ID-1 AF	AF	M	58	2	No	Current	40	No	No
ID-2 AF	AF	M	61	1	No	Current	40	No	No
ID-3 AF	AF	M	73	122	Yes	Ex	30	No	No
ID-4 AF	AF	F	55	1	Yes	NA	NA	No	Yes
ID-5 AF	AF	F	65	#	NA	Never	-	Yes [€]	Yes [€]
ID-6 NSIP	NSIP	F	96	NA	NA	Never	-	No	No
ID-7 NSIP	NSIP	M	69	NA	NA	Ex	15	Yes [§]	No
ID-8 NSIP	NSIP	F	66	156	No	NA	NA	Yes [§]	No
ID-9 LIP	LIP	M	61	200	Yes	Never	-	No	No
ID-10 LIP	LIP	F	80	14	Yes	NA	NA	No	No

AF= Apical fibrosis; NSIP= Non-specific interstitial pneumonia, LIP= Lymphocytic interstitial pneumonia; PsA= Psoriatic Arthritis, NA= Not available*radiotherapy sequelae; # tomography was done prior to PsA diagnosis; € previous tuberculosis infection; § chronic obstructive pulmonary disease

assessment was missing. Smoking status could be retrieved in 47 patients (never=40.4%, ex-smoker= 19.1%, current smoker=40.4%). There were 14 concomitant lung problem in 12 (15%) patients. CT findings showed that 68.8% of patients had at least one lung pathology. Parenchymal findings were seen in 65% of the patients as both non-specific changes (atelectasis, $n= 35$; nodules, $n=24$; ground glass opacity, $n= 9$; sequelae fibrosis, $n= 9$; emphysema, $n= 7$; consolidation, $n= 5$, interstitial thickening, $n= 5$; pulmonary cyst, $n= 4$) and specific pathologies as apical fibrosis (AF) ($n=5$) and interstitial lung disease (ILD) ($n=5$, NSIP=3, LIP=2). AF was linked to previous Tb infection in 1 patient and radiotherapy in another (Table 1). However, there is no specific pathology in the rest of 3 (3.7%) patients that AF could be attributed to and all of them were male. Other pathologies were seen as airway findings in 28.8% patients (bronchiectasis, $n= 17$, bronchial wall thickness, $n= 10$, air trapping $n= 7$, centrilobular opacity, $n= 4$,) and pleural findings in 13.8% of the patients (pleural plaque, $n= 5$, effusion, $n= 3$, thickness, $n=3$). LAM was observed in around 4% of the patients.

Conclusion: The real-life experience of our PsA cohort showed that pulmonary findings included variable specific, non-specific findings. As a limitation results represent the CT findings of around 8% of our PsA cohort. Within the scope of previous reports male predominant AF and ILD come forward in PsA that requires further attention in future studies [1,2].

REFERENCES:

- [1] Peluso R, Iervolino S, Vitiello M, et al (2015) Extra-articular manifestations in psoriatic arthritis patients. *Clin Rheumatol* 34 (4):745-753.
- [2] Bargagli E, Bellisai F, Mazzei MA, et al (2020) Interstitial lung disease associated with psoriatic arthritis: a new disease entity? *Intern Emerg Med*.

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POS1077

CLINICAL AND RADIOLOGICAL FEATURES OF SEROPOSITIVE PSORIATIC ARTHRITIS

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Background: Rheumatoid factor (RF) and anti-cyclic citrullinated peptides (anti-CCP) are two highly specific laboratory markers for rheumatoid arthritis. However, they can also be found in other chronic inflammatory arthritis such as psoriatic arthritis (PsA).

Objectives: The aim of our study is to analyze the different epidemiological and paraclinical characteristics of seropositive psoriatic arthritis.

Methods: Descriptive and analytical retrospective study from January 2010 to December 2020 conducted in the Department of Rheumatology of the University Hospital of Ibn Rochd, Casablanca.

Inclusion criteria: patients diagnosed with psoriatic arthritis according to the CASPAR or ASAS 2009 criteria, regardless of the immunological status (RF/anti-CCP).

The patients were then divided into two groups: seropositive (positive anti-CCP and / or positive RF) and seronegative. A univariate analytical study was performed by jamovi version 1.2.27

Results: 80 patients were enrolled. 22 patients were seropositive (Group 1) and 58 were seronegative (Group 2). In the group 1, the mean age was 51.1 years (± 9.45). The sex ratio M/F was 0.29, the mean age of onset was 43.5 years (± 10.4), the mean duration of disease was 9.55 ± 8 years. All patients had skin involvement. Polyarticular involvement was present in all cases; axial involvement was present in 68.18% of cases and enthesitis in 68.18% of cases. All patients were HLA B 27 negative. The presence of X-ray and / or ultrasound bone