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. 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:**


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).

**Disclosure of Interests:** WAI: YANG LOO: None declared, FARIZ YAHYA Speakers bureau: speaker for Novartis, Gilead, AbbVie, Janssen, Eli Lilly, Zugell-Pharma and Pfizer., Consultant: of consultative work with Novartis, Gilead, AbbVie, Eli Lilly, Zugell-Pharma and Pfizer., Grant/research support from: research grants from Novartis, Gilead, AbbVie, Boehringer-Ingelheim and Pfizer., WINN HUI HAN: None declared, NIK AIMEE AZIZAH FAHEM: None declared, SHIN SHEN YDONG: None declared, Lydia Say Lee Pok: None declared, Zheni Kwan Speakers bureau: Novartis, Zugell, YING CHEW TEE: None declared.

**DOI:** 10.1136/annrheumdis-2021-eular.2792

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

<table>
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<tr>
<th>Involvement</th>
<th>Gender</th>
<th>Age (years)</th>
<th>Smoking</th>
<th>Smoking pack-years</th>
<th>Concomitant</th>
<th>Linked to another problem</th>
<th>Baseline</th>
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<tr>
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<td>M</td>
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<tr>
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</tr>
<tr>
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</tr>
<tr>
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<td>-</td>
<td>Yes*</td>
</tr>
<tr>
<td>ID-6</td>
<td>F</td>
<td>56</td>
<td>9</td>
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<td>Never</td>
<td>-</td>
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<tr>
<td>ID-7</td>
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</tr>
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<tr>
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<tr>
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<td>14</td>
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</table>

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 problems 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 PaA cohort showed that pulmonary findings included variable specific, non-specific findings. As a limitation, results represent the CT findings of around 8% of our PaA cohort. Within the scope of previous reports male predominant AF and ILD come forward in PsA that could be attributed to and all of them were male. However, they can also be found in other chronic inflammatory arthritis such as psoriatic arthritis (PsA).

**REFERENCES:**


**Disclosure of Interests:** None declared.

**DOI:** 10.1136/annrheumdis-2021-eular.2873

### POS1076

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


**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 patients.

**Objectives:** We aimed to understand real-life results of lung involvement in PsA patients.

**Methods:** From the PaA cohort followed in our outpatient clinic, patients who have been requested a chest computed tomography (CT) for any reason by the patients were included in the study. Medically (MQR) PaA 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 findings included variable spesific, non-spesific findings. As a limitation, results represent the CT findings of around 8% of our PaA cohort. Within the scope of previous reports male predominant AF and ILD come forward in PsA that 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 PaA cohort showed that pulmonary findings included variable specific, non-specific findings. As a limitation, results represent the CT findings of around 8% of our PaA cohort. Within the scope of previous reports male predominant AF and ILD come forward in PsA that 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.

**REFERENCES:**


**Disclosure of Interests:** None declared.

**DOI:** 10.1136/annrheumdis-2021-eular.2873

### POS1077

**CLINICAL AND RADILOGICAL FEATURES OF SEROPOSITIVE PSORIATIC ARTHRITIS**


**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 clinical 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 CASPAP 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 12.27

**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 9.25 +/- 8 years. All patients had skin involvement. Polycarticular involvement was present in all cases; axial involvement was present in 68.18% of cases and enthesis in 68.18% of cases. All patients were HLA B 27 negative. The presence of X-ray and / or ultrasound bone...
erotions in addition to signs of destruction was in 81.8% of cases. The response to treatment with (corticosteroids / NSAIDs / DMARDs) was partial in 57.14%. In group 2, the mean age was 50.7 years (+/- 15.8). The sex ratio M:F was 1.14, the mean age of onset was 37.4 years (+/- 16.5), the mean duration of disease was 13.3 years (+/- 9.5). Skin involvement was present in 50% of patients. Pol- yarticular involvement was present in all cases, axial involvement was present in 67.24% of cases and enthesitis in 56.9% of cases. All patients were HLA B 27 negative. The presence of X-ray and / or ultrasound bone erosions in addition to signs of destruction was in 56.9% of cases. The response to treatment with (corticosteroids / NSAIDs / DMARDs) was partial in 57.14%.

Conclusion: The presence of anti-CCP according to several studies is linked to the presence of deformities, dactylitis and radiological erosions (1,2). In our series, seropositivity was accompanied by the erosive nature of the destruction, as well as a tendency to resistance to treatment.

REFERENCES:

POST1078
CURRENT REGISTRIES IN PSA DO NOT WELL REFLECT THE PROFILES OF PATIENTS WITH PSA BECAUSE THEY ORIGINATE IN SIMILAR COUNTRIES: A SYSTEMATIC LITERATURE REVIEW OF 27 REGISTRIES, OR 16183 PATIENTS

Sorbonne Université – INSERM, AP-HP Pité Salpétrière Hospital, Rheumatology department, Paris, France

Background: Psoriatic arthritis (PsA) is a multidimensional inflammatory disease with a great geographic variability and a global average prevalence estimated at 133 every 100,000 subjects according to a recent systematic review and meta-analysis (1). Registries and cohorts reflect more closely real-world data than randomized controlled trials (RCTS) and may indicate ongoing interest of each country on PsA. Registries or PsA specific cohorts, with the participation of 30 countries. The overall number of patients was 16,183 with a mean of 599 per study. Overall, 50.1% of patients were men, weighted mean age was 50.6 years and weighted mean disease duration was 6.9 years.

Most of the registries were based in Europe (67%) or North America (26%) whereas Africa was underrepresented (Figure 1). USA was the most represented country participating in 6 registries. Mean age and mean disease duration were shorter in international registries (Table 1). Caspar diagnostic criteria were the most frequently used, mainly in the national registries (86.4%), whereas the use of diagnostic criteria was more heterogeneous in the international registries.

Conclusion: Recent registries and PsA specific cohorts do not cover the world- wide spectrum of the disease.

POST1079
ASSOCIATION OF C-REACTIVE PROTEIN AND NON-STEROIDAL ANTI-INFLAMMATORY DRUGS WITH CARDIOVASCULAR EVENTS IN PATIENTS WITH PSORIATIC ARTHRITIS: A TIME-DEPENDENT COX REGRESSION ANALYSIS

The Chinese University of Hong Kong, Department of Medicine and Therapeutics, Sha Tin, Hong Kong (SAR)

Background: Psoriatic arthritis (PsA) is associated with accelerated atheroscle- rosis due to underlying inflammation. Whether inflammatory burden and drugs used to suppress inflammation over time are associated with cardiovascular (CV) events remains unclear.

Objectives: This study aims to examine the time-varying effect of C-reactive protein (CRP) levels and the use of drugs including non-steroidal anti-inflamma- tory drugs (NSAIDs) on the risk of CV events independent of traditional CV risk factors in PsA patients.

Methods: A retrospective cohort analysis was performed in patients with PsA who were recruited from 2008 to 2015 and followed till the end of 2019. The outcome was occurrence of a first CV event. Framingham risk score (FRS) was used to quantify the traditional CV risk. Cox proportional hazard models with time-varying CRP levels and drugs used were used to identify the risk factors for CV events in PsA patients.

Results: 200 patients with PsA (median age: 47.5[40.0 – 56.0]; male: 119 [59.5%]) were recruited (Table 1, next page). After a mean follow-up of 8.8±3.8 years, 30 (15%) patients developed a first CV event. The Kaplan-Meier survival analysis indicated a significant difference in the CV event-free survival between patients with and without CRP level >3mg/L (Figure 1A) and an inverse relation- ship between time-varying NSAIDs exposure and CV event-free survival (Fig- ure 1B). The multivariable Cox regression model showed that time-varying CRP level (HR 1.02, 95% CI 1.00 to 1.04) and NSAIDs exposure (HR 0.30, 95% CI 0.15 to 0.95) were significantly associated with CV events after adjusting for baseline FRS (HR 5.04, 95% CI 1.83 to 13.85).

REFERENCES:

Table 1. Comparison of characteristics of seropositive and seronegative PsA patients

<table>
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<tr>
<th>Items</th>
<th>Group 1 (n=22)</th>
<th>Group 2 (n=58)</th>
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</thead>
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<tr>
<td>Age (years)</td>
<td>51.1 +/- 9.45</td>
<td>50.7 +/- 15.8</td>
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<tr>
<td>Sex ratio M:F</td>
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<td>1.14</td>
<td>0.013</td>
</tr>
<tr>
<td>Age onset (years)</td>
<td>43.5 +/- 10.4</td>
<td>37.4 +/- 16.5</td>
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</tr>
<tr>
<td>Skin involvement (%)</td>
<td>100</td>
<td>50</td>
<td>0.009</td>
</tr>
<tr>
<td>Bone erosions (%)</td>
<td>61.1</td>
<td>56.9</td>
<td>&lt;0.001</td>
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<tr>
<td>Response to treatment (%)</td>
<td>70.58</td>
<td>51.14</td>
<td>&lt;0.001</td>
</tr>
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</table>

Table 1. Description of 27 ongoing PsA registries or PsA cohorts, comparing nationwide and international registries

<table>
<thead>
<tr>
<th>NATIONWIDE REGISTRIES (N=22)</th>
<th>INTERNATIONAL REGISTRIES (N=5)</th>
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<tr>
<td>WOMEN (%)</td>
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<tr>
<td>MEAN AGE, WEIGHTED (YEARS)</td>
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<td>MEAN DISEASE DURATION, WEIGHTED (YEARS)</td>
<td>8.59</td>
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<td>CASPAR DIAGNOSTIC CRITERIA (%)</td>
<td>86.4</td>
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Figure 1. Geographical distribution of PsA registries

Disclosure of Interests: None declared.
DOI: 10.1136/annrheumdis-2021-eular.2958

Disclosure of Interests: None declared.
DOI: 10.1136/annrheumdis-2021-eular.3097