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OSTEOPOROSIS AND INSUFFICIENCY RISK FACTORS IN PSORIATIC ARTHRITIS

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Background: Osteoporosis (OP) has been described to be frequent in spondyloarthritis [1]. However, the specific association of psoriatic arthritis (PsA) and bone fragility remains inconclusive, with a prevalence of OP ranging from 1.4–68.8 [2, 3].

Objectives: The aim of this study was to describe the prevalence of osteopenia and OP in a representative cohort of patients with PsA

Methods: Multi-centric, cross-sectional, descriptive study of patients with clinical diagnosis of PsA. Patients were randomly selected; they were invited to participate and were included after signing informed consent until the calculated sample size was reached. Clinical and demographic characteristics were recorded, as well as several protective and risk factors for osteoporosis and insufficiency fractures. Patients were asked to undergo a hip and lumbar (L2-L4) densitometry by DXA, and lateral X-Ray of the dorsal and lumbar spine if they had not these tests available in the previous year. The prevalence of osteoporosis and the risk factors was calculated. The characteristics of the patients with OP were compared to those without by univariate analyses, and were adjusted by age and sex. Multivariate analysis by ANOVA test was done to study the association of OP and fractures with clinical characteristics of the disease. The Clinical Research Ethics Committee of the Hospital General Universitario de Alicante (ISABIAL- approval number 180264) approved the study

Results: 166 patients were included (Female 69%, male 30,1%), median age 58 (IR 51-65). Basal characteristics are shown in Table 1. Osteopenia or OP was present in 100 patients (60.2%). OP was present in 44 patients (26.5%). Among these, 9 patients (20.5%), all women \geq 50 years old, had a total amount of 14 insufficiency fractures (4 vertebrae, 2 hips, 4 distal radius, 4 others). OP was present in 21.7% of the women, and 4.8% of the men. The most frequent risk factors among patients with OP were D-vitamin deficit (54.5%), sedentary life style by WHO standards (43.2%) and low calcium intake (38.6%). The most frequent protector factors in the group without osteopenia/nor OP was the intake of statins for \geq 12 months. The presence of vertebral fractures was associated with female sex, sedentary lifestyle and age.

Conclusion: The prevalence of insufficiency fractures among PsA patients was very superior to that recently found in the general population in Spain (prevalence 1.83%) [4]. Fractures are associated, similar to the general population, to female sex, sedentary life and age. Inherent factors to psoriatic disease may be responsible for this increased prevalence

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Table 1. Basal characteristics (n=166)

Age (years)	57,9 (SD 0,8)	Median 58 (IR 51-65)
Sex		
Male	50 (30.1%)	
Female	116 (69.9%)	
Duration of disease (years)	10.3 (SD 0.63)	Median 9 (IR 4.75-13)
Type of PsA		
Axial	15 (9%)	
Peripheral	125 (75.3%)	
Both	26 (15.7%)	
HAQ (n=142)	0.47 (SD 0.05)	Median 0.25 (IR 0-1)
BASFI (n=40)	3.7 (SD0.5)	Median 3.6 (IR 1-5.75)
cDMARD		
Never	25 (15.1%)	
Previous/actual	141 (85%)	
bDMARD		
Never	84 (50.6%)	
Previous/actual	82 (49.4%)	

PsA: psoriatic arthritis; HAQ: Health Assessment Questionnaire; BASFI: Bath Ankylosing Spondylitis Functional Index; cDMARDs: classical disease modifying anti-rheumatic drugs; bDMARDs: biological drugs

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CATASTROPHIZING IN PATIENTS WITH PSORIATIC ARTHRITIS

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Background: Catastrophizing is a negative cognitive-affective response to an anxiety-provoking stimulus, especially anticipated or actual pain. It can be quickly assessed using a validated questionnaire: the Pain Catastrophizing Scale (PCS)¹. Catastrophizing plays a role in maintaining chronic pain and is associated with several pain-related outcomes in osteoarthritis and low back pain. To our knowledge, there are no data on catastrophizing in patients with psoriatic arthritis (PsA). **Objectives:** To assess the prevalence of catastrophizing and associated factors in PsA.

Methods: We performed a bi-centric observational, prospective study. All patients aged 18 or over with PsA fulfilling the 2006 CASPAR criteria were consecutively included. Sociodemographic data, information on the disease and its treatments were collected as well as questionnaires for disease activity (BASDAI), function (HAQ, BASFI), quality of life (SF12, EQ5D), anxiety and depression (HADS, GAD7), fibromyalgia (FIRIST), insomnia (ISI) and catastrophizing scores (PCS). Statistical analysis included samples T-test, one-way variance analysis, Spearman's correlation coefficient, Chi² test, Fisher's exact test, Wilcoxon test, multivariate linear regression (considering catastrophizing as a continuous variable) and multivariate logistics regression (considering catastrophizing as a categorical variable: PCS \geq 20 = high level catastrophizing).

Results: From September 2019 to March 2020, 85 PsA patients were included: 54.1% were women, the median age was 54.0 years and 33 patients (39.8%) were professionally active. The majority of patients (88.2%) had a disease lasting for more than 2 years. Axial involvement was found for 39 patients (45.9%), almost all patients (98.8%) had peripheral involvement, 32 patients (37.7%) had enthesitic involvement and 14 patients (16.7%) had erosions. Median DAS28 CRP was 3.12 [2.13-4.46] and the median BASDAI score was 5.50 [4.30-6.70]. The prevalence of a PCS score \geq 20 was 45.9% [35.3;56.5]. The median PCS score was 16 [6-29]. In multivariate logistics regression, high-level catastrophizing was significantly associated with the HADS anxiety score (OR=1.35 [1.15-1.61]) and pain VAS (OR=1.04 [1.02-1.06]). In multivariate linear regression, catastrophizing was significantly associated with the HADS anxiety score (p=0.004), pain VAS (p=0.001), HADS depression score (p=0.018) and insomnia score (p=0.034).

Conclusion: Almost half the patients with PsA were high catastrophizers. Catastrophizing is related to anxiety, pain, depression and insomnia. It may be interesting to detect catastrophizing in order to improve the care of our patients.

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POS1083

PSORIATIC DISEASE – A HETEROGENEOUS DISEASE WHO NEEDS A MULTIDISCIPLINARY CARE!

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Background: Rheumatologists and Dermatologists usually manage Psoriatic Arthritis (PsA) and Psoriasis (PsO) separately, but early diagnosis and integrated management could achieve better outcomes with gains in quality of life of the patients. A multidisciplinary care is essential to achieve these goals.

Objectives: The aim of this study is to describe a model of integrated multidisciplinary approach for early diagnosis of PsA and the multidisciplinary management of PsA patients.

Methods: A retrospective study including patients that attended the multidisciplinary clinical from January 2019 to December 2020 was performed. Patients with PsO complaining articular symptoms and patients with articular symptoms with cutaneous lesions suspected to be PsO was referred to this clinical. Demographic, clinical data and disease activity measures were collected. Descriptive, Student's t and Fisher test and Odds Ratio were estimated.

Results: A total of 50 patients were referred to multidisciplinary clinical. Of these, 40 patients met criteria for psoriatic arthritis according to CASPAR criteria: