Results: We included 113 patients, 62 (54.0% females) with a mean age of 48.1±10.8 years-old at the start of the first bDMARD. Sixty-four patients (56.6%) had symmetric polyarthritis, 19 (16.6%) spondylarthropathy, 25 (22.1%) asymmetric oligoarthritis, 2 (1.8%) dactylitis and 1 (0.9%) arthritis mutilans. Forty-three percent were under corticosteroid therapy and 57.5% under conventional synthetic DMARD (csDMARD) therapy at baseline. Most patients had methotrexate, in 45.1% of patients under csDMARD. Eanetac (n=35, 31.0%), adalimumab (n=34, 30.1%), golimumab (n=25, 22.1%), infliximab (n=6, 5.3%), certolizumab (5, 4.4%), secukinumab (n=8, 7.1%) were the bDMARD started in these patients. TSR was categorized into 3 groups, namely low [TSR < 1], moderate [1 ≤ TSR ≤ 2.2] and high [TSR > 2.2], with frequencies 15 (13.3%), 66 (56.4%) and 32 (28.3%) respectively. Whenever the number of tender joints was different from 0 and that of swollen joints equal to 0, patients were treated according to T2T study within 24 mos. At 6 years follow-up all pts were treated according to T2T strategy in PsA pts. Mean age 45±12.1 yrs, median (Me) PsA duration 82 [66;97] month (mos), Me T2T strategy in PsA.

Objectives: To assess the PSAID-12 for evaluations of 6-years outcomes of T2T strategy in PsA pts.

Methods: 50 (M/F–24/26) PsA pts fulfilling CASPAR criteria were included. Mean age 45±12.1 yrs, median (Me) PsA duration 82 [66;97] month (mos). Me follow-up 72 [58;69] mos. At the early stage (PsA durations<2 yrs) all pts were treated according to T2T strategy within 24 mos. At 6 years follow-up all pts under went standard clinical examination (tender joint count (TJC), swollen joint count (SJC), patient global assessment disease activity (PGA), CRP (mg/l), skin psoriasis (PsO) by BSA (%), presence of nail PsO, enthesis dactylitis, DAPSA and completed PsAID-12. PsAID-12 scores 4 is considered as a "patient-acceptable status symptoms" (PASS). PsAID-12 > 4 is considered as worse quality of life.

Background: The 12-item psoriatic arthritis impact of disease questionnaire (PsAID-12) have been found to be a reliable instrument to specifically assess the impact of psoriatic arthritis (PsA) for the patients (pts) as well as predictive of long-term outcomes [1]. There are no data on the use of the PsAID-12 for evaluation of long-term outcomes of treat to target (T2T) strategy in PsA pts.

Results: 38/69 patients (55.1%) presented oligoarthritis, 31/69 (44.9%) showed polyarthritis, none of the patients had enthesitis or axial involvement. Moreover, co-morbidities were diagnosed: hypertension (52.2%), hypercholesterolemia (34.8%), Hypertthyroidism (29%), diabetes (24.6%), obesity (23.2%), HIV-pozitive (20.3%), psychiatric disorders (17.4%), cardiopathies (15.9%), inflammatory bowel disease (7.3%), Latent Tuberculosis (4.4%), Chronic B-Heptatitis (2.9%), Chronic C-Heptatitis (1.5%). In all these patients, skin and joint responses were evaluated at week 12 and week 24.

Concerning skin efficacy, PASI 90 was achieved at week 24. Concerning Joint response: pain and dactylitis progressively improved till T2, tender joint count decreased in patients with oligo and polyarthritis at T1 and maintained at T2, while swollen joint count decreased in polyarthritis patients at T1 and maintained at T2. In oligo-arthritis patients, this parameter was not improved. The number of dactylitis did not decrease during the period of study (see Table 1).

Conclusion: Efficacy and safety of GUS was confirmed in this study group of PsO patients with concomitant PsA and several comorbidities in a real-life setting.

Disclosure of Interests: None declared.

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AB0016 ASSESSMENT OF PSORIATIC ARTHRITIS IMPACT OF DISEASE (PSAID-12) QUESTIONNAIRE FOR EVALUATIONS OF 6-YEARS TREAT-TO-TARGET STRATEGY OUTCOMES

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Background: The 12-item psoriatic arthritis impact of disease questionnaire (PsAID-12) have been found to be a reliable instrument to specifically assess the impact of psoriatic arthritis (PsA) for the patients (pts) as well as predictive of long-term outcomes [1]. There are no data on the use of the PsAID-12 for evaluation of long-term outcomes of treat to target (T2T) strategy in PsA pts.

Objectives: to assess the PSAID-12 for evaluations of 6-years outcomes of T2T strategy in PsA.

Methods: 50 (M/F–24/26) PsA pts fulfilling CAPSAR criteria were included. Mean age 45±12.1 yrs, median (Me) PsA duration 82 [66;97] month (mos). Me follow-up 72 [58;69] mos. At the early stage (PsA durations<2 yrs) all pts were treated according to T2T strategy within 24 mos. At 6 years follow-up all pts under went standard clinical examination (tender joint count (TJC), swollen joint count (SJC), patient global assessment disease activity (PGA), CRP (mg/l), skin psoriasis (PsO) by BSA (%), presence of nail PsO, enthesis dactylitis, DAPSA and completed PsAID-12. PsAID-12 scores 4 is considered as a "patient-acceptable status symptoms" (PASS). PsAID-12 > 4 is considered as worse quality of life.

Disclosure of Interests: None declared.

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A RANDOMIZED, USUAL CARE CONTROLLED, PARALLEL-GROUP PRAGMATIC CLINICAL TRIAL IN AN INTERDISCIPLINARY COMBINED DERMATOLOGY–GASTROENTEROLOGY–RHEUMATOLOGY CLINIC: PRELIMINARY DATA ON BASELINE CHARACTERISTICS OF 128 PATIENTS AND QUESTIONNAIRE-BASED QUALITATIVE DATA FROM 30 PATIENTS AND 15 HCPs

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Background: Immune-Mediated Inflammatory Diseases (IMIDs), including psoriatic arthritis (PsA), axial spondyloarthritides (AnSpA), spondyloarthritides, and inflammatory bowel disease share both pathophysiological and environmental factors, individuals with one IMID have an increased risk for developing other IMIDs, and are associated with reduced health-related quality of life, increased risk of comorbidities, and reduced socioeconomic status. Unmet needs in care of patients with IMIDs may result from lack of patient-centricty in the usual mono-disciplined siloed approach to these diseases.

Objectives: The overall aim of this study is to determine the effectiveness of an interdisciplinary combined clinic intervention compared to usual care in patients with the aforementioned IMIDs.

Table 1. Advantages and challenges on feedback from 15 HCPs and feedback from 30 patients.

Advantages - HCP | Challenges - HCP | Themes mentioned by the patients
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Professional development | Culture | Communication between HCOs improved treatment
Satisfying to work on a high professional level | Creates a new culture takes time and patience | Collaboration between HCPs improved treatment
Improved perspective on diseases and patients | Logistics, professional requirements | Holistic approach – patients felt HCPs cared for all health aspects
Collaboration – professional, personal, team spirit | Shared goals | Confidence in living with diseases
Meaning full to work with all aspects of disease | Time and patience | Coherence
Effective communication | Optimal use of time and resources | Treatment optimization
Learning can be brought back to “monodisciplinary” work | Clarification about diet, mastering fatigue and work-related problems
Broader disease focus | Avoid patient being information carrier

Methods: This is a randomized, usual care controlled, parallel-group pragmatic clinical trial. 300 consecutively enrolled participants with co-occurrence of at least two IMIDs are randomly assigned 2:1 to either treatment in the interdisciplinary combined clinic or usual care. The study consists of a 6-month active intervention period and a 6-month follow-up period. Primary outcome is change from baseline to 24-Weeks on the Short-Form Health Survey (SF-36). Additional questionnaire-based qualitative data from 30 patients and 15 health-care professionals (HCPs) involved in the center are reported.

Results: Here we report baseline characteristics of the first 128 patients (mean age 45.4 ± 18.9 years, females (63, 48.8%). All patients had ≥2 IMIDs: Psoriasis (98, 77.3%), PsA (peripheral) (72, 56.3%), AxSpA (34, 26.6%), Hidradenitis (16, 12.5%), Cohn (35, 27.3%), Colitis (20, 15.6%), AxSpA (9, 7.0%), IBD-associated arthritis (10, 7.8%), HS-associated arthritis (1, 0.8%), HLA-B27 was positive in 24 (22.8%) patients.

Advantages, challenges and themes mentioned by the patients are listed in Table 1.

A statement from a patient: “It gave me much more peace of mind that I should not “split” my health problems and run errands between different departments. Did not have to tell the same issues in several places or even try to figure out who to say what to, or who can answer a given question.”

Conclusion: In conclusion, an interdisciplinary combined clinic based on an inflammation medicine holistic concept has been successfully established. Preliminary results indicate a high value of an interdisciplinary combined clinic in patients with IMIDs, and HCPs find both advantages and challenges in establishing a combined clinical.

Disclosure of Interests: None declared