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%) spondyloarthropathy, 25 (22.1%) asymmetric oligoarthritis, 2 (1.8%) distal arthritis and 1 (0.9%) arthritis mutilans. Forty-three percent were under corticosteroid therapy and 57.5% under conventional synthetic DMARD (csDMARD) therapy at baseline (mostly methotrexate, in 45.1% of patients under csDMARD). Etanercept (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. T2R was categorized into 3 groups, namely low [T2R <1, moderate [1 ≤ T2R ≤ 2.2] and high [T2R >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 included in the group high T2R. All T2R groups, with initiation of bDMARD, showed significantly decreases at 6 months in CDAI (low: p=0.006; moderate: p<0.001; high: p<0.001), SDAI (low: p=0.001; moderate: p<0.001; high: p=0.001) and DAS28-CRP(4) (low: p=0.001; moderate: p<0.001; high: p=0.001). From 6 to 12 months of treatment, the differences were not significant in any of the groups (p>0.05). At baseline, CDAI, SDAI and DAS28-CRP(4) means did not differ between groups (p>0.05).

Conclusion: To our knowledge this is the first study exploring the T2R on treatment response in samples of patients exclusively with PsA. All patients benefited from bDMARD therapy, regardless of the group, suggesting that T2R might not be a good predictor of treatment response in patients with PsA.

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AB0915

GUSELKUMAB REAL WORLD DATA: EFFICACY AND SAFETY IN A COHORT OF 69 PATIENTS WITH PSORIATIC ARTHRITIS


Background: Psoriasis (PSO) is a systemic immune-mediated disorder, characterized by inflammation skin and joint manifestations: it is known that up to 30% of PsO patients develop PsA. PsA and PsO share common etiopathogenic pathways, as IL-23/IL-17 axis. In Italy, Guselkumab (GUS), a selective IL-23 receptor antagonist, has been approved for PsA therapy. Today, there are few “real-world” studies regarding the efficacy and safety of GUS in PsA.

Methods: An observational retrospective, multicentric study was performed in 69 PsO patients fulfilling CASPAR criteria. All patients were under bDMARD therapy and GUS was added, at the discretion of the treating rheumatologist, in cases of failure or intolerance to previous DMARDs.

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 (29%), diabetes (24.6%), obesity (23.2%), HIV-positive (20.3%), psychiatric disorders (17.4%), cardiopathies (15.9%), inflammatory bowel disease (7.3%), Latent Tuberculosis (4.4%), Chronic B-Hepatitis (2.9%), Chronic C-Hepatitis (1.5%). In all these patients, skin and joint responses were evaluated at week 12 and week 24.

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.

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AB0916

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 questionnaire (PSAID-12) has 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 usage 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 (MF=24/26) PsA pts fulfilling CAPSAR criteria were included. Mean age 45±12.1 y-rr, median (Me) PsA duration 82 (66-97) month (mos). Me follow-up 72 (58-89) mos. At the early stage (PsA duration<2 yrs) all pts were treated according to T2T strategy within 24 mos. At 6 years follow-up all pts underwent standard clinical examination (tender joint count (TJS), swollen joint count (SJIC), patient global assessment disease activity (PGA), CRP (mg/l), skin psoriasis (PsO) by BSA (%), percentage 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. DAPSA remission (REM-DAPSA) ≤ 4 and low disease activity (LDA) ≤ 14, moderate activity (Mo)>28, high activity >28 were calculated. Me [Q25-Q75], M±SD, Spearman’s correlation, Mann-Whitney test were performed. All p<0.05 were considered to indicate statistical significance.

Disclosure of Interests: None declared
A RANOMIZED, 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 spondyloarthritis (AxSpA), psoriasis, hidradenitis suppurativa, 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-centricity in the usual mono-disciplinary 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.

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 professional (HCP) is involved in the center are reported.

Results: We report baseline characteristics of the first 128 patients (mean age 45.4y, 69 females (83.64%). All patients had ≥2 IMIDs: Psorias (98.73%), 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 (22.2%) 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. Didn’t 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 inclusion, 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 clinic.

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REFERENCES:
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AB0917

EVALUATION OF X-RAY PROGRESSION AT 6 YEARS FOLLOW-UP OF TREAT-TO-TARGET STRATEGY IN EARLY PSORIATIC ARTHRITIS

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Background: In psoriatic arthritis (PsA) patients (pts) persistence inflammation in the peripheral joints leading bone erosions, joint space narrowing and new bone formation. Tight control of PsA disease improved joint and skin outcomes, but the number of pts with erosions increased [1]. Despite of clinical improvement no long-term treat to target (T2T) strategy data on radiographs progression yet [2].

Objectives: To study X-ray progression in PsA pts treated according to T2T strategy at the early stage of disease at 6 yrs (years) follow-up.

Methods: 30 (M/F=17/13) PsA pts fulfilling CAPSAR criteria, mean age 44.7±11.4 yrs, median (Me) PsA duration 78.5 [66;95] month (mos), Me follow-up 71 [60;86] mos, Me DAPSA 24 [7;45]. All pts was treated according to T2T strategy at the early stage with MTX alone or in combination with ITNF in 2 yrs. When T2T strategy was ended at pts were treated according to standard care. All pts underwent standard clinical examination of PsA activity, DAPSA was calculated. Radiographs of the hands and feet were available for 30 pts at baseline and 26 (86.6%) at 6-yrs follow-up. Radiographs of the hands and feet were scored using the modified van der Heijde-Sparcx (m-vd-HS) scoring method for PsA assessing both erosion, joint space narrowing (JSN) and total score (TS) m-vd-HS. Scoring was done by two readers. The number of pts with erosions was at baseline and 6 yrs later. MeXSD, Me [Q25; Q75], Me (Min-Max), Mann-Whitney test were performed. All p<0.05 were considered to indicate statistical significance.

Results: At 6 yrs follow-up Me TS m-vd-HS and JSN significantly increased from 4 (0-10) to 50 (6-253) and from 4 (0-97) to 50 (6-127) accordingly (p=0.006 and p=0.011); count of erosion from 0 (0-13) to 4 (0-128), p=0.002. In 19 out of 26 pts significantly negative X-ray progression in the feet and hands by TS m-vd-HS, count erosion, joint space narrowing were seen for all (p<0.05). In 7 out of 26 pts X-ray progression was found. PsA activity by DAPSA was significantly higher in pts with X-ray progression compare to those without progression 14.1 [5;93.67] and 2.22 [0.55;13.54] accordingly (p=0.04), 6 yrs later the number of pts with erosions significantly increased from 12 out of 26 (46%) at baseline to 22 out of 26 (85%) pts accordingly (p=0.002).

Conclusion: At 6 yrs follow-up negative radiographic progressions in the hand and feet found in mostly early PsA pts despite of tight control treatment strategy within 6 yrs.

REFERENCES: