AB0917

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

T. B. Laehrberg1,2, A. G. Loft3, A. K. Dige2,4, J. S. Agnholt2,4, L. F. Møller2,5, ... Poland, um Immunologie, Berlin, Germany; 7Division of Rheumatology, National Institute of Rheumatic Diseases, Athens, Greece; 8University of Copenhagen, Department of Clinical Medicine, University of Copenhagen, Copenhagen, Denmark; 9Division of Rheumatology, National Hospital, Stockholm, Sweden; 10Department of Rheumatology, Akershus University Hospital, Norway; 11Department of Rheumatology, Akershus University Hospital, Norway; 12Department of Rheumatology, University Hospital, University of Oslo, Norway; 13Department of Rheumatology, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark; 14Department of Rheumatology, Aarhus University Hospital, Aarhus, Denmark

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-centricty 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: 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 45.4y; 18–94y, females 83 (64.8%). All patients had ≥2 IMIDs: Psoriasis (98.77%), PsA (peripheral) (72, 56.3%), AxSpA (34, 26.6%), Hidradenitis (16, 12.5%), Cohin (35, 27.3%), Collitis (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 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 clinic.

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AB0919
PSORIATIC ARTHRITIS: FACTORS ASSOCIATED WITH THE USE OF BIOtherapy
S. Savoy1, N. Akasbi2, H. Bourkhime2, El Mezouar2, T. Harzy1, Hassan II University Hospital, Department of Rheumatology, Fez, Morocco; 2Faculty of Medicine and Pharmacy of Fez, Sidi Mohammed Ben Abdellah University, Laboratory of Bio-statistical, Clinical and Epidemiological Research, Fez, Morocco

Background: The use of biological treatment in psoriatic arthritis has revolutionized its management with both joint and skin efficacy [1].

Objectives: The goal of our study was to evaluate the use of biological treatment in these patients and to assess the factors associated with it.

Methods: Retrospective study conducted within the rheumatology department of the University Hospital of Fez. Patients were recruited from January 2011 to January 2021. We included patients with psoriatic arthritis according to CASPAR criteria and assessed the use of biotherapy as well as the epidemiological, clinical and biological factors associated with it.

Results: There were a total of 98 patients with psoriatic arthritis, 21 of whom had been put on biological treatment. Of the total of 21 patients, there were 42.9% women and 57.1% men, the average age was 51.1 (±9.2) years. 20% of patients had a history of tuberculosis, 14.3% had diabetes, 10% had hypertension and 30% had dyslipidemia. 60% of patients had an inflammatory syndrome, 73% had radiographic sacroiliitis and 63.2% had functional repercussions. In bivariate analysis, the value of the initial C-reactive protein CRP (p = 0.04), the initial disease activity score DAS 28 CRP (p = 0.0001) and the value of the initial erythrocyte sedimentation rate ESR (p = 0.02) were significantly associated with the use of biotherapy, there was no significant association with the other parameters. In multivariate analysis, no factor was significant.

Conclusion: An active psoriatic arthritis predicts the prescription of a biological treatment, other studies with a larger sample would be necessary to confirm our results.


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AB0920
SAFETY OF APREMILAST IN PSA PATIENTS WITH HISTORY OF MALIGNANCIES OR ACTIVE CANCER: A RETROSPECTIVE STUDY
D.V.A. Sabelia1, V. Venerito2, M. Fornaro3, F. Cacciapaglia4, M. G. Anelli2, F. Arezzo5, V. Internò1, G. Lopalco1, F. Iannone1. D.E.T.O., Bari, Italy; 2University of Bari Aldo Moro, D.I.M.O., Bari, Italy

Background: One of the most intriguing aspects in the management of patients with inflammatory arthritis is the safety of novel therapies in those with a recent history of malignancy or active cancer. In this regard, apremilast (APR), an oral PDE4 inhibitor, is emerging as one of the safest therapeutic options in patients with PsA with comorbid cancer.

Objectives: This retrospective study aims to assess the effectiveness and safety of APR in PsA patients with a recent history of malignancy or active cancer.

Methods: We retrospectively observed patients with a history of neoplasm diagnosed from 1997 to 2021, who underwent apremilast treatment from 2017 to 2021 in a tertiary care centre. We recorded demographic and clinical characteristics at APR baseline and last visit. Furthermore, we recorded the eventual diagnosis of APR in PsA patients with a recent history of malignancy or active cancer, improving articular involvement.

Results: There were a total of 98 patients with psoriatic arthritis, 21 of whom had been put on biological treatment. Of the total of 21 patients, there were 42.9% women and 57.1% men, the average age was 51.1 (±9.2) years. 20% of patients had a history of tuberculosis, 14.3% had diabetes, 10% had hypertension and 30% had dyslipidemia. 60% of patients had an inflammatory syndrome, 73% had radiographic sacroiliitis and 63.2% had functional repercussions. In bivariate analysis, the value of the initial C-reactive protein CRP (p = 0.04), the initial disease activity score DAS 28 CRP (p = 0.0001) and the value of the initial erythrocyte sedimentation rate ESR (p = 0.02) were significantly associated with the use of biotherapy, there was no significant association with the other parameters. In multivariate analysis, no factor was significant.

Conclusion: An active psoriatic arthritis predicts the prescription of a biological treatment, other studies with a larger sample would be necessary to confirm our results.


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