a specific feature of psoriatic arthritis. With regards to nail plate thickness, the measurements were similar between PsA patients and HC as previously reported by Mielants [2]. However, unlike previous studies, we showed that the nail bed and skin thickness were significantly higher in healthy controls than PsA patients [3].

**REFERENCES:**

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**AB0957**

**LIMITED GENDER-RELATED DIFFERENCES CHARACTERIZE PSORIATIC ARTHRITIS: DATA FROM A MONOCENTRIC ANALYSIS OF 306 PATIENTS**

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**Background:** Psoriatic Arthritis (PsA) is characterised by a wide spectrum of clinical phenotypes which are ultimately driving therapeutic choices. The male-to-female ratio of the disease is approximately even but in the last decades some gender differences have been proposed in terms of clinical expression and therapeutic response.

**Objectives:** The aim of this study is to confirm these differences in a real-life cohort of PsA patients.

**Methods:** A retrospective data collection has been conducted on a cohort of out-patients with PsA attending our Rheumatology Clinics at Humanitas Research Hospital between January 1st and December 31st 2021. All patients were ≥ 18 years old and fulfilled the CASPAR criteria for PsA. For each patient we obtained demographic, laboratory and clinical parameters and registered which domains (peripheral arthritis, axial PsA, skin and/or nail disease, enthesitis, dactylytis) have been involved in the course of the disease. We also collected data regarding any concomitant comorbidities and previous and current therapies. To investigate possible gender specific differences a cross-sectional univariate descriptive analysis was performed.

**Results:** Our cohort included 306 patients (169 - 55% - women) with PsA. The median age of disease onset was the same for men and women, also when separately considering skin (median 38 years) and articular presentation (median 48 years). No statistically significant differences were observed when comparing the two groups in terms of clinical phenotypes. In both groups peripheral arthritis was referred by the vast majority of patients (95% of women vs. 93% of men) and similar rates of axial involvement (34% in women vs. 37% in men). Considering current or previous therapies, we found a comparable use of non-steroidal anti-inflammatory drugs (43% in both groups), systemic glucocorticoids (9% in men vs 10% in women), conventional synthetic DMARDs and biologic DMARDs and in each group the percentages of patients with a history of bDMARDS targeting TNFα, IL-12-23 or IL-17 failure (women vs men: 11% vs 11%, 9% vs 6% and 4% vs 5% respectively) were essentially the same. A higher proportion of women received apremilast (13% vs. 4% of men, P= 0.003). We also observed differences in terms of comorbidities: in our cohort women were more frequently affected by hypothyroidism (6/137 vs. 23/149 in men, P=0.006), fibromyalgia (2/137 vs 33/149, P<0.001) and neurologic disorders (13/137 vs. 41/149, P=0.001) compared to men.

**Conclusion:** Our cohort demonstrated limited gender-related differences in PsA course and therapeutic choices or duration, reporting only higher prevalence of hypothyroidism, fibromyalgia and neurologic disorders in women.

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**AB0958**

**THE RELATIONSHIP BETWEEN THE EXTENSOR TENDON ENTEHOSIS AND THE NAIL IN DISTAL INTERPHALANGEAL JOINT DISEASE IN PSORIATIC ARTHRITIS: ULTRASOUND STUDY**

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**Background:** It has been shown that there is an anatomical link between the distal interphalangeal joint (DIP) extensor tendon enthesitis and the nail changes in psoriatic arthritis (PsA) [1].

**Objectives:** To evaluate the relationship between nail involvement and enthesopathy at DIP level in PsA patients using ultrasonography (US).

**Methods:** We included patients with PsA. According to OMERACT, the following elemental lesions were dichotomously (presence/absence) evaluated on grayscale US assessment at extensor tendon insertion at distal phalanx of DIP joints: abnormally hypoechoic, enthesophytes, and erosions. We also measured the tendon thickness. Increased abnormal vascularization at enthesal level was also assessed using PD technique. We also performed an US assessment of the finger nails that included the study of morphological changes and measurement of the thickness of nail bed (NBT), nail plate (NPT) and adjacent skin (ST).

**Results:** We included 33 PsA patients (323 DIP). Eleven patients (34 %) presented psoriatic onychopathy (45 fingernails) with a mean NAPSI 7 (IQR (25,75)) [2 - 18]. US study of the nails revealed dystrophy in 75 nails (23%). At patient level, the mean NPT, NBT and SK were 1.90±0.22, 0.38±0.09, and 2.33±0.62, respectively. None of the patients had clinical involvement of DIP. Using US, we examined 325 extensor tendon. The mean thickness of the tendon was 0.63mm ± 0.1 mm. The tendon was abnormally hypoechoic in two fingers (0.61%), Erosions were present in 16 DIP (4.9%). We found enthesophytes in 82 DIP joints at insertion of extensor digitorum tendon (25.23%). We did not observe increased abnormal vascularization at enthesal level. At finger level, the extensor tendon thickness was higher in the presence of US nail dystrophy (0.70mm vs 0.60, p=0.01). Erosions were more common in fingers with US nail involvement (14.6 % vs 19%, p<0.00). Osteophytes were present in 20% of fingers with US nail involvement and 26.3% of fingers without US nail involvement (p=0.166). The thickness of DIP digital extensor tendons was correlated with the NBT (r=0.412, p=0.00), the NPT (r=0.310, p=0.00), and the thickness of the adjacent skin (r=0.509, p<0.00).

**Conclusion:** The presence of US nail dystrophy was associated with thicker extensor tendon and more erosions. The thickness of the tendon was correlated with the thickness of the nail parts. This might be explained by the close relationship between nail and enthesis and supports the theory of the enthesis as an extended organ beyond the tendon bony attachment.

**References:**

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**AB0959**

**THE ACTIVITY OF PSORIATIC ARTHRITIS WITH AXIAL INVOLVEMENT CORRELATES WITH PSAID12.**

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**Background:** Patients with psoriatic arthritis (PsA) show an impact on the physical and psychological aspect of the disease and it can be measured with the PsA Impact of Disease (PsAID) questionnaire, and it is expected that the impact of the disease improves when the patient is in remission or low disease activity.

**Objectives:** To determine the PsAID percentile and the rate of low impact of the disease in patients with PsA in daily clinical practice, and to evaluate its relationship with its axial activity.

**Methods:** A cross-sectional study was conducted in consecutive patients who met the CASPAR criteria, with positive clinical (DLI) and positive axial radiology, with or without peripheral involvement, and who were treated according to standard clinical practice (EULAR recommendations). Demographic, clinical, analytical data, HAQ index (0-3) and PSAID12 (0-10) were also collected. Patients were divided into 2 groups: those with a PSaid above 4 (high impact) or below 4 (low impact)