

Table 1.

	MDA N=102	No MDA N= 98	P
HAQ _≤ 0.5, n (%)	82 (92.0)	31 (36.5)	<0.0001
DAPSA REM/LDA, n (%)	98 (96.1)	27 (27.6)	<0.0001
PsAID _≤ 4, n (%)	92 (90.2)	45 (45.9)	<0.0001
DAPSA-PsAID REM/LDA, n (%)	93 (91.2)	16 (16.3)	<0.0001

Conclusion: A PsAID-corrected DAPSA could be a more reliable alternative to MDA than conventional DAPSA and facilitate clinician decisions in daily practice.

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POS1102 THE PREVALENCE OF INFLAMMATORY BACK PAIN IN PATIENTS WITH SKIN PSORIASIS WITHOUT PSORIATIC ARTHRITIS. DATA FROM DERMATOLOGICAL REAL-WORLD SETTING.

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Background: Psoriasis (PsO) is an inflammatory disease associated with psoriatic arthritis (PsA). PsA affects peripheral and axial joints^{1,2}. Psoriasis can precede the onset of PsA by approximately 3 to 8 years, axial involvement often undiagnosed³. There are limited data about the prevalence of inflammatory back pain (IBP) in PsO patients (pts) without clinical symptoms of PsA⁴.

Objectives: To study the prevalence of IBP in PsO pts without PsA symptoms
Methods: 108 PsO pts without PsA over a 10-month period (March 2021 to December 2021) were included. Participants filled out a questionnaire on IBP. Additionally the prevalence of stiffness in the back and neck was estimated. IBP was defined as an affirmative answer to the question 'Did you suffer from low back pain for ≥3 months?' and IBP criteria was based on criteria ASAS (the ASessment in Ankylosing Spondylitis) and was confirmed if at least 3 out of the following 4 criteria were present: (a) onset before age 40, (b) insidious onset, (c) improvement with exercise, (d) associated with morning stiffness

Results: It was found that more than 40% of patients complained of pain or stiffness in the back. Stiffness and pain in the neck were observed in every fourth patient on average. Of those patients who complained of pain in the back or neck, 37% noted that they had pain at rest (when they get up in the morning or lie down for a long time), and 21.3% had inflammatory pain at night (when patients are forced to wake up, they needed to do exercises) (Table 1). It was found that the risks of developing spondylitis with neck pain, neck stiffness, back pain, back stiffness were higher in 4,549 times (95% CI [1,720; 12,031]), in 19,444 times (95% CI [6,480; 58,343]), 15 times (95% CI [4.646; 48.427]) and 34.857 times (95% CI [7.583; 160.230]), respectively.

Conclusion: IBP was found in more than 40% PsO patients. Every fourth PsO patients complained of stiffness and pain in the neck. The presence of these symptoms significantly increased the risk of developing PsA with spondylitis. The presence of IBP should be taken into account for early diagnosis of PsA in the dermatological practice.

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POS1103 "WHAT MATTERS": PATIENT AND CLINICIAN PERSPECTIVES IN PSORIATIC ARTHRITIS CARE

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Background: Recent psoriatic arthritis (PsA) treatment recommendations (1) highlight the importance of shared decision making; this ideally requires the clinician understands "what matters" to each patient regarding their disease. Concurrently, patient research partners have been incorporated into projects for the OMERACT core domain set (2) and measures of physical function and (health related) quality of life (3). Currently, less is known about the similarities and differences between patient and clinician perspectives.

Objectives: To interrogate and delineate commonalities and discrepancies in "what matters" to patients and to physicians in routine clinical care.

Methods: A comprehensive list of items describing the PsA patient experience was generated in medical anthropologist-designed (CH) peer-to-peer discussions in 4 patient focus groups across the United States (Seattle, Cleveland, Washington, DC). These items were combined with those from the GRAPPA-OMERACT PsA Outcomes patient-physician consensus project (2). A PsA physician and patient steering committee reviewed and revised the list with additional topics considered to be of importance. The final list of 51 items went through a 3 round Delphi process starting with 53 PsA patients and a 2 round Delphi with 13 PsA expert rheumatologists. In each round, participants rated each item for level of importance out of 100 total points.

Results: Top priority items for each group are depicted in Figure 1. Both patients and physicians rated 'Arthritis -Joint pain and swelling' in the top two. Five additional items were included for both groups but with different scores; all related to disease manifestations or physical consequences. Several items received disparate priority between groups. In this set, patients included two unique items: access to care and future health uncertainty. Other items affecting everyday function were noted. Physician priorities included specific disease manifestations and physical/functional outcomes, and the topic of "disease management goals", focusing on patient-physician communication regarding a treatment plan.

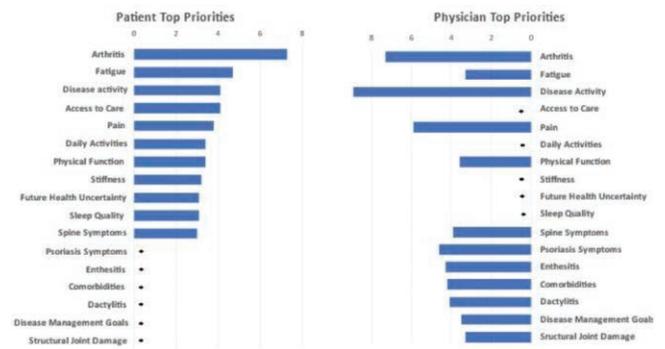


Figure 1. Top Patient and Physician Priorities *Not in set of highest ranked items for that group

Conclusion: Patients and physicians were in consensus that arthritis disease activity, pain and fatigue are key features of the patient's experience of PsA. Differences appeared in other domains; physicians ranked clinical domains such

as enthesitis, dactylitis, and skin disease more highly, patients considered items such as access to care, future health uncertainty and sleep quality to be most important. This study highlights the need for physicians to ask and address “what matters” with patients and to educate patients about potential differences in physicians’ areas of concern to optimize shared decision making.

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POS1104 PHYSIOLOGIC ADAPTIVE CHANGE OF THE PATELLAR AND ACHILLES TENDONS: SENSITIVITY TO CHANGE DETECTED BY COMPUTER ANALYSIS OF SEQUENTIAL STATIC IMAGES

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Background: Sensitivity to change is the ability of a tool to detect changes in the measurement of a variable when this measurement is made on the same target over time. In the follow-up of patients with immune-mediated diseases, it is required that the instruments used to evaluate changes over time demonstrate enough precision. However, ultrasound studies stratify the results of the evaluations in ordinal degrees of intensity of findings dependent on the evaluator’s opinion. Computer analysis of static images has recently been introduced in the study of patients with rheumatic diseases. Nonetheless, its application in musculoskeletal ultrasound is still very limited.

Objectives: -To determine if this type of image analysis is sensitive to structural adaptive change of the patellar and Achilles tendons in healthy subjects.

Methods: We recruited young volunteers with a declared sedentary habit and with a normal BMI. They carried out a supervised physical exercise routine for 6 months.

Two ultrasound measurements of the patellar and the Achilles long axis were performed. Also, two elastographies of the same tendons and two anthropometric measurements of the thigh and calf were made at the beginning and end of the training period. To demonstrate sensitivity to change, a correlation was made between the ultrasound, elastographic and anthropometric morphological changes, and the result of the computer analysis of the image in terms of gray scale mean and mode.

Results: 19 volunteers were evaluated (mean age 24 ±2 years, 12 women).

After the exercise routine, we found statistically significant differences between calf perimeter (mean -3,70 ±1,803; p .000), Achilles elastography (-,347 ±,294; p .000), Achilles and patellar MGI (4,229 ±4,849; p .001 and 2,331 ±3,115; p,004). Regarding the non-normal distributed variables, we met statistically significant differences between patellar elastography (average range 11,45, sum of the ranks 126,00; Z -2,343; p,019), Achilles and patellar grey intensity modes (average 12,92, sum 168,00; Z -2,938; p,003 and average 11,77, sum 176,50; Z -3,28; p,001). The correlations study is shown in Table 1.

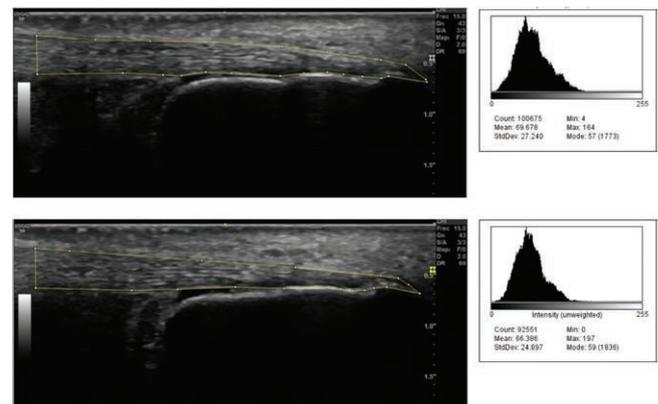


Figure 1. Before (upper) and after (lower) evaluation.

Conclusion: Computer analysis of static images of the Achilles and patellar tendons is sensitive to the change induced by exercise in young and healthy subjects. The mean gray intensity correlates better with elastography. This shows that the predominance of the fibrillar pattern induced by exercise produces a higher speed of sound conduction. The gray intensity mode correlates better with the anthropometric changes experienced by the subjects. The concentration of shades in white extremes translates into greater anthropometric changes. This demonstrates that the stiffness or elasticity of a tendon correlates with the global distribution of gray. The response to mechanical stimuli correlates with the concentration of more intense white tones that are not necessarily scattered (endophytes or pre-enthesophytes).

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Table 1. Results of the Pearson correlation tests of changes experienced over time.

Variables of change (Final-Baseline)		Achilles tendon elasticity change	Patellar tendon elasticity change	Achilles mean grey intensity changes	Patellar mean grey intensity changes	Achilles mode grey intensity changes	Patellar mode grey intensity changes
Calf circumference change	Pearson correlation	,050	,470*	,094	,530*	,935**	,029
	Sig. (bilateral)	,840	,042	,701	,020	,000	,907
Thigh circumference change	Pearson correlation	,014	-,069	,120	-,160	,022	,904**
	Sig. (bilateral)	,956	,780	,624	,514	,928	,000
Body Fat % Change	Pearson correlation	-,237	,098	-,033	,119	-,091	,011
	Sig. (bilateral)	,330	,689	,893	,626	,712	,963
Achilles tendon elasticity change	Pearson correlation	1	,221	,779**	,090	,147	-,032
	Sig. (bilateral)		,362	,000	,715	,548	,896
Patellar tendon elasticity change	Pearson correlation	,221	1	,353	,899**	,416	-,154
	Sig. (bilateral)	,362		,139	,000	,076	,529