

Amongst 981 SEC initiators, 679 (69.2%) had PsA+PSO. Maintenance dose data were available/could be analysed for 901 patients. Most PsA-only patients-initiated SEC at a dose of 150 mg (53.7%), and most PsA+PSO at 300 mg (65.0%). This was similar for maintenance period with 51.8% percent of PsA-only and 62.4% of PsA+PSO patients receiving a maintenance dose of 150 mg and 300 mg, respectively. A similar pattern was observed within bDMARD-naïve and bDMARD-experienced patients regardless of PSO manifestations.

**Conclusion:** This study provides information on the profiles of PsA patients treated with different bDMARDs and suggest that factors such as PSO manifestations and biologic-experience play important roles in the choice of bDMARD and dosing regimen. Future studies are warranted to identify patient outcomes associated with treatment patterns, including discontinuation and switches over time, which can assist in tailoring therapies to patient needs.

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AB1114 **MUSCULOSKELETAL ULTRASOUND BASELINE ASSESSMENT IMPROVES THE RESPONSE TO APREMILAST IN PATIENTS WITH PSORIATIC ARTHRITIS: RESULTS FROM A MULTICENTER STUDY**

**Keywords:** Ultrasound, Psoriatic arthritis, Imaging

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**Background:** Psoriatic arthritis (PsA) is an inflammatory rheumatic disease characterized by different phenotypes in terms of joint involvement. Apremilast, PDE4 competitive inhibitor, has been introduced in the treatment of adult psoriatic arthritis (PsA) with moderate disease activity. Musculoskeletal ultrasound (MUS) is useful in the assessment of disease, treatment response and follow up in PsA patients. Choosing an effective and safe treatment over time is an increasingly urgent goal given the greater availability of indicated drugs.

**Objectives:** The aim of this study is to evaluate if MUS assessment before apremilast treatment can improve its retention rate.

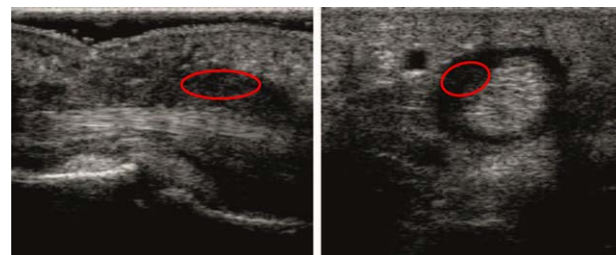
**Methods:** We enrolled consecutive patients affected by PsA (according to the CASPAR Criteria) from 15 rheumatology centers. The following data were recorded for each patient: age, gender, duration of disease, DAPSA; smoke, comorbidities; concomitant treatment; duration of therapy with apremilast; reason of suspension, PsA phenotype (polyarticular or oligoarticular) (Table 1). All patients were divided in two subset according to the presence of a MUS

assessment before apremilast treatment. The differences between two groups were calculated by means of the Mann-Whitney and Chi-square tests. The Kaplan Meier curve and Cox analysis assessed the retention rate and associated factors. P values < 0.05 were considered statistically significant.

**Results:** ON Three hundred and fifty patients (m/f: 198/152; median age 60 years, IQR 52-67 years), 40% received MUS examination. In the MUS group there was a moderate disease (medium 22,9 IQR 18,2-29 vs 26,9 IQR 20,3-33,9; p=0,0006) and a prevalence of the oligoarticular pattern (73% vs 44%, p<0,0001). The retention rate was statistically higher in MUS group (Figure 1) (HR 0,57 IC95% 0,35-0,95; p=0,03).

**Table 1.**

	No US	Yes US	P-value
<b>Number</b>	216	140	-
<b>Age (years)</b>	61	58	0,0016
	[54-69]	[50-65]	
<b>Gender (M:F)</b>	85:131	67:73	Nss
<b>Smoke (%)</b>	23,4	34,8	0,0198
<b>BMI (kg/m<sup>2</sup>)</b>	25,7	26,1	nss
	[23,4-29,8]	[23,7-29,0]	
<b>Duration of disease PsA (months)</b>	44	37	nss
	[13-95]	[12-78]	
<b>Duration of disease PsO (months)</b>	13	30	nss
	[0-83]	[0-93]	
<b>Comorbidity (%)</b>	47,7	39,3	nss
<b>Swollen joints</b>	8	4	<0,000001
	[4-12]	[3-7]	
<b>Tender joints</b>	3	2,5	0,0434
	[2-5]	[2-4]	
<b>PCR (mg/dl)</b>	2,9	1,0	0,0057
	[0,8-5,2]	[0,7-3,0]	
<b>DAPSA</b>	27,0	22,9	0,0004
	[20,4-34,2]	[18,2-29,0]	
<b>Concomitant treatment (%)</b>	13,4	27,1	0,0012
<b>Naive biologic (%)</b>	80,6	68,6	0,0100
<b>Oligoarticular pattern (%)</b>	36,1	63,6	<0,0001



**Figure 1.** A: Psoriatic arthritis. Longitudinal volar scan of the interphalangeal proximal joint. Tenosynovitis of the flexor tendons <sup>0</sup>B: Psoriatic arthritis. Transversal volar scan of the interphalangeal proximal joint. Tenosynovitis of the flexor tendons ( )

**Conclusion:** In PsA patients treated with apremilast, MUS assessment at baseline was associated with a higher retention rate. MUS could be useful in the PsA treatment algorithm in order to better identify those patients whose characteristics are favourable to apremilast response.

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AB1115 **STUDY DESIGN AND FULL BASELINE SAMPLE CHARACTERISTICS OF PATIENTS FROM THE 24-MONTH MULTINATIONAL PROSPECTIVE PSORIATIC ARTHRITIS OBSERVATIONAL STUDY OF PERSISTENCE OF TREATMENT (PRO-SPIRIT)**

**Keywords:** Psoriatic arthritis

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