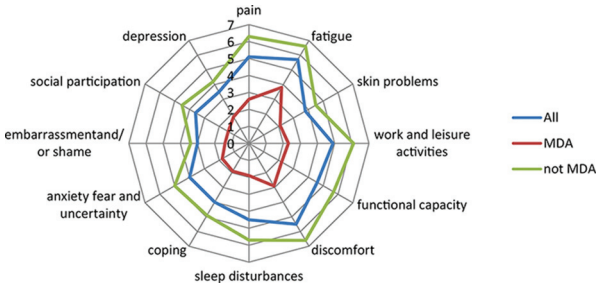
All components of PSAID12 were associated with MDA achievement on univariate logistic regression but only pain remained an independent variable on multiple logistic regression. Disease duration, age and sex were not associated with achievement of MDA.

Patients in MDA had significantly lower PSAID12 then those not in MDA (mean 2.1 ± SD 1.9 vs. 5.8 ±1.9. We also looked at individual components of PSAID (Figure1, mean values for numerical rating scales). Patients in MDA continue to report pain and discomfort despite good clinical outcomes, albeit far lower than patients not in MDA.

PSAID12 of less than 4 is considered a good outcome. All components of MDA assessment were associated with low PSAID12 on univariate analysis, but only pain VAS and HAQ remained independent predictors on multiple regression analysis.

Patients with active but not severe arthritis (SJ or TJ 2-3) continued to have high PSAID (one way ANOVA p<0.001), driven by other psoriatic disease manifestations including skin and enthesitis.



Conclusion:

- MDA is a relevant treatment target in psoriatic arthritis, with markedly lower PSAID12 in patients in MDA
- Patients with even low numbers of tender or swollen joints continue to have significant impact of disease, supporting the use of a multidimensional treatment target.
- Pain and fatigue are dominant symptoms in patients with psoriatic arthritis, even in those in MDA

REFERENCES

[1] Ann Rheum Dis. 2014 Jun;73(6):1012-9. doi: 10.1136/annrheumdis-2014-205207

[2] RMD Open. 2017 Jul 18;3(1):e000415. doi: 10.1136/rmdopen-2016-000415. eCollection 2017

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SAT0382 THE RISK FACTORS RELATED TO MENTAL HEALTH PROBLEMS IN PATIENTS WITH PSORIATIC ARTHRITIS IN A LARGE MULTICENTER STUDY; DATA FROM TLAR-NETWORK

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Background: Psoriatic arthritis (PsA) can lead to significant mental burden affecting several aspects of life in majority of patients. Mental health problems, such as depression and anxiety may result in poor treatment adherence and difficulty in coping with disease burden.

Objectives: The aim of this study is to determine the risk factors associated with clinically significant depression and anxiety in patients with PsA.

Methods: The data from 1128 patients with PsA who met CASPAR classification criteria enrolled by Turkish League Against Rheumatism (TLAR)-Network derived from 25 investigating centers. All of the patients underwent clinical, radiological and also laboratory assessment by using standardized protocol. The associations between psychological variables and clinical parameters were assessed by univariate and multivariate analyses.

Results: Of the 1128 patients with PsA (the mean age 46.9 ±12.2,%64 F), 574 (%50.9) had high risk for depression (HADS-D score ≥7) and 270 (%23.9) for anxiety (HADS-A score ≥10). By univariate analysis, the highest odds ratio (OR) associated with both depression and anxiety were SF36-MCS<50 (OR 6.9, [95%CI:5.3–9]; OR 9, [95%CI:6.5–12.6], respectively. The lowest OR associated with depression belong to PASI total score (OR 1.1, [95%CI:1–1.1]), while the lowest OR associated with anxiety belong to BASMI (OR 1.2, [95%CI:1.1–1.3]). Multivariate logistic regression analysis of potential risk factors for mental health revealed that BASFI (OR 1.9, [95%CI:1.3–2.9], BASDAI (OR 1.6, [95%CI: 1.2–2.3]), BASRI (OR 1.1, [95%CI: 1–1.2]), SF36 MCS<50 (OR 4.7,[95%CI: 3.3–6.8) and unemployed (OR 1.4, [95%CI: 1–1.9]) were factors that influence the risk of depression whereas the BASDAI (OR 1.6, [95%CI: 1–2.4]), SF36 MCS<50 (OR 6, [95%CI: 4–9.2]), BASMI (OR 1.2, [95%CI: 1.1–1.3]) and FIRST≥5 (OR 3, [95%CI: 2–4.5]) were factors that influence the risk of anxiety.

Conclusion: This large nationwide database indicated that higher disease activity, functional disability, fibromyalgia (FMS), poor health related quality of life as well as structural damage were estimated as the important risk factors for mental disorders in PsA.

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SAT0383 COMPARISON OF THE EFFICACY AND SAFETY OF TOFACITINIB AND APREMILAST IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS: A BAYESIAN NETWORK META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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Background: The therapeutic options for psoriatic arthritis (PsA) include conventional disease-modifying antirheumatic drugs and biologics. However, an unmet need exists for PsA therapies owing to drug intolerance, non-responsiveness, and therapeutic resistance. Therefore, there is a need for additional treatment options with novel mechanisms of action. Tofacitinib is an orally administered JAK inhibitor and apremilast is a novel oral phosphodiesterase 4 inhibitor that regulates inflammatory mediators.

Objectives: The aim of this study is to assess the relative efficacy and safety of tofacitinib and apremilast at different doses in patients with active PsA.

Methods: We conducted a Bayesian network meta-analysis to combine evidence from randomized controlled trials (RCTs) for examination of the efficacy and safety of tofacitinib 10 mg, tofacitinib 5 mg, apremilast 30 mg, and apremilast 20 mg in PsA.

Results: Eight RCTs including 3,086 patients met the inclusion criteria. There were 10 pairwise comparisons including 6 direct comparisons of 5 interventions. All the interventions achieved a significant American College of Rheumatology 20 (ACR20) response compared with placebo. Tofacitinib 10 mg and apremilast 30 mg were among the most effective treatments for active PsA, followed by tofacitinib 5 mg, and apremilast 20 mg. The

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