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Background: Psoriatic arthritis (PsA) is an inflammatory musculoskeletal disease characterized by different domains.[1] Interest is growing towards early diagnosis of axial PsA (AxPsA), to allow better disease characterization and well-timed targeted therapeutic strategies.
Objectives: In this study, we report preliminary results of a rheumatological screening strategy settled in a dermatological centre. Primary objective is to validate the screening tool in a cohort of Italian patients affected by psoriasis, improving early diagnosis of AxPsA. Secondary objectives are: 1. classification and characterization of axial involvement; 2. profiling of patients' characteristics and comorbidities.
Methods: Patients were enrolled in the ATTRACT study (**A**xial psoria**T**ic ar**T**hritis sc**R**eening **A**n**C**ona i**T**aly) according to the following inclusion criteria: **1.** age > 18 years; **2.** diagnosis of psoriasis (Pso) by a dermatologist; **3.** capacity to understand and sign the informed consent. Patients who assumed any DMARD 12 weeks prior to screening were excluded. Study design is shown in Figure 1. The Dermatologic-Centred Screening (DCS) tool[2], recently validated for early identification of AxPsA, was translated in Italian and administered to outpatients in the dermatological clinic. Patients were divided in the following groups based on answers to the Inflammatory Back Pain (IBP) related questions of the DCS: **A.** no affirmative answers (low AxPsA probability); **B.** all affirmative answers (high probability); **C.** only two affirmative answers (intermediate probability). Group B & C patients underwent complete rheumatological examination comprehensive of clinimetric, laboratoristic and genetic data; Xray and MRI imaging of the whole spine and pelvis were performed in all of them classifying in: **a.** confirmed AxPsA; **b.** peripheral PsA involvement only; **c.** PsA excluded.
Results: N.366 patients were screened; n.101 met exclusion criteria. N.91 (34.3%) were classified as group A, n.125 (47.2%) as group B, n.49 (18.5%) as group C. Following characteristics were notable: a. female sex more represented in group B; b. mean age higher in group C; c. onichopathy more represented in group A & C. List of patients' clinical characteristics is shown in Table 1 Among group B patients, n.28 (22.4% - B1) were classified as PsA excluded; n.22 (17.6% - B2) as isolated per-PsA (according to CASPAR criteria), n.39 (31.2% - B3) as AxPsA (n.34 fulfilling ASAS criteria, n.31 with concomitant per-PsA). Among group C, n.15 (30.6% - C1) as PsA excluded; n.3 (6.1% - C2) as isolated per-PsA, n.5 (10.2% - C3) as AxPsA (n.4 fulfilling ASAS, n.5 with concomitant per-PsA). N.13 patients are still awaiting results of imaging; n.49 (n.24 group B, n.25 group C) refused to undergo imaging and were considered lost at follow-up.
Conclusion: The DCS tool may be useful for PsA screening in a real-life cohort of Pso patients, an Inflammatory Back Pain was reported by about half of the screened Pso patients. This tool helped to identify a substantial number of naïve patients not only affected by AxPsA but also by peripheral PsA in a purely dermatological setting.

REFERENCES:

[1] Coates LC et al. *Nat Rev Rheumatol 2022*
[2] Proft F, et al. *Ann Rheum Dis 2022*

Table 1. Comparison between clinical characteristics of patients in groups A, B and C.

	Group A (n.91)	Group B (n.125)	Group C (n.49)	p
Gender (F/M), n(%)	35(38.5)/56(61.5)	76(60.8)/49(39.2)	20(40.8)/29(59.2)	**0.002**
Age, yrs	51.49±17.33	49.15±15.65	59.57±17.9	**0.0012**
PASI*	3.71±5.38	3.33±6.35	1.73±2.73	0.171
Onichopathy, y/n, n(%)	30 (46.2)/35 (53.8)	76(69.7)/33(30.3)	24(66.7)/12(33.3)	**0.007**
Cardiovascular diseases	32 (59.3)	36 (42.9)	22 (59.5)	0.124
Metabolic diseases	33 (61.1)	52 (61.9)	23 (62.2)	0.476
Infections	1 (1.9)	3 (3.6)	0 (0.0)	0.670
Neurologic/Psychiatric	4 (7.4)	7 (8.3)	3 (8.1)	0.877
Back pain duration > 3 months (question 3a), n(%)	0 (0.0)	125(100)	34(69.4)	**< 0.001**
Back pain start before age of 45 (question 3b), n(%)	0 (0.0)	125(100)	15(30.6)	**< 0.001**

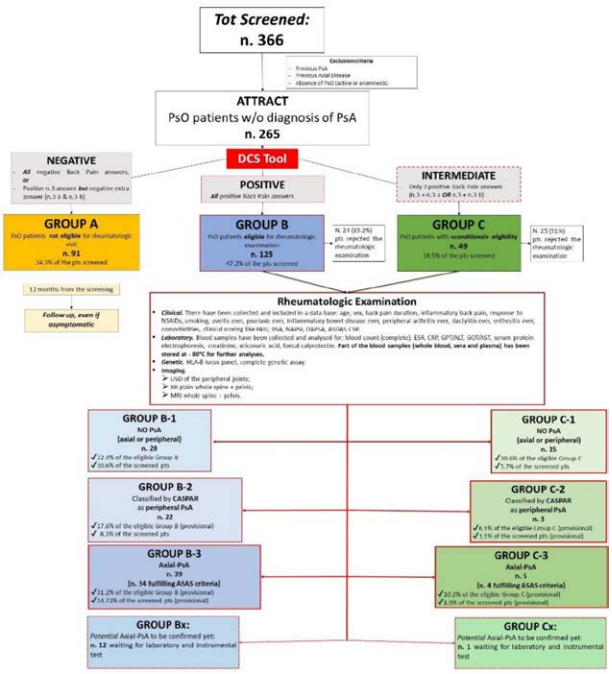

Figure 1. Design of the study

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POS0879

THE IMPACT OF 6-MONTH DELAY IN DIAGNOSIS ON CLINICAL AND FUNCTIONAL STATUS IN THE PSA PATIENTS UNDER BDMARD TREATMENT: RESULTS FROM TREASURE DATABASE

Keywords: Registries, Psoriatic arthritis, Real-world evidence

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Background: The impact of delay in diagnosis on the disease severity and functional loss has been shown previously In Psoriatic arthritis (PsA) patients.
Objectives: This study aimed to evaluate the impact of 6 month-delay in diagnosis on patients` clinical outcomes and functional outcomes in the PsA patients under bDMARD therapy using a national database.

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Methods: TReasure is a national, multicentre, longitudinal, and observational database, initiated in Turkey in 2017 and now includes 17 centres [1]. PsA patients with/out more than 6 months from the onset of symptoms to diagnosis were evaluated. Demographic characteristics of the patients (age, gender, delay in diagnosis), smoking (ever), BMI, and CCI score were calculated. PsA and associated disease characteristics; dactylitis, enthesitis, uveitis, IBD, sacroiliitis by mNY, disease activity at bDMARD initiation; SJC (66 joints), TJC (68 joints), ASDAS-CRP, ASDAS-ESR, BASDAI, ESR, CRP, VAS (physician global, patient global), function and quality of life; BASFI (>40 mm), HAQ-DI (<0.5, 0.5-1.0, >1.0), EQ5D, were assessed and compared between two groups.

Results: In TReasure database, the time between symptom to diagnosis was known in 865/911 (94.9%) of PsA patients. More than 6 months of delay in diagnosis was present in 627/865 (72.4%) patients. In delayed-diagnosis group time from symptom onset to initiation of bDMARD was longer (6.1 (3.3-6.1) vs 2.4 (0.8-7.1) years, p<0.001). Patients with delay in diagnosis of PsA had more sacroiliitis (57.3% vs 46.2%, p=0.014) according to mNY criteria. However, dactylitis was more common in patients with less than 6 months of delay in diagnosis (31.2% vs 19.1%, p<0.001).Patients' ASDAS-CRP and VAS-Physician Global score were slightly higher, while other activity parameters were similar; (ASDAS-ESR, BASDAI, BASMI, VAS patient global, SJC and TJC) (Table 1). There was no difference between the median (IQR) BASFI and HAQ-DI scores in delayed-diagnosis group, whereas BASFI and HAQ-DI categories showed worse function and quality of life. EQ5D showed similar result with slightly worse scores in delayed-diagnosis group.

Conclusion: Approximately three-quarters of PsA patients using bDMARDs have a delay of at least 6 months in diagnosis. Delay in diagnosis significantly prolongs the time until bDMARD initiation. The most important clinical finding in earlier diagnosis group is dactylitis. Axial involvement may be a reason, perhaps the result, of the delay in diagnosis. Since the delay in diagnosis is related to poor function and quality of life, efforts should be made for early diagnosis at every stage.

REFERENCE:

[1] Kalyoncu U, et al. Turk J Med Sci. 2018 Aug 16;48(4):856-861.

Table 1. Demographic and Clinical Characteristics of Patients with/without diagnostic delay

	Patients with diagnostic delay < 6 months n=238	Patients with diagnostic delay > 6 months N=627	P
Current Age (y)	45 (38-57)	47 (40-57)	0.09
Gender (male) n, (%)	89 (37.4)	200 (31.9)	0.13
Delay in diagnosis, month	3.0 1.0-4.9)	24.0 (11.9-61.0)	**<0.001**
Disease duration (symptom-bDMARD initiation)	2.4 (0.8-7.1)	6.1 (3.3-6.1)	**<0.001**
Disease duration (diagnosis-bDMARD initiation)	2.3 (0.6-7.1)	2.5 (0.7-6.2)	0.61
BMI	28.1 (24.6-32.0)	28.0 (24.9-31.9)	0.62
Smoking (ever)	119 (50.6)	289 (47.2)	0.37
CCI (≥1), n (%)	47 (19.7)	127 (20.3)	0.62
ASDAS-CRP	3.45 (2.77-4.08)	3.62 (3.14-4.25)	**0.011**
BASFI Score (0-10)	4.6 (2.2-6.2)	4.7 (3.4-5.9)	0.52
BASFI category > 4	92 (61.7)	307 (71.4)	**0.028**
EQ5D score	11 (9-11)	11 (10-12)	**0.026**
HAQ-DI score	0.64 (0.40-1.0)	0.63 (0.50-0.80)	0.76
HAQ-DI category	37 (28.0)	68 (17.6)	**0.002**
<0.5	58 (43.9)	241 (62.4)	
0.5-1.0	37 (28.0)	77 (19.9)	
> 1.0			
VAS-Physician global	70 (50-80)	70 (60-80)	**0.003**
Sacroliitis according to mnY, n (%)	80 (46.2)	238 (57.3)	**0.014**
Dactylitis, n (%)	64 (31.2)	105 (19.1)	**<0.001**

Continious variables were presented as median (%25-75),BMI: Body mass index (n=856), CCI: Charlson Comorbidity Index (n=865), BASFI: The Bath

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POS0880

COMPARATIVE DISEASE BURDEN IN PATIENTS WITH RHEUMATOID ARTHRITIS, PSORIATIC ARTHRITIS OR ANKYLOSING SPONDYLITIS: DATA FROM COVAD PATIENT-REPORTED E-SURVEY

Keywords: Psoriatic arthritis, Rheumatoid arthritis, Spondyloarthritis

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Background: Rheumatoid arthritis (RA) and spondyloarthritis, including either Psoriatic Arthritis (PsA) and Ankylosing Spondylitis (AS), are some of the most diagnosed autoimmune rheumatic diseases (AIRDs) in rheumatologists' routine clinical practice [1]. Understanding patients' health and functional status is crucial to provide personalized management strategies to optimize disease control and enhance the quality of life.

Objectives: We aimed to compare disease burden in patients with RA, PsA or AS by assessing Patient-Reported Outcome Measurement Information System (PROMIS) Physical Health, Global Mental Health, Physical Function and Fatigue 4a together with VAS Pain.

Methods: Data were obtained in the international COVID vaccination in autoimmune rheumatic diseases study second e-survey (COVAD study). Demographics, AIRD diagnosis, disease activity, PROMIS Global Physical health, PROMIS Global Mental Health, PROMIS Physical Function SF10 and PROMIS Fatigue 4a score were extracted from the COVAD study database. For this study, we only included patients with self-reported RA or spondyloarthritis (either PsA or AS) undergoing active treatment with conventional synthetic disease-modifying drugs (DMARDs) and/or biologic DMARDs, who answered all the survey questions. Active disease was defined as the patient's perception of their disease as active in the four weeks before their first COVID-19 vaccine shot. Analysis of Variance with Bartlett's and Tukey's test was used to compare continuous variables between groups.

Results: From January to June 2022, n.1907 patients with RA, female 87.62% (1671/1907), with mean age (±SD) 50.95 ±13.67, n.311 patients with PsA, female 67.20% (209/311), with a mean age of 50.42 ±12.70, and n.336 patients with AS, male 51.31% (209/311), with a mean age of 43.13 ±12.75 years, responded to the COVAD e-survey. In those with active disease, neither physical health, global mental health, physical function, fatigue, nor pain were different among groups

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