Table 1. IRs of SI in RA and PsA patients starting a TNFi Jan 2009 – Dec 2018. HRs for PsA compared to RA.

	RA (1780 treatment courses)			PsA (1400 treatment courses)			
	SI, n	PYR	IR (95 % CI)	SI, n	PYR	IR (95 % CI)	HR (95% CI)
Serological status	64	1743	3.67	-	-	-	-
RA	60	1362	(2.87, 4.69)	-	-	-	-
Seropositive			4.40				
Seronegative			(3.42, 5.67)				

*DAS28-CRP < 2.6 = remission, PYR; Patient years at risk, MTX; Methotrexate, IR; Incidence rate

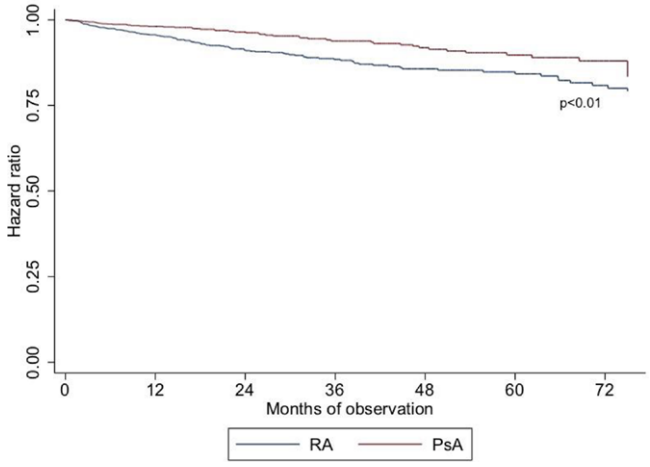


Figure 1. Age- and gender-adjusted risk of SI across RA and PsA

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AB0761

DEMOGRAPHIC AND CLINICAL FEATURES OF JUVENILE-ONSET PSORIATIC ARTHRITIS: RESULTS FROM PSART-ID REGISTRY

S. Ergulu Eşmen[1], O. Bayindir[2], E. Kasapoğlu[3], S. Bakırcı[4], D. Solmaz[2], G. Kimyon[5], A. Doğru[6], E. Dalkılıç[7], C. Özişler[8], M. Can[3], S. Akar[2], E. F. Tarhan[9], S. Yavuz[3], L. Kılıç[8], O. Küçükşahin[8], A. Omma[8], E. Gönüllü[10], F. Yıldız[11], D. Ersözlü[12], A. Tufan[8], M. Çınar[8], A. Erden[8], S. Yılmaz[13], S. Pehlevan[3], M. T. Duruöz[3], S. Aydin[14], U. Kalyoncu[8]. *[1]PSART-ID, Kayseri, Kayseri, Turkey; [2]PSART-ID, İzmir, İzmir, Turkey; [3]PSART-ID, İstanbul, İstanbul, Turkey; [4]PSART-ID, Antalya, Antalya, Turkey; [5]PSART-ID, Hatay, Hatay, Turkey; [6]PSART-ID, Isparta, Isparta, Turkey; [7]PSART-ID, Bursa, Bursa, Turkey; [8]PSART-ID, Ankara, Ankara, Turkey; [9]PSART-ID, Muğla, Muğla, Turkey; [10]PSART-ID, Sakarya, Sakarya, Turkey; [11]PSART-ID, Kahramanmaraş, Kahramanmaraş, Turkey; [12]PSART-ID, Adana, Adana, Turkey; [13]PSART-ID, Konya, Konya, Turkey; [14]PSART-ID, Ottawa, Ottawa, Canada*

Background: Although psoriatic arthritis (PsA) may be seen at any decades, juvenil onset PsA is relatively rare. Moreover, there were no more data about clinical features, treatments, and course in juvenile PsA when they reached to adult age.

Objectives: The objective of this study was to assess and compare demographic and clinical features for juvenile onset PsA and adult onset PsA.

Methods: PsART-ID is a multicenter, international database, investigating the disease characteristic in real life (1). Briefly, demographic data, PsA subtypes, uveitis, enthesitis, dactylitis, Co-morbidities, disease activity scores (TJC, SJC, VAS-pain, VAS patients and physician global assessments, VAS-fatigue, BASDAI), and functional status (HAQ-DI, BASFI) were recorded. Psoriasis and PsA starting age were noted, as well. Patients were classified as juvenile PsA or juvenile PsO (under 18 years old). Results were compared regarding to juvenile versus adult onset age.

Results: Overall, 1644 PsA patients were included to study, 301/1644 (18.3%) patients had juvenile onset psoriasis. Of 39/1644 (2.4%) patients had juvenile onset PsA, as well. As expected, juvenile onset PsA patients were younger, however PsA disease duration were longer than adult onset PsA patients. There were no any difference between demographic and clinical data, except BMI and enthesitis were less frequently at the juvenile onset PsA groups. Although, ever csDMARD using were similar between two groups, however, juvenile onset PsA patients were used more frequently bDMARDs.

Table. Comparison of demographic and clinical characteristics of juvenile and adult-onset psoriatic arthritis

	Juvenile onset	Adult onset	p
N (%)	39 (2.4)	1605 (97.6)	
Female Sex n (%)	24 (61.5)	1006 (62.7)	0.884
PsA beginning age mean (SD)	13.3 ± 3.85	42.3 ± 12.9	<0.001
Current age mean (SD)	26.6 ±10.7	47.3 ±13.07	<0.001
Duration of psoriasis (years)	17.10 ± 11.26	14.75 ± 11.78	0.124
Duration of psoriatic arthritis (years)	13.5 ±11	5.06 ± 6.7	<0.001
Cigarette smoking (ever) n (%)	15/38	641/1494	0.72
Education duration/year (mean,SD)	10.09 ± 3.67	9.52 ± 4.81	0.464
BMI (kg/m2) (mean, SD)	24.5 ±5.1	28.3 ± 5.21	<0.001
Family history of PsO/PsA n (%)	15 (38.5)	559 (34.9)	0.642
Nail involvement n (%)	18 (46.2)	762 (47.5)	0.864
Dactilitis n (%)	9 (23.7)	367 (24)	0.958
Entesitis n (%)	3 (7.9)	384 (25.7)	0.013
Uveitis n (%)	-	13 (4.3)	0.713
Axial involvement (%)	15 (38.5)	464 (29)	0.199
Methotrexate	36 (92.3)	1348 (84)	0.162
Sulfasalazine	17 (43.6)	612 (38.1)	0.488
Leflunomide	14 (35.9)	379 (23.6)	0.076
Biologic DMARDs	102 (33.9)	358 (26.8)	0.013

Conclusion: Although psoriasis may be seen frequently in the juvenile age, juvenile onset PsA was not so frequent in our PsA cohort. Although, ever csDMARD using were similar between two groups, however, juvenile onset PsA patients were used bDMARDs more frequently.

References:

[1] Kalyoncu U et al. The Psoriatic Arthritis Registry of Turkey: results of a multicenter registry on 1081 patients. Rheumatology. 2017;56:279-286.

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AB0762

METABOLIC SYNDROME IN EGYPTIAN PSORIATIC ARTHRITIS PATIENTS.

M. Imam[1], M. Helal[1], M. Hassan[1], E. Hassan[2], S. Essam[3]. *[1]Faculty of Medicine, Alexandria University, Rheumatology and Rehabilitation, Alexandria, Egypt; [2]Alexandria university, Internal medicine, Alexandria, Egypt; [3]Faculty of Medicine, Alexandria University, Alexandria, Egypt*

Background: Psoriatic arthritis (PsA) is a chronic inflammatory arthritis affecting 20:30% of patients with skin Psoriasis (PsO). It is strongly associated with obesity, particularly excess visceral adiposity, which leads to insulin resistance, hyperglycemia, dyslipidemia, and hypertension (HTN).

All the previous findings are grouped in Metabolic Syndrome (MetS) which increase the risk of development of Type 2 diabetes mellitus (T2DM) by five folds and cardiovascular disease (CVD) by two folds.

Objectives: The aim of this work was to define those who fulfill MetS criteria in PsA patients thus of greater risk to develop CVD and T2DM.

Methods: Fifty PsA patients diagnosed according to the CASPAR criteria and 50 matched healthy controls were included in this study.

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