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**Background:** Recent years of progress in conventional and biologic disease-modifying anti-rheumatic drugs development and improved treatment strategies (treat to target) have yield in improved outcome in psoriatic arthritis (PsA) patients. [1,2]. Still, despite modern treatment and clinical monitoring methods, we might miss dimensions of disease burden outside our main focus including quality of life (QoL), which are of high importance from patients' perspective.
**Objectives:** Main objective of this study was to explore how clinical aspects of disease activity and QoL measures will change in PsA patients in an ordinary outpatient clinic in Norway, followed for 5 years, in the biological treatment era.
**Methods:** PsA patients fulfilling the CASPAR criteria visiting an outpatient clinic in Norway between January 2013 and February 2020 were consecutively included in the study. Data collection included variables for demographics, treatment, laboratory assessment of ESR and CRP, joint counts, disease activity score in psoriatic arthritis (DAPSA), global assessments – patient's (PGA) and investigator's (IGA), reported joint and global pain, patient reported outcomes (PROMs) regarding different aspects of quality of life (QoL), (MHAQ, RAID, QoL15D and reported fatigue level). Patients were analyzed at baseline and after 5-year follow-up period. Statistics included paired sample t test and McNemar test.
**Results:** Among 140 PsA patients included at baseline, 114 (81.4%) were re-examined after 5 years. Mean age at baseline was 52 years (95%CI 50.3-53.7) and percentage of women was 50.7%. Proportion of patients treated with biologics increased from 32.9% to 39.5%, but the difference wasn't statistically significant. During the 5 year follow up period most clinical disease activity measures decreased and QoL was maintained (Table 1).

**Table 1. Demographic data, clinical activity measures and patient reported outcomes regarding quality of life in PsA patients followed for 5 years. Values are mean (95CI) or number (%).**

| | Baseline (140) | 5-years follow up (114) | p |
|---|---|---|---|
| Age (years) | 52.0 (50.3, 53.7) | 56.3 (54.4, 58.3) | |
| Women | 71 (50.7%) | 56 (49.1%) | |
| Exercise >1h week | 62 (44.3%) | 59 (51.8%) | 0.28 |
| BMI (kg/m2) | 28.4 (27.5, 29.2) | 28.2 (27.3, 29.1) | 0.89 |
| Current smoker | 24 (17.1%) | 17 (14.9%) | 0.90 |
| Current bDMARD treatment | 46 (32.9%) | 45 (39.5%) | 0.65 |
| DAPSA | 18.6 (16.2, 21.0) | 12.8 (10.8, 14.8) | <0.01 |
| TJC68 | 4.1 (3.2, 5.0) | 1.8 (1.3, 2.4) | <0.01 |
| SJC66 | 0.7 (0.5, 0.9) | 0.3 (0.2, 0.4) | <0.01 |
| ESR | 15.9 (13.9, 18.0) | 10.7 (7.8, 13.5) | <0.01 |
| CRP | 4.9 (3.5, 6.3) | 5.3 (2.5, 8.2) | 0.41 |
| IGA (VAS 0-100) | 4.1 (3.2, 5.0) | 1.8 (1.3, 2.4) | <0.01 |
| PGA (VAS 0-100) | 36.6 (32.5, 40.8) | 29.3 (25.0, 33.6) | 0.12 |
| Global pain (VAS 0-100) | 35.1 (31.2, 39.0) | 28.9 (24.4, 33.5) | 0.42 |
| Joint pain (VAS 0-100) | 33.8 (29.9, 37.8) | 27.5 (23.2, 31.9) | 0.31 |
| MHAQ (0-3) | 0.4 (0.4, 0.5) | 0.3 (0.3, 0.4) | 0.72 |
| RAID (0-10) | 3.5 (3.1, 3.9) | 3.2 (2.9, 3.6) | 0.41 |
| QoL15D (15-75) | 24.2 (23.1, 25.2) | 22.7 (21.6, 23.9) | 0.85 |
| Fatigue (VAS 0-100) | 47.8 (41.5, 54.2) | 39.1 (32.8, 45.4) | 0.16 |

**Conclusion:** In our cohort of PsA patients after 5 years follow up disease activity was reduced and QoL maintained. Our data adds to the evidence that the burden of disease in PsA patients has decreased in the biologic treatment era however is still significant. Further improvement in pharmacological and non-pharmacological treatments in PsA patients is still needed.

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AB0938 **A NEW SCREENING TOOL FOR PSORIATIC ARTHRITIS IN PSORIASIS PATIENTS: TURPAS**

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**Background:** Psoriatic arthritis (PsA) is a heterogenous disease with different disease manifestations. Several tools have been developed for screening of PsA in patients with psoriasis with variable performances. An optimal screening tool for PsA is still an unmet need.
**Objectives:** We aimed to develop a new screening tool in Turkish which could detect different domains involved.
**Methods:** A core group was determined including 11 rheumatologists/10 dermatologist and a systematic literature review on PubMed until 15 August 2020 using the keyword 'psoriatic arthritis` was performed. The review revealed tools named PEST, PASE, EARP, STRIPP, SIPAS, SIPAT, TOPAS-II, GEPARD, PASQ, CONTEST, A novel, short, and simple screening questionnaire. Each item of those tools were included in the Delphi set. After the 3 rounds of Delphi, a new set of screening questionss was developed.
**Results:** Overall 85 items were inquired, including questions on joint, dactylitis, enthesitis, back, skin-nail domains as well as morning stiffness, function, treatment and others for the first round of Delphi. Seventeen experts (9 dermatologists/ 8 rheumatologists from the core group) and fifteen patients (Female/Male= 9/6) answered the Delphi (mean (SD) age of 39.3 (10.9) participated to the first round. The involvemet types were peripheral (73.4%), axial (40%), entheseal (33.4) and dactylitis was present in 14% of the patients. As a result of this first evaluation, 44 out of 85 questions were selected and carried to second round The distribution of these questions was as follows; joint question n=13, skin and nail involvement n=6, dactylitis n=5, morning stiffness n=5, axial n=3, enthesitis n=2, general questions n=5. These questions were sent to the members through rheumatology and dermatology societies. In total, 85 rheumatology specialists

**Table 1. The new screening tool**

| Domain | Turkish version | English version |
|---|---|---|
| Joint | El/ayak parmaklarınızda ya da herhangi bir ekleminizde hiç şişlik veya ağrı oldu mu? | Have you ever had swelling or pain in your fingers/toes or any of your joints? |
| Dactylitis | Resimde gösterildiği gibi el veya ayak parmağınızda sosis şeklinde şişlik oldu mu? | Have you had a sausage-shaped swelling on your fingers or toes as shown in the picture? |
| Enthesitis | Topuk ağrınız olur mu? | Do you have heel pain? |
| Axial involvement and morning stiffness | Belinizde, sırtınızda veya boynunuzda istirahatle artan, özellikle sabaha karşı kötüleşen veya sabahları hareketinizi kısıtlayan ağrınız olur mu? | Do you have pain in your lower back, back, or neck that increases with rest, worsens especially in the morning, or restricts your movement in the morning? |
| Drug use | Eklem şikayetleriniz için zaman zaman ilaç kullanır mısınız? | Do you take medication for your joint complaints from time to time? |
| History of rheumatic disease | Size daha önce iltihaplı romatizma tanısı konuldu mu? | Have you ever been diagnosed with a rheumatic disease before? |

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and 48 dermatology specialists answered the questions in the second round. At the second tour, the number of questions was reduced from 44 to 22. The distribution of the questions was as follows; Skin and nail involvement n=5, dactylitis n=3, joint question n=2, axial involvement n=2, morning stiffness n=2, axial involvement and morning stiffness n=2, enthesitis n=1, general questions n=5. A consensus meeting was held to discuss 22 questions determined at the end of the second round within the initial core group. Each question was handled one by one, some of the questions were combined, if necessary, adapted to Turkish. The tool was given its final form. The final version of the questionnaire consists of 6 questions. (Table 1).

**Conclusion:** A new screening tool targeting different domains in Psoriatic disease was developed in Turkish. While cultural differences play an important role in screening, we believe that the first tool developed in Turkish will be helpful in clinical practice and research settings. Further assessments will be done to understand its validity and reliability within a large cohort of psoriatic patients.

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## AB0939 PSORIATIC ARTHRITIS RELATED FATIGUE: WHAT IS THE MAGNITUDE OF THIS PROBLEM AND WHAT ARE THE CORRELATED FACTORS? A CROSS-SECTIONAL STUDY.

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**Background:** Fatigue is a common constitutional feature and has a significant impact on *quality of life* in patients with chronic inflammatory rheumatic diseases, such as psoriatic arthritis (PsA). It is a complex phenomenon and its pathogenesis remains unclear. Despite being a common symptom, it is largely ignored and rarely assessed in clinical practice.

**Objectives:** This study aims to evaluate the incidence and severity of fatigue in PsA patients under biological agents and to assess the influence of several clinical and demographic features on PsA related fatigue.

**Methods:** We conducted a cross-sectional study including patients with PsA, according to CASPAR criteria, treated with biological agents, from our University Hospital and registered in the national database (reuma.pt). Fatigue was assessed by a 13-item self-administered questionnaire (Functional Assessment of Chronic Illness Therapy-Fatigue [FACIT-F]). Data collected and analyzed included: demographic data, disease activity data, functional status, comorbidities and therapies. Student's t-test, ANOVA and Pearson's correlation were performed to compare data, as appropriate. A p-value <0.05 was considered statistically significant.

**Results:** 60 PsA patients were included, 61.7% were males, with a mean age at diagnosis of 38.1±10.5 years and a median disease duration of 13.0 (8.75-19.25) years. Most of the included patients had a predominant polyarticular pattern (n=33, 55.0%). The mean FACIT-F score was 34.48±11.61. No differences were found in the FACIT-F score according to gender, *pattern* of *joint involvement*, presence or absence of cutaneous involvement, nail dystrophy and/ or dactylitis. Patients with depression and enthesitis exhibited a lower FACIT-F score (p=0.017 and p=0.007, respectively). Patients treated with tofacitinib had a lower FACIT-F score than patients treated with adalimumab (p=0.025). No differences were found among the other biological agents. Patients in remission (according to EULAR response criteria) had a higher FACIT-T score than patients with moderate disease activity (p=0.032). In patients with a predominant axial involvement, inactive disease (according to ASDAS) was associated with a higher FACIT-T score, when compared to very high disease activity (p=0.02). Also, patients with moderate disease activity had a higher FACIT-T score than patients with very high (p=0.003) and high (p=0.008) disease activity.

FACIT-F showed a significant correlation with disease activity scores as BASDAI (r=-0.546, p<0.001), DAS 28 CRP (r=-0.506, p<0.001), CDAI (r=-0.672, p<0.001), SDAI (r=-0.641, p<0.001) and ASDAS CRP (r=-0.500, p<0.001). FACIT-F was also correlated with BASFI (r=-0.598, p<0.001), HAQ (r=-0.701, p<0.001), BASMI (r=-0.431, p<0.001) and MASES (r=-0.401, p<0.001). The authors found strong correlations between FACIT-F and HADS domains (Depression and Anxiety domains; r=-0.850, p<0.001 and r=-0.748, p<0.001, respectively). A strong correlation was also found between the FACIT-F and the 8 domains of health of the SF36 (p<0.001).

**Conclusion:** Fatigue was a common symptom in our sample of PsA patients and, its magnitude was closely related with disease activity, physical function, depression and anxiety status, indicating its multifactorial nature. We can speculate that achieving disease remission could significantly alleviate the fatigue intensity and vice versa. As recommended by EULAR/ACR task force in 2008, fatigue should be measured in clinical practice and should be part of the multidisciplinary approach, in addition to controlling disease activity.

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## AB0940 IS PSORIATIC ARTHRITIS REALLY SERONEGATIVE?

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**Background:** Psoriatic Arthritis (PsA) is a heterogeneous disease classified as a seronegative group of inflammatory arthritis.

**Objectives:** Our aim was to understand the real-life seropositivity rates for commonly used autoantibodies in rheumatology practice in a cohort of PsA patients treated with biologic agents.

**Methods:** PsA patients from the Hacettepe University biological database (HUR-BIO) were assessed for the anti-nuclear antibody (ANA), rheumatoid factor (RF), and anti-cyclic citrullinated peptide (CCP) before and after the initiation of biologic agents. Demographic characteristics, the interval between the test and biologic initiation, and the rates of seropositivity for individual tests, autoantibody titers, and subtypes for ANA were determined.

**Results:** From 520 PsA patients registered, results of 419 patients with at least one autoantibody tested either before or after biologic treatment is presented in Table 1. From the patients tested, 69% of them had at least one autoantibody positive and 30.8 % of them were triple negative before the biologic treatment. The rates reached to 78.7% of seropositivity for at least

**Table 1. Demographics and ANA, RF, Anti-CCP test results of patients before and after biologic treatment**

| | ANA | | RF | | Anti-CCP | |
|---|---|---|---|---|---|---|
| bDMARDs initiation | Before | After | Before | After | Before | After |
| Number of patients | 104 | 132 | 310 | 278 | 144 | 97 |
| Age | 43.5 (12.7) | 46.7 (11.6) | 43.3 (12.5) | 47.9 (11.9) | 44.3 (12) | 48.6 (12.1) |
| Female sex, n (%) | 84 (80.7) | 97 (73.5) | 225 (72.5) | 211 (75.8) | 110 (76.3) | 75 (77.3) |
| Time interval between test and bDMARD initiation, months, median (IQR) | 7.4 (0.84-17.83) | 32.6 (14.93-72.33) | 4.1 (0.35-16.75) | 31.63 (13.10-64.08) | 3.23 (0.30-11.5) | 35.13 (12.40-75.43) |
| Positivity, n (%) | 42 (40.4) | 73 (55.3) | 30 (9.6) | 32 (11.5) | 12 (8.3) | 11 (11.3) |
| Titer IU/ml, median (IQR) | NA | NA | 28.7 (22.35-98.5) | 28.9 (21.9-110) | 139.1 (20.38-250) | 67.5 (16.77-139) |
| Titer, n (%) * | 28 (66.6) | 38 (52) | N/A | N/A | N/A | N/A |
| 1/100 | 7 (16.7) | 14 (19.1) | | | | |
| 1/160 | 7 (16.7) | 20 (27.3) | | | | |
| ≥1/320 | | | | | | |

bDMARD: Biologic Disease Modifying Anti-Rheumatic Drugs, ANA: Anti-nuclear antibody, RF: Rheumatoid factor, Anti-CCP: Anti- Cyclic citrullinated peptide, F:Female, M:Male, IQR: Interquartile range, IU/ml: International units per milliliter, N/A: Not available *Subtype is not given for one patient in patients with positive ANA after biologic treatment

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