taken bDMARDs±sDMARDs had significantly less PsA activity compared to those who had taken other types of treatment (table 1).

Abstract THU0305 – Table 1

Parameters	bDMARDs	other therapy
DAS28	1.8 [1.8;4.2]*	3.4 [2.8;5.1]
CRP	1.3 [0.9;7.9]*	6 [2.5;17.8]
Pain, VAS	20 [13;50]*	30 [30;60]
PGA, VAS	30 [17;60]*	40 [30;60]
PhGA,VAS	30 [10;50]*	38 [30;60]
SJC	1 [0;5]*	1 [0;8]
TJC	1 [0;2]*	1[0;6]

* p≤0.05, U-test

Conclusions: MDA was seen in 21% of PsA pts in routine care but starting bDMARDs has a significantly higher probability of reaching MDA in most cases despite duration of treatment.

Disclosure of Interest: None declared

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THU0306 CLINICAL SPECIALTY SETTING AS A DETERMINANT FOR DISEASE MANAGEMENT IN PATIENTS WITH PSORIATIC ARTHRITIS: RESULTS FROM LOOP, A CROSS-SECTIONAL, MULTI-COUNTRY, OBSERVATIONAL STUDY

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Background: Evidence suggests that timely and effective management can improve long-term outcomes in patients (pts) with psoriatic arthritis (PsA); however factors influencing treatment management decisions are not well understood.

Objectives: To evaluate the association between the clinical specialty setting and time from inflammatory musculoskeletal symptom onset to PsA diagnosis and to different management steps in pts with a diagnosis of PsA.

Methods: LOOP is a large cross-sectional, multi-centre, observational study conducted in 17 countries across Western and Eastern Europe, Latin America, and Asia. Adult pts (≥18 years) with a suspected or an established diagnosis of PsA routinely visiting a rheumatologist (rheum), dermatologist (derm) or non-rheum/non-derm site were eligible to participate in this study. Each enrolled patient in the study was assessed by both rheum and derm. Main endpoints assessed were time from inflammatory musculoskeletal symptom onset to PsA diagnosis, time from PsA diagnosis to first csDMARD and to first bDMARD, and time from first csDMARD to first bDMARD.

Results: Of the 1483 pts enrolled in this study, 1273 pts with a confirmed diagnosis of PsA were included in this analysis. A majority of pts were recruited by rheums (671, 52.7%), followed by derms (541, 42.5%), physiatrists (36, 2.8%), and other specialties (25, 2.0%). PsA was first suspected by a rheum in 726 (57.0%) pts and by a derm in 541 pts (42.5%). Pt demographics and disease characteristics were mostly comparable between rheum and derm settings. Current disease activity and disease burden of patients with PsA categorised by clinical specialty are shown in **table 1**. Disease activity was higher in PsA pts in derm setting compared with rheum setting. The timing of different disease management steps by clinical specialty is reported in **table 2**. The mean time from symptom onset to PsA diagnosis was 24 months (mo) in rheum setting and 1 mo longer for derms. In rheum and derm settings, the mean time from PsA diagnosis to first csDMARD were 11 and 25 mo, respectively; whereas the mean time to first bDMARD were 52 and 55 mo, respectively. The mean time from first csDMARD to first bDMARD was 42 mo for rheums; while it was 3 months shorter for derms.

Abstract THU0306 – Table 1. Baseline Characteristics and Current Disease Activity and Disease Burden by Clinical Specialty in Patients with PsA from LOOP Study

Characteristic/Measure[a]	Rheum (N=726)	Derm (N=541)	P-value[a]
Age, years	51.1 (12.9)	50.7 (13.1)	.646
Gender, male, n (%)	375 (51.7)	270 (49.9)	.570
Weight, kg	77.3 (16.4)	77.7 (17.1)	.708
BMI, kg/m²	27.4 (5.5)[c]	27.4 (5.3)	.962
TJC68	6.0 (10.1)[d]	8.5 (12.6)[d]	<.001
SJC66	2.2 (4.3)[f]	3.2 (6.2)[g]	.001
Dactylitis count	0.4 (1.3)[h]	0.8 (2.6)[i]	<.001
Tender entheseal points	0.8 (1.7)[j]	1.5 (2.6)[k]	<.001
DAPSA	19.4 (24.0)[l]	23.9 (30.9)[m]	.017
DAS28	2.8 (1.3)[n]	2.9 (1.5)[o]	.066
MDA, n (%)	309 (46.7)[p]	186 (39.2)[q]	.012
PGA	3.3 (2.6)[r]	4.4 (2.7)	<.001
BSA (%)	6.6 (11.3)[s]	13.1 (19.7)[s]	<.001
Psoriatic nail count	4.0 (5.5)[t]	5.3 (6.3)[u]	<.001
HAQ-DI	0.7 (0.7)[v]	0.7 (0.7)[w]	.783
SF1v2 PCS	43.0 (10.6)[x]	42.6 (10.1)[y]	.544
SF12v2 MCS	44.9 (10.5)[x]	44.8 (12.1)[y]	.803
WPAI-PsA, TWPI (%)	30.1 (30.2)[z]	29.5 (31.7)[aa]	.824
WPAI-PsA, TAI (%)	35.0 (29.8)[y]	39.2 (31.4)[ab]	.017
DLQI	5.3 (6.2)[c]	7.6 (7.2)[ac]	<.001

[a]P-value from simple linear regression: Rheumatologist vs Dermatologist.
[b]All data are presented as mean (SD) unless otherwise specified.
[c]N=722; [d]N=720; [e]N=715; [f]N=540; [g]N=713; [h]N=537; [i]N=710; [j]N=536; [k]N=712; [l]N=523; [m]N=560; [n]N=313; [o]N=526; [p]N=330; [q]N=662; [r]=475; [s]N=704. [t]N=721; [u]N=709. [v]N=534; [w]N=717; [x]N=525; [y]N=667. [z]N=478; [aa]N=272. [ab]N=189; [ac]N=524; [ad]N=532.
BMI = body mass index; BSA = body surface area; DAPSA = disease activity in PsA; DAS28 = 28-joint disease activity score; Derm = dermatologist; DLQI = Dermatology life quality index; HAQ-DI = health assessment questionnaire – disability index; MCS = mental component score; MDA = minimal disease activity; PCS = physical component score; PGA = physician global assessment; PsA = psoriatic arthritis; Rheum = rheumatologist; SF12v2 = Short form 12-item health survey version 2.0; SD = standard deviation; SJC66 = swollen joint count, 66 joints; TAI = total activity impairment; TJC68 = tender joint count, 68 joints; TWPI = total work productivity impairment; WPAI-PsA = Work productivity and activity impairment questionnaire PsA.

Abstract THU0306 – Table 2. Timing of Disease Management Steps by Clinical Specialty in Patients with PsA from LOOP Study

Duration in months, Mean (SD)	Rheum	Derm	P-value[a]
Time from inflammatory musculoskeletal symptom onset to PsA diagnosis[b]	23.6 (70.7)	24.9 (72.1)	.747
Time from PsA diagnosis to first csDMARD[b]	10.7 (59.4)	25.2 (93.9)	.004
Time from PsA diagnosis to first bDMARD[c]	52.3 (81.0)	54.7 (91.6)	.715
Time from first csDMARD to first bDMARD[d]	42.4 (62.7)	39.1 (63.5)	.556

[a]P-value from simple linear regression: Rheumatologist vs Dermatologist.
[b]Rheum, N=694, Derm, N=521; [c]Rheum, N=631, Derm, N=327; [d]Rheum, N=428, Derm, N=264; [e]Rheum, N=372, Derm, N=178.
bDMARD = biologic disease modifying antirheumatic drug; csDMARD = conventional synthetic disease modifying antirheumatic drug; Derm = dermatologist; PsA = psoriatic arthritis; Rheum = rheumatologist; SD = standard deviation.

Conclusions: Although the duration from symptom onset to PsA diagnosis was similar between rheum and derm setting, there were differences in the timing of introduction of different DMARD classes. Notably, mean time to first csDMARD was significantly shorter in rheum setting. PsA pts in derm setting had significantly higher disease activity. These data lend further support to the need for rheum-derm collaborative approach to optimise management of pts with PsA.

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