Objectives: We aimed to determine the magnitude of all-cause mortality risk in patients with PsA compared with the general population through a systematic review and meta-analysis.
Methods: We searched Pubmed, EMBASE and Cochrane Library for studies published from inception to April 2022. STATA meta-analysis software was used to calculate the pooled risk estimates for mortality (standardized mortality ratio, SMR). To address the potential heterogeneity, $\chi 2$ test, I2 statistics, subgroup analysis and sensitivity analysis were used.
Results: Our search identified 3235 articles, of which 18 studies with 134355 patients were eventually included for the analysis. A total of 7518 deaths were observed. Overall, we found a 1.13-fold increased risk of death in PsA patients when compared with the general population (meta-SMR: 1.13, 95% CI 1.03-1.25). Subgroup analyses showed that summary meta-SMR was higher in female patients (1.24 [95% CI 1.10-1.39]; I^2=49.7%) than male patients (0.92 [95% CI 0.62-1.37]; I^2=73.8%).
Conclusion: The existing data indicated approximately 13% increase of mortality among patients with PsA compared with the general population. More attention should be paid to those patients with risky characteristics.
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Disclosure of Interests: None Declared.
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AB1137 BURDEN OF SKIN DISEASE IN PSORIATIC ARTHRITIS PATIENTS

Keywords: Patient reported outcomes, Psoriatic arthritis, Skin

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Background: Skin disease is one of the key domains of psoriatic disease (1) and most Psoriatic arthritis patients have skin psoriasis. However skin and joint disease are often managed separately by rheumatologists, dermatologists or primary care health care providers. This can lead to disjointed care, unmet need, and treatment decisions that don't take into account all aspects of this heterogeneous condition.
Objectives: We sought to evaluate how psoriatic skin disease is assessed and managed within our rheumatology services by identifying disease burden, approach to management and patient satisfaction.
Methods: In an existing psoriatic arthritis outpatient rheumatology clinic, patient swere asked to anonymously complete questionnaires on disease extent, management and satisfaction. Patients also completed dermatology quality of life index (DLQI) questionnaires. Case notes and clinic letters were reviewed to collect data relating to patient diagnosis, medications and extent of clinical assessment during consultations over a 4 month period.
Results: Questionnaires were returned by 30 patients. 72% reported problems with psoriasis, with scalp was the most commonly affected body area. 77% participants reported receiving medication to manage joints only, 4% for skin only, 19% for both joints and skin. 13 participants were receiving topical medication for PsA, with the majority being managed by their GP. From the survey, 47% of respondents were asked about their skin in the rheumatology clinic, and 30% were given advice on its management. Of the patients that completed DLQI questionnaires mean score was 3.9 (SD 3.4). Average satisfaction with psoriasis management was 5/10 (SDEV 3.6). Of the 59 consultations from which data was extracted, 54% of consultations discussed joints only, and 37% discussed both joints and skin (remainder no discussion documented). At 45% of appointments joints and skin were examined, and at 35% of appointments joints only were examined (remainder no examination documented).
Conclusion: Psoriatic skin disease appears to be a significant burden in this population of patients, affecting 72% of those surveyed. Over half of these patients required topical therapy to manage their psoriasis, with some requiring systemic treatments. Of these patients, most of the management of their skin condition was done by their GP, with the topic being brought up at rheumatology clinic in only half of cases. Less than half had skin examined at rheumatology clinic and less than a third were advised on management of their skin disease by their rheumatologist. Satisfaction levels with psoriasis management were fairly neutral overall. An integrated approach to care with a focus on opportunistic assessment should be encouraged and has potential to benefit both patient and clinician.
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AB1138 DIFFICULT-TO-TREAT PSORIATIC ARTHRITIS: ANALYSIS OF A SINGLE-CENTER COHORT FROM NORTHERN ITALY

Keywords: Psoriatic arthritis, Descriptive studies, bDMARD

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Background: The multifaceted nature of psoriatic disease can potentially make its skin, articular, and extra-articular manifestation complex to manage. Biologic disease modifying anti-rheumatic drugs (bDMARDs) have dramatically improved the outcome of patients affected by chronic inflammatory arthritis. However, a satisfactory disease control is not achieved in a proportion of patients. While a "difficult-to-treat" (D2T) definition has been validated in rheumatoid arthritis (RA), it was only recently suggested for psoriatic arthritis (PsA) [1].
Objectives: Based on the proposed definition, we aimed to assess prevalence and characteristics of D2T-PsA in a single-center cohort.
Methods: We conducted a single-center, cross-sectional study. 269 consecutive, adult PsA patients receiving bDMARDs at a tertiary care, dedicated outpatient clinic were enrolled. Demographic, clinical, and clinimetric data, and the Health Assessment Questionnaire (HAQ) were gathered and depicted in Table 1. According to the aforementioned definition, D2T patients were identified as: 1) failure of ≥ 2 b/tsDMARDs (with different mechanisms of action- MoA) after failing csDMARD therapy; 2) signs suggestive of active/progressive disease (defined either as a DAPSA >14 or not achieving MDA; signs or symptoms suggestive of active disease; a rapid radiographic progression; a reduction of quality of life due to PsA symptoms); 3) disease management perceived as problematic by rheumatologists or patients (all three criteria must be met to define D2T patients). Comparison between D2T and non-D2T patients was performed with univariate analyses.
Results: Among 269 PsA patients, only 8 (2.9%) fulfilled D2T definition. In bivariate analysis, D2T patients presented higher rate of osteoarthritis (62.5% vs 24.9%; *p=0.03*), fibromyalgia (62.5% vs 14.94%; *p<0.004*), and therapy with steroids (50% vs 12.1%; *p=0.008*). Furthermore, D2T patients presented significantly higher patient global assessment (PGA 0-10) (7.5 vs 2.00; *p<0.001*) and VAS pain 0-10 (8.00 vs 2.00; *p<0.001*). Among non-D2T patients, 24 were in moderate disease activity (9.19%). Due to the unbalance between the groups numerosity, multivariate analysis was not feasible.
Conclusion: Only few patients satisfied the PsA-D2T definition in our cohort; application of a RA-like D2T definition to a heterogeneous disease as PsA should be discussed more broadly in the future.

Table 1.

	Study population (N=269)
Gender (male)	140 (52.0%)
Age (years)	52.63 ± 11.87
Smokers	68 (25.3%)
BMI	22.49 (CI 20.27 – 22.91)
Disease duration (months)	154.5 (CI 88.25 – 251,75)
Disease subset	
Axial	29 (10.8%)
Peripheral	194 (72.1%)
Axial+peripheral	37 (13.8%)
Enthesitic	9 (3.3%)
Skin psoriasis	205 (76.2%)
Vulgaris	167 (81.5%)
Scalp	37 (18.0%)
Nail	31 (15.1%)
Palmo-plantar	17 (8.3%)
Extra-articular manifestations	
IBD	4 (1.5%)
Uveitis	6 (2.2%)
Dactilitis	40 (14.9%)
Charlson Comorbidity Index	1 (CI 1 - 2)
Fibromyalgia	44 (16.4%)
DAPSA (median)	4.21 (CI 1.11 – 9.89)
Remission	120 (44.6%)
LDA	237 (88.1%)
MDA	238 (88.5%)
BSA>3%	9 (3.3%)
LEI <1	255 (94.8%)
HAQ (median)	0.125 (CI 0 – 0,375)
HAQ>0,5	59 (21.9%)
Steroid use	32 (11.9%)
csDMARD failure	178 (66.2%)
>2 previous bDMARDs	45 (16.7%)
>2 previous MoA	27 (10.0%)