E33 AN EXPERIENCE OF TIGHT CONTROL IN PSORIATIC ARTHRITIS MANAGEMENT WITHIN THE BELFAST TRUST

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Background: TICORA was the first study to demonstrate tight control in rheumatoid arthritis led to better clinical and radiographic outcomes compared to routine care. The first evaluation of tight control concepts in PSA was with the TICOPA study in 2015. Treatment naive early disease patients were randomised to receive either tight control management or standard care. The tight control group were reviewed four-weekly and had their treatment escalated if the MDA criteria was not met as per their protocol. The standard care group were seen for a 12 weekly review and treatment modified by consultant preference. At 48 weeks the study showed that patients in the tight control arm were more likely to achieve ACR20, 50 and 70 with no difference in adverse events. After the TICOPA paper patients were referred for tight control of their PSA within the Belfast Trust. The aim was to commence patients on DMARDs with a new diagnosis of PSA with review every 4 weeks with both the nurse specialist and medical team. Nurse specialist performed baseline joint and skin scores and treatment is escalated as per the TICOPA paper.
Methods: We reviewed the notes of the patients referred to the tight control strategy since 2014 within the Belfast Trust. We wanted those who had been enrolled for at least 48 weeks to compare outcomes with the TICOPA paper.
Results: 20 patients who had 48 weeks of data available. There was 12 males and eight females who were all diagnosed with PSA by a consultant rheumatologist. All patients were DMARD naïve. All patients in first 3 months were seen every four weeks and then all patients at six months were seen at least every six weeks for review. In 5/20 cases sulfasalazine was used as first line DMARD therapy and no patients got to MDA whilst on sulfasalazine monotherapy. Of those on methotrexate, MDA was achieved in 7/15 cases at three months. Three patients were escalated to biologics at six months. Overall at 48 weeks ten patients were escalated to biologic therapy. At 48 weeks ACR 20 was seen 70% (14/20), ACR 50 in 55% (11/20) and ACR 70 in 15% (3/20) of patients with similar outcomes to the TICOPA paper.
Conclusion: Tight control in clinical practice will yield results but is time consuming. Benefits include regular review to get on top of

disease, patients feeling like they are not lost to system and a treatment target. The focus should be on achieving MDA on 2 occasions by escalating treatment to control disease and thinking about Biologic therapy early. If MDA is achieved then review can be stretched out after 24 weeks. Target of treatment must obviously include patient's goals.

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