University Hospitals, Oxford, United Kingdom, [3]Royal National Hospital for Rheumatic Diseases, Royal United Hospitals, Bath, United Kingdom, [4]Rheumazentrum Ruhrgebiet am Marien Hospital, Ruhr University Bochum, Bochum, Germany, [5]Internal Medicine and Rheumatology Unit, University of Molise, Campobasso, Italy, [6]Rheumatology Division, Hospital Universitario Central de Asturias, Oviedo-Asturias, Spain, [7]Faculty of Medicine, Rheumatology Service and the Principality of Asturias Institute for Health Research, Universidad de Oviedo, Oviedo, Spain, [8]Rheumatologische Schwerpunktpraxis, Rheumatologische Schwerpunktpraxis, Bundesallee 104/105, Berlin, Germany, [9]Rheumatology Department of Lucania, San Carlo Hospital, Potenza, Italy, [10]Rheumatology Unit, Azienda Ospedaliero Universitaria Pisana, Pisa, Italy, [11]Rheumatology Department, Centre Hospitalier du Mans, Le Mans, France, [12]Clinical Rheumatology, University of Leeds, Leeds, United Kingdom, [13]The Kellgren Centre for Rheumatoloy, Manchester University NHS Foundation Trust, Manchester, United Kingdom, [14]Division of Rheumatology, Paracelsus Medical University, Nuremberg, Germany, [15]Rheumatology Department, Hospital Universitario 12 Octubre, Madrid, Spain, [16]Rheumatology, Universitiy Hospital Frankfurt, Frankfurt, Germany, [17]Rheumatology Department, Hospital Universitario Salamanca, Salamanca, Spain, [18]Academic Unit of Population and Lifespan Sciences, University of Nottingham, Nottingham, United Kingdom, [19]Rheumatology Department, Complexo Hospitalario Universitario A Coruña, Coruña, Spain, [20]Arthritis Unit, Hospital Clinic, Barcelona, Spain, [21]Rheumatology Centre, University of Toulouse, Toulouse, France, [22]Rheumatology Unit, University of Rome, Rome, Italy, [23]Rheumatology, Bradford Teaching Hospitals NHS Foundation Trust, Bradford, United Kingdom, [24]Rheumatology, Bahnhofstraße 32, 82152 Planegg, Munich, Germany, [25]Rheumatology Department, CHU Clermont-Ferrand, Clermont-Ferrand, France, [26]Rheumatology Department, Aix Marseille University, Marseille, France, [27]Rheumatology, Sorbonne Université, Paris, France, [28]Rheumatology Department, Pitié-Salpêtrière Hospital, Paris, France, [29]Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, University of Oxford, Oxford, United Kingdom

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P178 CURRENT PRESCRIBING PRACTICES IN PSORIATIC ARTHRITIS - COMPARISON BETWEEN THE UK AND EUROPE

Lily Watson[1], Conor Coyle[2], Melanie Brooke[3], Uta Kiltz[4], Ennio Lubrano[5], Rubén Queiro[6], David Trigos[7], Jan Brandt-Juergens[8], Salvatore D'Angelo[9], Andrea Delle Sedie[10], Emmanuelle Dernis[11], Philip Helliwell[12], Pauline Ho[13], Axel Hueber[14], Beatriz Joven[15], Michaela Koehm[16], Carlos Montilla[17], Jon Packham[18], José P. Tasende[19], Felipe J. R. Garcia[20], Adeline Ruyssen-Witrand[21], Rossana Scrivo[22], Sarah Twigg[23], Martin Welcker[24], Martin Soubrier[25], Theo Wirth[26], Laure Gossec[27,28] and Laura C. Coates[29]

[1]*School of Cellular and Molecular Medicine, University of Bristol, Bristol, United Kingdom,* [2]*Oxford University Hospitals, Oxford*

Background/Aims

Psoriatic arthritis (PsA) is a multi-system disease with a range of management options. Treatment may vary by geographic location. We compared disease characteristics and prescribing practices in the UK and Europe in the post-Covid era.

Methods

The ASSIST study was a cross-sectional observational study of PsA patients aged 18 years and older selected from 24 centres across 5 countries (UK, France, Germany, Italy and Spain) between July 2021 and March 2022 (IRAS: 287039). Patients attending a face-to-face appointment with a diagnosis of PsA made by a rheumatologist were selected by systematic sampling at each centre and treated in routine clinical practice. Patient and disease characteristics, current treatment and treatment decisions (medications unchanged, switched, added or reduced) were recorded. The analysis was descriptive, with no imputation of missing data.

P178 Table 1. Patient characteristics, disease activity and treatment approaches

	France (n = 100)	Germany (n = 101)	Italy (n = 84)	Spain (n = 111)	UK (n = 107)	All (n = 503)
Age, years:						
Median (range)	55.0 (29.0-83.0)	56.0 (22.0-81.0)	55.0 (21.0-81.0)	56.0 (18.0-79.0)	51.0 (28.0-80.0)	55.0 (18.0-83.0)
Disease duration, years:						
Median (range)	12.8 (1.0-63.0)	9.0 (1.0-41.0)	11.8 (1.0-56.0)	11.0 (1.0-50.0)	9.7 (0.0-36.0)	10.8 (0.0-63.0)
Female sex:						
N (%)	47.0 (47.0%)	58.0 (57.4%)	29.0 (34.5%)	54.0 (48.6%)	59.0 (55.1%)	247 (49.1%)
Predominant subtype:						
Peripheral arthritis, n (%)	72.0 (72.0%)	84.0 (83.2%)	73.0 (86.9%)	91.0 (82.0%)	101.0 (94.4%)	421.0 (83.7%)
Axial, n (%)	21.0 (21.0%)	11.0 (10.9%)	5.0 (6.0%)	15.0 (13.5%)	4.0 (3.7%)	56.0 (11.1%)
Enthesitis, n (%)	7.0 (7.0%)	6.0 (5.9%)	6.0 (7.1%)	4.0 (3.6%)	1.0 (0.9%)	24.0 (4.8%)
Physician overall assessment of disease severity (scored 0-10):						
Mean (s.d.)	2.7 (2.1)	2.6 (2.1)	2.8 (2.3)	3.1 (2.2)	3.7 (2.3)	3.0 (2.2)
Total HAQ score (scored from 0-3):						
Mean (s.d.)	0.6 (0.6)	0.5 (0.5)	0.5 (0.5)	0.6 (0.6)	0.9 (0.8)	0.6 (0.6)
Total PsAID score (scored 0-10):						
Mean (s.d.)	3.8 (2.4)	2.8 (2.2)	3.2 (2.5)	3.5 (2.2)	4.8 (2.6)	3.6 (2.5)
Treatment*:						
cs DMARDS	52.0 (52.0%)	45.0 (44.6%)	27.0 (32.1%)	54.0 (48.6%)	71.0 (66.4%)	249.0 (49.5%)
TNF inhibitos	26.0 (26.0%)	26.0 (25.7%)	24.0 (28.6%)	33.0 (29.7%)	20.0 (18.6%)	129.0 (25.7%)
Non-TNFi biologics	37.0 (37.0%)	43.0 (42.6%)	38.0 (45.2%)	36.0 (32.5%)	19.0 (17.8%)	173.0 (34.3%)
Change in treatment:						
Any change	30.0 (30.0%)	34.0 (33.7%)	24.0 (28.6%)	39.0 (35.1%)	55.0 (51.4%)	182.0 (36.2%)
Treatment Increase	28.0 (28.0%)	26.0 (25.7%)	20.0 (23.8%)	35.0 (31.5%)	51.0 (47.7%)	160.0 (31.8%)
Additional medication	9.0 (9.0%)	12.0 (11.9%)	6.0 (7.1%)	16.0 (14.4%)	28.0 (26.2%)	71.0 (14.1%)
Switch medication	8.0 (8.0%)	9.0 (8.9%)	13.0 (15.5%)	9.0 (8.1%)	15.0 (14.0%)	54.0 (10.7%)
Dose increase	8.0 (8.0%)	4.0 (4.0%)	3.0 (3.6%)	7.0 (6.3 %)	8.0 (7.5%)	30.0 (6.0%)

*Patients may be on more than one treatment so percentages will not sum to 100.

Results

503 patients were included, with arthritis subtype, patient age, disease activity and duration shown (Table 1). Physician- and patient-reported disease severity was highest in the UK, where median patient age was lowest. Conventional synthetic (cs) DMARDS constituted a higher percentage of current PsA treatment in UK than continental Europe (66.4% vs 44.9%), whereas biologic use was more frequent in Europe (68.1% vs 36.4%). Adalimumab was the most commonly used biologic in the UK and Spain. Adalimumab and secukinumab were equally used in Germany, and ixekizumab and adalimumab were joint-first in Italy. Implementing change to the current PsA treatment was most common in the UK, predominantly being a treatment increase. This may reflect the higher level of disease activity or younger patient age in the UK than other countries, as treatment escalation is more likely earlier in the disease course. In the UK, treatment escalation was more commonly achieved by medication addition (26.2%) than medication switch (14%) or dose increase (7.5%). In Europe, medication addition and switch were of more similar frequency (10.9% vs 9.85%).

Conclusion

Disease characteristics and treatment strategies varied between countries, but particularly between UK and the rest of Europe. In contrast to mainland Europe, csDMARDs predominated in the UK, perhaps reflecting current NICE guidelines. Treatment escalation was most common in the UK, in keeping with higher disease activity.

Disclosure

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