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Responsiveness To Change Of a Global Ultrasound Assessment Score in Psoriatic Arthritis Patients

Program Book Publication:
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These authors will be published in a supplement of the Arthritis & Rheumatism journal (on-line only) as well as the abstracts section of the My Annual Meeting website (www.ACR/AnnualMeeting). Maria Laura Acosta Felquer, Santiago Rufa, Javier Rosas, David A. Navarta, Carla Saucedo, Ricardo Garcia-Monaco, Mirtha Sabelli, and Enrique R. Soriano. Rheumatology Unit, Internal Medical Services, Hospital Italiano de Buenos Aires, Radiology and Imaging Department, Hospital Italiano de Buenos Aires, Rheumatology Unit, Internal Medical Services, Hospital Italiano de Buenos Aires, Instituto Universitario Hospital Italiano de Buenos Aires, and Fundacion FM Catogglo

Abstract Text
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Background/Purpose: Psoriatic arthritis (PsA) manifests clinically in several ways, including arthritis, enthesitis, and dactylitis. Assessment of disease activity in PsA should ideally record each feature. An Ultrasound (US) composite score could help in this evaluation. The objective was to analyze the responsiveness to disease activity change of a US global assessment score, including enthesis tendons and joints in patients with PsA.

Methods:
Consecutive PsA patients (CASPAR criteria), initiating or changing traditional DMARDS or TNF inhibitors as decided by their treating rheumatologists were included. US examination was performed by an experienced rheumatologist using both grey scale (GS) and power Doppler (PD). The following areas were assessed: 2-3 MCP joints, 2-3 proximal IP joints, wrists, knees and second and fifth MTP joints. Knee and heel enthesis were examined. Both second and third flexor and fourth and sixth extensor tendons of the hands were examined for tenosynovitis. Synovitis, tenosynovitis and enthesis were defined according to OMERACT definitions. Both GS and PD synovitis were graded on a semiquantitative scale from 0 to 3, and enthesis and tendons with a 0 to 1 scale. For each one of the structures examined (enthesis, tendons and synovial) an initial US score was obtained by multiplying the semiquantitative scale by the number of sites involved. Finally adding the US structure specific scores a global US score was constructed. Physical examination was performed before US examination and included swollen and tender joint counts, patient’s pain and disease activity VAS, HAQ, DAS28, CDAI, SDAI, PASE, PASI, CPDAI, Leeds Enthesitis Index (LEI) and BASDAI CRP level and ESR were obtained within 48 hours. All patients underwent both clinical and ultrasound assessment at the study and at three months follow-up.

Results:
26 patients (69 % males, mean (SD) age: 51 (13), mean disease duration 3 years (95% CI 1.45-4.66) were included. Eleven patients initiated therapy with DMARDS, 6 changed DMARDS, 3 added second DMARDS, and finally, 6 patients started therapy with TNF inhibitors. Basal and three months follow up data are shown in the table. All features except LEI improved. Global Ultrasound assessment score and its different components also showed significant improvement after therapy change. After three months of treatment 14 (54%) patients achieved Minimal Disease Activity (MDA). The US score showed an area under the ROC curve of 0.64 (95% CI 0.43-0.87), for discrimination of non MDA and a score equal or greater than 10, showed 75% sensitivity and 64% specificity for the diagnosis of non MDA.

<table>
<thead>
<tr>
<th></th>
<th>Basal assessment, mean (95% CI)</th>
<th>Three months follow-up assessment, mean (95% CI)</th>
<th>P value (Wilcoxon signed Rank test)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAS28</td>
<td>4.05 (3.4-4.7)</td>
<td>3.1 (2.3-3.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>BASDAI</td>
<td>5.6 (4.1-7.1)</td>
<td>3.4 (1.9-5)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>HAQ</td>
<td>0.84 (0.43-1.25)</td>
<td>0.55 (0.18-0.92)</td>
<td>0.0005</td>
</tr>
<tr>
<td>LEI</td>
<td>0.56 (0.01-1.1)</td>
<td>0.125 (0-0.3)</td>
<td>0.1178</td>
</tr>
<tr>
<td>Dactylitis</td>
<td>1.15 (0.41-1.9)</td>
<td>0.5 (0.01-1.01)</td>
<td>0.0017</td>
</tr>
<tr>
<td>ESR</td>
<td>21 (8.1-33.9)</td>
<td>15.3 (7.5-23.1)</td>
<td>0.0058</td>
</tr>
<tr>
<td>CRP</td>
<td>8.8 (2.3-11.2)</td>
<td>2.2 (0.87-3.5)</td>
<td>0.0091</td>
</tr>
<tr>
<td>PASE</td>
<td>2.8 (0.86-4.8)</td>
<td>1.8 (0.1-3.6)</td>
<td>0.001</td>
</tr>
<tr>
<td>CPDAI</td>
<td>40.6 (32.9-48.2)</td>
<td>34.1 (25.8-42.3)</td>
<td>0.0003</td>
</tr>
<tr>
<td>CDAI</td>
<td>4.5 (2.9-6.1)</td>
<td>1.9 (0.06-3.6)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>SDAI</td>
<td>17.7 (11.9-23.5)</td>
<td>9.7 (4.5-14.9)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>% MDA</td>
<td>18.8 (13-24.5)</td>
<td>10.2 (4.8-15.6)</td>
<td>0.0008</td>
</tr>
<tr>
<td>(95% CI)</td>
<td>3.8 (0.9-19.6)</td>
<td>54 (33-73)</td>
<td>0.0004 (chi2)</td>
</tr>
<tr>
<td>Ultrasound joint score</td>
<td>14.1 (6.7-21.5)</td>
<td>7.2 (2.6-11.9)</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

Conclusion: This new global ultrasound score showed responsiveness to treatment change over the short term in patients with PsA. Further validation in a larger population is needed.

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