001 Risk of serious infection associated with biologic therapies in psoriasis: A prospective cohort study from the British Association of Dermatologists Biologic Interventions Register (BADBIR)

S Gerdes3, P Arenberger4, K Kingo5, J Weglowska6 and H K Tasanen1

Patients achieved an ISGA score of clear (0) or almost clear (1) at day 29 (50% vs 35.2%, achieved success in ISGA at every weekly in-clinic evaluation (day 8: 14.7% vs 5.4%; day 15: 32.1% vs 21.8%; day 22: 29.8% vs 15.9%). More crisaborole-treated patients than vehicle-treated patients (13.5% vs 8.3%) achieved success in ISGA at day 29. Proportion score weighted Cox proportional hazards models were used to compare the risk of SI and hazard ratios were derived. 1352, 3271 and 994 biologic-naïve participants were included in the etanercept, crisaborole and ustekinumab cohorts respectively and 3423 biologic-naïve participants were included in the non-biologic cohort. In total, 283 patients had a SI: the incidence rates were: non-biologic: 14.2/1000 person-years (95% confidence interval [CI] 11.5 to 17.4); etanercept 15.3/1000 person-years (11.6 to 20.1); crisaborole 14.8/1000 person-years (11.4 to 16.6); ustekinumab 15.1/1000 person-years (10.6 to 21.1). No statistically significant increases in the risk of SI were observed for etanercept (hazard ratio [HR] 1.10; 95% CI 0.75 to 1.60); crisaborole (HR 0.93; 95% CI 0.69 to 1.26) or ustekinumab (HR 0.92; 95% CI 0.60 to 1.41) compared to non-biologics. Our results suggest that the risk of SI should not be a key discriminator when choosing between non-biologics, etanercept, crisaborole and ustekinumab for the treatment of psoriasis.

003 crisaborole ointment improves global atopic dermatitis severity: Pooled results from two phase 3 clinical trials

J Fowler1, R Sidbury2, AL Zaenglein3, DM Paisner4 and FE Cook-Bolden5 1 Dermatology Research, Louisiana, KY, 2 Seattle Children’s Hospital, Seattle, WA, 3 Penn State Milton S. Hershey Medical Center, Hershey, PA, 4 Eastern Virginia Medical School & Virginia Clinical Research, Inc., Norfolk, VA and 5 Skin Specialty Dermatology, New York, NY

Global atopic dermatitis severity was assessed by the patient’s self-assessment of severity on a 5-point scale (1 = very mild, 5 = severe). Improvement in AD severity was reported in 77.7% of participants in the crisaborole group compared to 86.6% in the vehicle group (P = 0.001). The difference was greater in crisaborole-treated patients than in vehicle-treated patients. Treatment-emergent adverse events occurred at a low frequency, and most were mild or moderate. Pooled analysis from 2 large Phase 3 trials showed that crisaborole ointment was well tolerated and improved global disease severity.

004 Patients with hidradenitis suppurrativa have a high psychiatric disease burden

L Huuia1, H Tiri2, J Kojolainen3, M Timonen4 and K Jassar5 1 Department of Dermatology, University of Oulu, Oulu, Finland and 2 Centre for Life Course Epidemiology and Systems Medicine, University of Oulu, Oulu, Finland

Hidradenitis suppurrativa (HS) is a chronic inflammatory skin disease of hair follicles which is associated with various comorbidities. The aim of our study was to clarify the associations between HS and psychiatric disorders. We conducted a nationwide retrospective study that included 4381 patients with HS and 39554 psoriasis and 43248 melanocytic nevi (MN) patients as controls. Patient data were obtained from the statutory Finnish Care Register for Health Care. Statistical analyses were performed using STATA and the SAS software package. The incidence of HS in Finland was 2.7/100,000 persons/year. At least one psychiatric diagnosis was found in 24.1% of the HS patients compared with 19.1% of those with psoriasis (OR 1.44) and 13.5% of those with MN (OR 1.90). The total prevalence psychotic disorders was 4.7% in the HS group compared with 1.9% of those with psoriasis (OR 2.04; CI 1.88-2.22). Every mental disorder examined was significantly more frequent in HS than in the two other groups. Major depression was more common in the HS group than in the psoriasis group (15.3% vs. 12.1%, OR 1.31, 95% CI 1.19-1.44) and in the MN group (8.3%, OR 2.00, 95% CI 1.81-2.22). Anxiety disorders were diagnosed in 6.5% of HS patients compared with 5.0% of those with psoriasis (OR 1.41, 95% CI 1.23 - 1.62) and 3.8% of those with MN (OR 1.90, 95% CI 1.65-2.19). The total prevalence psychotic disorders was 4.7% in the HS group compared with 1.9% of those with psoriasis (OR 2.04; CI 1.88-2.22). Specifically, “schizophrenia or schizotypal disorder” was more frequent in the HS group than in patients with psoriasis (2.4% vs. 1.5%, OR 1.57, 95% CI 1.24-1.98) or in patients with MN (2.4% vs.0.7%, OR 3.38, 95% 2.59-4.41). The main finding of our study is that HS patients have a higher risk for mental disorders than patients with psoriasis. For dermatologists treating HS patients it is important to take into account the high psychiatric comorbidity burden in HS.

005 WITHDRAWN

006 Abdominal obesity and insulin resistance are strongly associated with liver fibrosis in people with severe psoriasis

C Maxbury1, HF Porter1, C Lewis1, R Miquel1, T Wong2, CH Smith1 and Barker1 1 St John’s Institute of dermatology, Kings College London, London, United Kingdom, 2 Gays and St Thomas Hospital, London, United Kingdom and 3 Kings College London, London, United Kingdom

People with severe psoriasis are at risk of developing liver fibrosis due to obesity, alcohol and methotrexate. In Europe only people taking methotrexate are screened for liver fibrosis. Aims were: (1) To identify the proportion of patients attending our service with liver fibrosis (2) Identify the most important risk factors associated with fibrosis (3) Evaluate non-invasive tests for fibrosis.400 adults with severe psoriasis were recruited 2012-2015. Data collection to assess risk factors included a questionnaire, PASI, anthropometric indices and fasting blood draw. Abdominal ultrasound and transcutaneous liver stiffness were performed by transient elastography (Fibroscan). Diagnostic accuracy of blood tests and clinical measures were compared to Fibroscan results. Characteristics at enrolment were: age (years): 49.5±13.7; 27.2% females, body mass index: 29.2±5.7, waist (cm): 102.2±16, and PAI-1 5.49±0.5. 49% had fatty liver disease, 20% liver fibrosis (Fibroscan® >8.7 kPa). Prognostic risk significantly associated with fibrosis on univariate analysis included age, BMI, waist, fatty liver disease and HOMA-IR (Homeostasis Model Assessment of Insulin Resistance calculated from fasting glucose and insulin). Sex, methotrexate duration, psoriasis duration and alcohol use were not significantly associated with fibrosis. Multivariate analysis identified the model of waist measurement, HOMA-IR and AST as the best predictors of fibrosis. The model of waist measurement was significantly better for both liver fibrosis and advanced fibrosis, HOMA-IR and waist measurements provided the strongest predictive measures with all AUCs > 0.78. One fifth of our patient population have liver fibrosis. Metabolic parameters were the most important factors associated with fibrosis. We should no longer restrict screening to people taking methotrexate but should screen according to waist measurement.