016 Psoriatic arthritis and hearing loss
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Few studies have examined the impact of psoriatic arthritis on hearing impairment. Our aim is to investigate this association in a nationally-representative sample of the U.S. population. Given the known association of hearing impairment and psychosocial comorbidities, a secondary aim is to investigate the impact of psoriatic arthritis on mental wellbeing. We used data from the National Health and Nutrition Examination Surveys for adults aged ≥20 years (n=10,744). Association of psoriatic arthritis with above outcomes was modeled using multivariable generalized linear and ordinal logistic regression models, adjusted for demographics and medical comorbidities. Structural equation models (SEM) were developed to explore the extent to which hearing impairment mediates the effect of psoriatic arthritis on mental health. Psoriatic arthritis was present in 11.1% of the study population. Individuals with psoriatic arthritis were more likely to report hearing difficulties (OR 1.74, p = 0.005), seeing a mental health provider (OR 1.94, p = 0.019), have an average of 2.37 more days of poor mental health over last month (p = 0.002), and were more likely to be depressed (OR 2.66, p = 0.001), than normal controls. SEM analysis revealed that hearing impairment mediated 7.0%, 8.6%, and 6.4% of the effect of psoriatic arthritis on days of poor mental health, seeing a mental health provider, and depression, respectively. This study suggests that psoriatic arthritis is independently associated with a significantly increased risk of hearing impairment, which, in turn, partially mediates an association with poorer psychosocial outcomes. As such, the results of this study call for an increased awareness of these comorbidities when treating patients with psoriatic arthritis.

018 Kim-1 biomarker of kidney injury in patients with psoriasis
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The mechanisms mediating renal insufficiency in patients with psoriasis are controversial. The authors aim to establish if kidney injury molecule-1 (kim-1) might represent a specific serologic marker useful in identifying those patients with psoriasis with a higher risk to develop renal dysfunctions. We performed a prospective study which included 45 patients with untreated psoriasis vulgaris and 45 controls. All selected subjects were adults, normolipidemic, normoalbuminuric, with a balanced diet. The serum level of kim-1 (ELISA method) was analysed in correlation with the severity of the cutaneous disease and the classical markers of renal dysfunctions. The cutaneous disease was assessed using the PASI score. PASI <7 was defined as mild chronic plaque-type psoriasis (15 cases), PASI 7–12 as moderate chronic plaque-type psoriasis (15 cases) and PASI>12 as severe chronic plaque-type psoriasis (15 cases). The renal function was evaluated through serum evaluation of ura and creatinine and urinary assessment of estimated glomerular filtration rate (eGFR), the albumin/creatinine ratio and the uric acid/creatinine ratio. The serum levels of Kim-1 (g/ml) were significantly increased in psoriasis (98±102) versus control (56±43, p=0.001). No association between kim-1 and the severity of the cutaneous disorder was observed. A negative association was however obtained between the value of kim-1 and eGFR (r=-0.540, p=0.013). These conclusions plead for the concept that psoriasis is a risk factor for developing renal scores. We present a prediction factor for identifying patients susceptible to develop renal dysfunctions.