

Abstract N°: 2130

Depressive symptoms in PsA: a cross-sectional analysis from the national German RABBIT-SpA registry

Anne Regierer*¹, Anja Weiß¹, Thilo Klopsch², Martin Bohl-Buehler³, Xenofon Baraliakos⁴, Frank Behrens⁵, Georg Schett⁶, Anja Strangfeld¹

¹German Rheumatism Research Centre, Epidemiology Unit, Berlin, Germany, ²Rheumatology Practice, Rheumatology, Neubrandenburg, Germany, ³Rheumatology Practice, Rheumatology, Potsdam, Germany, ⁴Rheumazentrum Ruhrgebiet Herne, Ruhr-University, Bochum, Germany, ⁵Goethe University, Rheumatology and Fraunhofer Institute Translational Medicine and Pharmacology ITMP, Frankfurt, Germany, ⁶Friedrich Alexander University Erlangen-Nuremberg and Universitätsklinikum Erlangen, Department of Internal Medicine 3, Erlangen, Germany

Background:

Psoriatic arthritis (PsA) is a chronic inflammatory disease affecting the musculoskeletal system as well as skin and nails. The prevalence of depression in psoriasis and PsA is high and ranges from 7-40%. Persistent depressive mood may influence disease activity outcome in PsA, especially patient-reported outcomes.

Objectives:

To assess the correlation of depressive symptoms with PsA-specific outcome parameters.

Methods:

RABBIT-SpA is a prospective longitudinal cohort study including PsA patients enrolled at start of a new conventional treatment or b/tsDMARD treatment. In regularly provided follow-up questionnaires, physician- and patient-reported information on the disease course including the depression screening tool WHO-5 to assess mental health is collected. For the current analysis, the WHO-5 score was categorised into 4 groups using validated cut-offs: severe depressive symptoms <13, moderate depressive symptoms 13-28, mild depressive symptoms 29-50, well-being >50. Spearman correlation coefficient was calculated to analyse the relationship between the WHO-5 score and various PsA related outcome parameters.

Results:

936 PsA patients were included. Baseline characteristics are shown in table 1. In 411 patients (43.9%) the WHO-5 score indicated well-being, 249 (26.6%) had mild depressive, 203 (21.7%) moderate depressive and 73 patients (7.8%) severe depressive symptoms. WHO-5 results correlated with patient reported skin involvement (DLQI: -0.25, patient assessment skin: -0.17), and the composite scores DAPSA (-0.33) and DAS28 (-0.28) as well as with patient reported pain (-0.43) and patient global disease assessment (-0.42). The highest correlation was found for physician assessed global health status (-0.51) and PSAID (-0.62). No significant correlation was found with CRP, swollen joint count and physician assessed skin involvement including body surface area (BSA).

Table 1: Baseline characteristics of patients included in the analyses stratified by WHO-5 categories.

Parameter	WHO-5 (<13) severe N=73	WHO-5 (13-28) moderate N=203	WHO-5 (29-50) mild N=249	WHO-5 (>50) well-being N=411	Total N=936
Age, mean (SD)	52.6 (11.4)	51 (11.3)	51.4 (12.5)	52.8 (12.7)	52 (12.2)
Female, n (%)	52 (71.2)	127 (62.6)	157 (63.1)	227 (55.2)	563 (60.1)
Disease duration, years, mean (SD)	8.3 (8.7)	6 (7.9)	6.2 (6.7)	6.4 (7.5)	6.4 (7.5)
Dactylitis, n (%)	14 (19.7)	31 (15.5)	46 (18.5)	77 (18.8)	168 (18.1)
Axial involvement, n (%)	14 (19.7)	54 (26.9)	49 (19.7)	71 (17.3)	188 (20.2)
Nail involvement, n (%)	34 (47.2)	85 (42.3)	106 (42.6)	158 (38.6)	383 (41.1)
BMI>=30, n (%)	37 (51.4)	75 (37.1)	98 (39.5)	125 (30.9)	335 (36.2)
CRP of >=5 mg/L, n (%)	33 (51.6)	84 (45.4)	99 (46.5)	138 (39.1)	354 (43.4)
BSA (0-100), mean (SD)	10.1 (18.3)	9.5 (16.8)	8.5 (14.9)	8.1 (14.6)	8.7 (15.5)
Physician assessed global health (NRS 0-10), mean (SD)	6.3 (1.5)	5.6 (1.8)	5.2 (1.7)	4.9 (1.9)	5.2 (1.9)
TJC68, mean (SD)	9.9 (7.1)	8.6 (7.6)	8.2 (7.6)	7.3 (8.2)	8 (7.8)
SJC66, mean (SD)	6 (5.2)	4.8 (4.9)	4.7 (4.4)	4.3 (3.8)	4.6 (4.4)
DAPSA, mean (SD)	29.3 (11.1)	25.1 (12.9)	23.4 (12.1)	18.9 (12.4)	22.3 (12.8)
DAS28-CRP, mean (SD)	4.1 (1)	3.8 (1.2)	3.7 (1.1)	3.2 (1.1)	3.6 (1.2)
Patient assessed global health (NRS 0-10), mean (SD)	7.9 (2.1)	6.6 (2.1)	5.9 (2)	4.8 (2.3)	5.7 (2.4)
Patient assessed pain (NRS 0-10), mean (SD)	7.8 (1.8)	6.4 (2.1)	5.8 (2)	4.6 (2.4)	5.5 (2.4)
DLQI (0-30), mean (SD)	8.5 (8.2)	7.8 (7.2)	5.4 (5.7)	4.1 (4.9)	5.6 (6.2)
PSAID (0-10), mean (SD)	6.9 (1.8)	5.5 (1.8)	4.4 (1.7)	3 (1.7)	4.2 (2.2)

Conclusion:

The impact of depressive symptoms on outcome parameters used in rheumatology is increasingly being recognised. Interestingly, direct measures of inflammatory disease activity of joint and skin disease such as BSA, CRP, and swollen joint count were not correlated with depressive symptoms. The highest correlation was found for broader assessments like global health status and PSAID.

References:

Haugeberg et al. Arthritis research & Therapy, 2020, 22:198

Acknowledgements: RABBIT-SpA is supported by a joint, unconditional grant from AbbVie, Amgen, Biogen, Hexal, Janssen-Cilag, Lilly, MSD, Novartis, Pfizer, UCB and Viatris.

We thank all participating rheumatologists and patients.

Disclosure of interest: Anne Regierer Grant/research support from: AbbVie, Amgen, Biogen, Hexal, Janssen-Cilag, Lilly, MSD, Novartis, Pfizer, UCB and Viatris., Anja Weiß Grant/research support from: AbbVie, Amgen, Biogen, Hexal, Janssen-Cilag, Lilly, MSD, Novartis, Pfizer, UCB and Viatris., Thilo Klopsch: None declared, Martin Bohl-Buehler: None declared, Xenofon Baraliakos: None declared, Frank Behrens: None declared, Georg Schett: None declared, Anja Strangfeld Grant/research support from: AbbVie, Amgen, Biogen, Hexal, Janssen-Cilag, Lilly, MSD, Novartis, Pfizer, UCB and Viatris.