Body surface area, psoriasis types, area, severity index, and psoriasis disability index tools were used for assessing psoriasis patients.

Results: The study included 212 patients with psoriasis:64% were male and 36% female. Their median age was 48.12 yr ±11.74. Referring to the type of psoriasis, 72% presented with plaque psoriasis, 16% guttata 6% pustular and 24% with psoriasis of more than one type. Nail disease appeared in 24 % and scalp disease in 26%. PURE 4 was applied to all 212 psoriasis patients; among them n = 53 (25% of all tested patients) had a score ≥1. The sequential application of PURE4 and CASPAR criteria found a prevalence of undiagnosed PsA of 20.28% [95% CI: 9, 23.5]. The PPV of PURE 4 in this setting is 49.23% [95% CI: 39, 67]. Of these patients, 44% of patients with PsA had psoriatic nail disease and scalp involvement seen in 37%. With reference to the PsA type, 30% patients presented with polyarthritis,44% with oligoarthritis,39% with enthésites, dactylitis in 23% and 13%with axial arthritis. The subgroup of patients with PsA had significantly higher rates of obesity (42%) compared to non-PsA. Patients with severe psoriasis(P = 0.001), nail and scalp involvement (P = 0.003) with chronic plaque psoriasis (P = 0.001)associated with obesity (P = 0.0001)were identified as independent positive predictors of PsA.

Conclusion: Screening for PsA in Algerian patients with psoriasis revealed a significant number of undiagnosed cases (20.28%) that should be treated early. Severe psoriasis nail and scalp involvement, and obesity are factors predicting the PsA development.

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AB1158 **FATIGUE IN ANKYLOSING SPONDYLITIS IS ASSOCIATED WITH DISEASE ACTIVITY BUT NOT IN PSORIATIC ARTHRITIS**

Keywords: Comorbidities, Patient reported outcomes

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Background: Fatigue is a common symptom in chronic inflammatory diseases. The mechanism by which fatigue occurs is multidimensional. Previous studies suggested that several factors, including physiology, psychology and behavior, may contribute to its pathogenesis. Fatigue is considered one of the most common symptoms in patients with psoriatic arthritis (PsA) and ankylosing spondylitis (AS) with an incidence of 50–70%. Fatigue is a major factor contributing to unsatisfactory treatment outcome and poor quality of life, or even disability. Therefore, from a clinical point of view, how to improve the symptom of fatigue remains a challenge. Identifying factors related to fatigue could be a key to the management of this complex symptom.

Objectives: To compare fatigue and its associated factors in patients with PsA and AS from two university hospitals.

Methods: A cross-sectional analysis was performed in 105 patients (May – December 2022) Fatigue was assessed using 3 instruments: the fatigue subscale of the Short-form 36 survey (fatigue-SF36), the Visual Analogue scale of fatigue (VASf) and the Functional Assessment of chronic illness Therapy Fatigue Scale (FACIT-F). T-test was used to compare mean fatigue between PsA and AS patients. To determine in each patient group the relationship between fatigue (assessed by FACIT-F) and the other variables (DAPSA or ASDAS, CPR, ESR, hemoglobin, HAQ, Hospital Anxiety and depression Scale [HAD] and Brief Pain Inventory [BPI]) a Spearman correlation was performed. A value of p < 0.05 was accepted as statistically significant.

Results: A total of 105 patients were included, 55 (52.4%) PsA patients and 50 (47.6%) AS patients. We found that mean fatigue (using 3 instruments) had not significant differences in patients with PsA and AS (Table 1). In patients with PsA and AS, fatigue correlated to HAD, HAQ and pain, but not with CRP, ESR and hemoglobin (Table 2). In AS patients, high disease activity (assess by ASDAS) correlated with high levels of fatigue (lower levels on FACIT-F). However, in patients with PsA, fatigue and disease activity (DAPSA) were not related.

Conclusion: In PsA and AS patients, fatigue seems to be related to subjective but not with objective (analytical) variables. In patients with AS, fatigue was related to disease activity, but in patients with PsA we found no correlation.

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Table 1. Mean of fatigue in PsA and AS patients

	PsA Mean (SD)	AS Mean (SD)	p-value
FACIT-F	38.1 (10.3)	37.7 (11.4)	0.88
VAS-F	3.8 (2.5)	4.29 (2.8)	0.396
SF36-Fatigue	53.4 (22)	56.7 (21.8)	0.45

Table 2. Fatigue correlations in PsA and AS patients

	PsA	p-value	AS	p-value
Disease activity	-0.19	0.164	-0.63	<0.001
PCR	0.01	0.947	0.01	0.30
VSG	0.05	0.680	0.04	0.325
Hemoglobin	-0.13	0.337	-0.15	0.46
HAQ	-0.50	<0.001	-0.67	<0.001
HAD depression	-0.75	<0.001	-0.61	<0.001
HAD anxiety	-0.70	<0.001	-0.47	<0.001
Pain (BPI)	-0.64	<0.001	-0.71	<0.001

AB1159 **THE SPANISH VERSION OF THE PURE-4 QUESTIONNAIRE USE FOR PSORIATIC ARTHRITIS SCREENING AFTER 1 YEAR OF FOLLOW-UP IN PATIENTS WITH PSORIASIS**

Keywords: Psoriatic arthritis

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Background: The Psoriatic arthritis UnclutteRed screening Evaluation (PURE-4), culturally adapted to Spanish language following the standardized methodology,[1]