STUDY OF DEMOGRAPHIC ASPECTS, CLINICAL CHARACTERISTICS AND THERAPEUTIC APPROACHES IN PSORIATIC ARTHRITIS PATIENTS

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INTRODUCTION

Psoriatic arthritis (PsA) is a chronic inflammatory arthropathy associated with psoriasis. It was first described as a variant of rheumatoid arthritis (RA). However, PsA is considered a unique arthropathy with distinct clinical and radiological features.
Diagnosis is most commonly made by identifying inflammatory musculoskeletal features in the joints, enthuses or the spine in the presence of skin and/or nail psoriasis.
PsA is associated with extra-articular manifestations including uveitis and inflammatory bowel disease. PsA is also associated with several chronic conditions, which may affect lifespan and quality of life (QoL).Obesity is particularly common in patients with PsA, and is significantly more prevalent than in patients with psoriasis or rheumatoid arthritis and the general population. In addition, PsA is associated with an increased prevalence of cardiovascular risk factors such as hypertension, hyperlipidemia, type 2 diabetes mellitus, and the combination of these (the metabolic syndrome).In addition, depression and anxiety are common in patients with PsA which have a substantial impact on treatment outcomes and, therefore, these comorbidities should be identified and managed so as to improve outcomes.

AIM OF THE WORK

The aim of this study was to study the demographic aspects, clinical characteristics and therapeutic approaches among Egyptian Psoriatic arthritis patients.

PATIENTS AND METHODS

Patients:
This study was conducted on patients with the definitive diagnosis of Psoriatic arthritis according to CASPAR classification criteria, who attended the outpatient clinic and the inpatient ward of Rheumatology unit of the Internal Medicine Department and the outpatient clinic of the department of Dermatology, Venereology and Andrology at Alexandria Main University Hospital between May 2023 and May 2024.

Methods:
In this prospective cross-sectional study, all participants were subjected to the following:
- Detailed history taking.
- Physical examination including:
  - General examination, including blood pressure measurement, waist circumference, height, and weight with calculation of body mass index (BMI).
  - Musculoskeletal examination with calculation of disease activity score by using DAPSA28 Score.
  - Skin affection was assessed using Psoriasis Area and Severity Index (PASI) [29], nail assessment by NAPSI Score and scalp assessment by SPASI Score for psoriatic arthritis patients with psoriasis.
- Routine laboratory investigations for all patients.
- Rheumatoid factor (RF) and anti-cyclic citrullinated peptide antibodies (anti-CCP).
- Musculoskeletal ultrasound for patients who presented with peripheral arthritis.
- Plain x-ray and/or MRI for sacroiliac joints and spine for patients who presented with axial arthritis.

RESULTS

Clinical characteristics	No.	%
Inflammatory low back pain	39	61.9
Cervical affection	2	3.2
Psoriatic skin lesions	53	84.1
Dactylitis	18	28.6
Enthesitis	46	73.0

Table (1): Distribution of the studied cases according to clinical characteristics (currently or even previously) (n = 63)

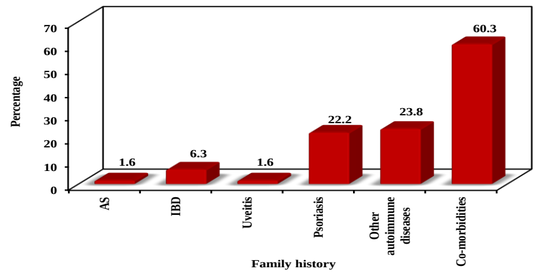

Figure (1): Distribution of the studied cases according to family history (n = 63)

Comorbidities	No.	%
HTN	11	17.5
Diabetes	5	7.9
Cardiac (IHD)	5	7.9
Hepatic	2	3.2
Obesity	15	23.8
Pulmonary disease (BA)	8	12.7
Dyslipidemia	28	44.4
Depression	12	19.0
Thyroid diseases	13	20.6
Hypothyroidism	12	19.0
Thyroiditis	1	1.6

Table (2): Distribution of the studied cases according to comorbidities (n = 63)

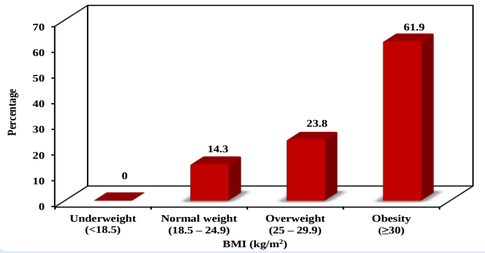

Figure (2): Distribution of the studied cases according to BMI (kg/m2) (n = 63)

CONCLUSION

The disease onset was at younger age in patients with family history of Psoriasis. In most of the patients psoriasis precedes the development of arthritis.
Delayed PsA diagnosis has been shown to be associated with worse physical function. Psoriatic arthritis patients should be regularly screened for comorbidities such as obesity and hypertension as they were associated with higher disease activity and poorer response to treatment.