LIPID PROFILE OF PSORIATIC ARTHRITIS PATIENTS. A FIVE-YEAR STUDY

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Background: Psoriatic arthritis (PsA) is an inflammatory arthritis associated with psoriasis. Many studies have shown alterations in lipid profile of PsA patients and an association with increased cardiovascular risk.

Objectives: To evaluate the changes in lipid profile in PsA patients treated with conventional synthetic disease modifying anti-rheumatic drugs (csDMARDs) and/or biological DMARDs (bDMARDs) in a five-year period.

Methods: We studied 254 patients diagnosed with PsA according to CASPAR and ASAS (for those with axial disease) criteria. Patients were followed up at predefined time points [baseline, 24 weeks (wks), 48 and 240 wks after initiation of treatment. We recorded levels of Total Cholesterol (CHOL), Low Density Lipoproteins (LDL), HDL, Triglycerides (TGL). The disease activity was assessed by using Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), disease activity score-28 (DAS) - C-Reactive Protein (CRP), DAS28-erythrocyte sedimentation rate (ESR), Health Assessment Questionnaire (HAQ), and inflammatory marker CRP and ESR. Patients were categorised in three treatment groups: patients treated with bDMARDs: anti-tumour necrosis factor alpha (TNFa) agents, patients treated with csDMARDs and combined therapy (bDMARDs and csDMARDs). Disease phenotype and epidemiological features of PsA patients were also recorded.

Results: There were 137 male and 117 female patients. The (Mean±SD) age of the patients was 56.11±14.64 years and the body mass index (BMI) was 27.85±12.10. Thirty-nine per cent of the patients presented as asymmetric oligoarthritis, 25.6% as symmetric polyarthritis while 27.6% had axial involvement with or without peripheral arthritis. Total CHOL and LDL levels were significantly associated with disease duration (p<0.05) while TGL and HDL were not significantly correlated. We found that HDL levels were significantly correlated with disease activity through time. More specific lower disease activity was associated with higher HDL levels for all disease activity scores and CRP at all time points (p<0.05). The significance was lost only for ESR. No association was found between the HDL levels and the different therapeutic option used. The rest of lipid profile levels did not show a statistical significant association with disease activity at any time point for all disease activity indexes, including CRP and ESR.

Conclusions: Lipid profile of PsA patients seems to improve with better control of disease activity. More specifically high HDL levels are associated with low disease activity and these changes appear to be independent of the therapeutic choices.

Disclosure of Interest: None declared