CONCLUSION: Axial involvement is identified in more than half (55.6%) of PsA patients (pts) with and without radiographic sacroiliitis (rSI) in the Russian Psoriatic Arthritis Registry (RU-PsART).

Methods: 385 pts (MF=172/213) with PsA according to CASPAR criteria were included in the RU-PsART. Data was collected from 25 rheumatology clinics from various regions of the Russian Federation. Median age 45 (Min 20-Max 80) yrs, disease duration 3.4 yrs (4 months-32 yrs).Pts underwent standard clinical examination of PsA activity. All pts were studied for patient global disease activity (PGA) and patients' pain measured by Visual Analogue Scale (VAS), and Health Assessment Questionnaire (HAQ). Physician’s global assessment of disease activity (PG) was measured by VAS. The examination included X-ray of sacroiliac joints (pelvic radiographs). rSI was defined as bilateral grade ≥2 or unilateral grade ≥3. Skin lesion severity was evaluated in terms of body surface area (BSA) affected, and Psoriasis Area Severity Index (PASI). When BSA was ≥3%, PASI was calculated. Pts were split into two groups (gr.): those with rSI [rSI(+)] and those without rSI [rSI(-)]. Gr. rSI(+) included 214 (55.6%) cases (MF=106-108), gr. rSI(-) included 171 (44.4%) cases (MF=66-105). Median age in gr. rSI(+) was 45 [Min 20-Max 80] yrs, in gr. rSI(-) it was 46 [Min 20-Max 82] yrs. Medians and quartiles [Me (Q25; Q75)], [Min; Max], U-test and ORs with 95% CI were performed. All CI >1, p <0.05 were considered to indicate statistical significance.

Results: gr. rSI(+) included 214 (55.6%) cases (MF=106-108), gr. rSI(-) included 171 (44.4%) cases (MF=66-105). Median age in gr. rSI(+) was 45 [Min 20-Max 80] yrs, in gr. rSI(-) it was 46 [Min 20-Max 82] yrs. Significant differences were revealed between gr. rSI(+) and gr. rSI(-). In Leids Enthesitis Index (LEI) in gr. rSI(+) LEI was 0 [0-2], in gr. rSI(-) it was 0 [0-1] (p=0.02). In frequency of dactylitis: in gr. rSI(+) 71 pts had dactylitis, 143 did not have; in gr. rSI(-) 32 pts had dactylitis, 139 did not have. OR 2.2 [1.3-3.5]. In PGA: in gr. rSI(+) it was 55.6 [42.3-70.0], in gr. rSI(-) it was 50.0 [30.0-60.0] (p= 0.00). In patients' pain: in gr. rSI(+) it was 50.0 [40.0-70.0], in gr. rSI(-) it was 50.0 [20.5-58.8] (p=0.00). In PG: in gr. rSI(+) it was 54.0 [40.0-69.5], in gr. rSI(-) it was 40.0 [25.5-50.0] (p=0.00). In HAQ scores: in gr. rSI(+) it was 1.0 [0.6-1.5], in gr. rSI(-) it was 0 [0-2.2] (p=0.02).

Conclusion: Axial involvement is identified in more than half (55.6%) of the PsA pts. The presence of axial involvement in PsA pts is associated with significantly worse disease status as measured by frequency of enthesitis and dactylitis, worse PRO’s and with the reduction of patient’s functional capacity. Consequently, the diagnostics of axial involvement is critical in clinical practice.

REFERENCES
