LUPUS CO-MORBIDITY IN PATIENTS WITH PSORIATIC ARTHRITIS: A POPULATION-BASED CASE-CONTROLLED STUDY

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Background: Patients with psoriasis and psoriatic arthritis (PsA) can develop a variety of comorbidities including metabolic syndrome, diabetes, hypertension, cardiovascular diseases and depression. Comorbidities, in turn, may influence the therapeutic regimen and affect treatment results. Previous studies show a high incidence of coexistence of psoriasis and systemic lupus erythematosus (SLE). Unlike psoriasis, the coexistence of PsA and SLE has been reported in only case reports.

Objectives: To assess the prevalence of SLE in a PsA patient cohort and to compare it to the general population using the database of a large health care provider.

Methods: The study, which was conducted from 2002-2017, is a retrospective study on a PsA cohort consisting of 4,836 PsA patients matched for age and sex with 24,180 randomly selected control patients. Data on this cohort was derived from the database of more than 4.3 million subjects in 2 rounds to a panel of 130 Spanish experts in PsA (in September and October 2018, respectively), addressing issues regarding the current assessment of remission, variables that should be included in the minimal assessment of PsA patients and the definition of remission, and the use of disease activity scores.

Results: More PsA patients were treated with beta blockers (27.8% vs 9.8%, p=0.027). The use of medications with known potential to induce SLE prior to diagnosis of SLE was higher in the study group of PsA patients (11 out of 18 patients) than in the control group, but there was no difference in SLE manifestations between these two groups. Medical interventions associated with later onset of SLE included proton pump inhibitors (PPI) [0.27% in the PsA cohort vs 0.1% in the control group (p=0.004)], beta blockers [0.33% vs 0.16% (p=0.011)], angiotensin converting enzyme inhibitors (ACE-I) [0.35% vs 0.13% (p=0.001)], thiazide diuretics [0.35% vs 0.1% (p=0.001)], anti-tumor necrosis factor (anti-TNF) agents [0.4% vs 0.2% (p=0.002)].

Conclusion: A 2.3 fold increase in the prevalence of SLE in PsA patients than in the control group was found in our study population. There were no significant differences in the clinical and laboratory manifestations of SLE between these 2 groups. More research is needed for a better understanding of this diseases association.