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 only in case reports.

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 people enrolled in the largest health care provider in Israel, Clalit Health Services. The database was used to extract demographic data, such as age, sex, ethnicity and socioeconomic status; clinical and laboratory manifestations of SLE; medication dispensed and SLE-inducing medications. T-test was used to compare continuous variables and a Chi-square test was used for categorical variables. All tests were 2-sided; p values of <0.05 were considered statistically significant.

Results: The control group consisted of 4,836 subjects, at a median age of 56±15, 2603 (53.8%) of whom were females. The control group consisted of 24,180 subjects matched for age and sex. 18 patients (0.37%) in the PsA study group, and 39 patients (0.16%) in the control group where diagnosed with SLE (p=0.002). SLE patients without co-existing PsA had higher anti-double stranded DNA (anti-dsDNA) positivity (92.3% vs 66.7%, p=0.002) and positive anti-cardiolipin (ACL) antibodies (46.2% vs 16.7%, p=0.041). There was no other significant differences were observed between the two groups in terms of clinical and laboratory manifestations of SLE. PsA patients with concomitant SLE compared to PsA patients without SLE were more often female (100% vs 53.7%, p<0.0001), had more osteoporosis (38.9% vs 12.8%, p=0.005) and were more likely to be treated with beta blockers (27.8% vs 9.8% p=0.027). Usage 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) in the control group, but there was no difference in SLE manifestations between these two groups. Culprit medications 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 the two groups. Further studies correlating between SLE and PsA may point to common underlying pathogenetic pathways and may affect treatment choices and medication development. More research is needed for a better understanding of this diseases association.

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Psoriatic Arthritis in Patients Diagnosed with Psoriasis Assisting Dermatology Consultation in a Cohort of the Dominican Republic

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Background: Psoriatic arthritis (PsA) is a disease of an inflammatory, heterogeneous nature that involves skin, nails, peripheral and axial joints, as well as the entheses. Due to its systemic involvement, it makes diagnosis and therapy a challenge in clinical practice. (1) It has been estimated that around 6% to 41% of patients with Psoriasis (PsO) will develop PsA, finding an accumulated incidence of 1.7% at 5 years of diagnosis of Psoriasis, 3.1% at 10 years and 5.1% at 20 years. (2) In the Dominican Republic we do not have studies that characterize this pathology, so it would be interesting to be able to specify the clinical course, as well as the risk factors and associated prognoses for the development of this entity.

Objectives: To determine the factors associated with psoriatic arthritis in patients diagnosed with psoriasis attending the Dermatology service.

Methods: A multicenter, descriptive study of primary and secondary source data collection was conducted among Psoriasis clinics in the Regional University Hospital Jose Maria Cabral and Baez, Cibao Regional Dermatological Institute and the Foundation to support patients with psoriasis and psoriatic arthritis (FUNAPAPSO), in the period of August-December 2018, the universe consisted of 304 patients, 103 patients met inclusion criteria. After signing informed consent, a form was completed that included general, clinical, serological and image data. Analysis of the variables was performed and Chi 2 was used, considering statistical significance p <0.05.

Results: Of a total of 103 patients with psoriasis, the mean age was 40 ± 13 years, 63.1% male, 36.9% female. The prevalence of psoriatic arthritis by CASPAR criteria was 36.89%. The presentation of arthritis was asymmetric oligoarthritis in 56.52%, symmetric polyarthritis 21.74% and distal interphalangeal arthritis 13.04%, radiographic findings were present in 7.77% (p: 0.00) of patients with PsA. The forms of presentation of PsO that were most associated with arthritis were plaques 48.57% (p: 0.000) and drop 12.5% (p: 0.01). The quality of life was average in 39.47% and poor in 18.42%. Psoriatic onychopathy was present in 34% (n = 13), obesity 26% (n = 10) and diabetes mellitus 21% (n = 8).

Conclusion: The presence of psoriatic arthritis in the population with psoriasis in our environment is high. This is related to the presence of psoriatic onychopathy, radiographic findings and deterioration in the quality of life of patients.

REFERENCES

Disclosure of Interests: None declared


Osteoarthritis

AN EHEALTH TOOL TO PREPARE A FIRST ORTHOPAEDIC CONSULTATIONS: A USE AND USABILITY STUDY

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Background: The use of eHealth technology to prepare first orthopaedic consultations for patients with hip or knee osteoarthritis seems promising. Exploration of data on use and usability of an educational eHealth tool can reveal potential modifications that may increase engagement and effectiveness.

Objectives: 1) to identify use and usability of a standalone educational eHealth tool for patients with suspected hip or knee osteoarthritis (OA), 2) to explore if recorded questions in the eHealth tool were in line with an existing widely used question prompt list, and 3) to investigate if user characteristics are related to use and usability.

Methods: We used data of 144 patients who used the educational eHealth tool to prepare an upcoming first orthopaedic consultation. We defined ‘users’ and ‘non-users’ based on opening the tool at least once or not. ‘Users’ were specified as ‘active’ and ‘passive’. Recorded questions in preparation for the upcoming consultation were categorized into 3 themes: ‘What are my options?’, ‘What are the possible benefits and harms of those options?’ and ‘How likely are each of the benefits and harms to happen to me?’, or in a ‘remaining’ category. Usability was measured using the System Usability Scale (SUS, 0-100). We collected data on demographic and clinical characteristics, knowledge on OA and internet and smartphone usage in daily life. Characteristics associated with ‘users’ and ‘non-users’ were analysed using multivariable logistic regression analysis.

Results: A total of 116 (81%) participants used the educational eHealth tool, of whom 87 (75%) were ‘active’ users. Out of 3 components (‘Information’, ‘My consultation’ and ‘Medication’), ‘Medication’ was least used (34%). Based on the recorded questions of users a fourth predefined question could be proposed, i.e. ‘What is my situation at this moment?’. Mean (SD) SUS score was 55.8 (16.0). No difference was found in SUS scores between superficial and active users (mean difference (95% CI): 0.04 (-7.69, 7.77)). Participants with higher baseline knowledge on OA (OR (95% CI): 1.2 (1.0, 1.4), who used the internet less frequent in daily life (OR (95% CI): 0.6 (0.5, 0.9)) were more likely to use the educational eHealth tool. We found no differences in demographic and clinical characteristics between superficial and active users.

Conclusion: Based on the results of this study it can be concluded that the use of an educational eHealth tool to prepare a first orthopaedic consultation in patients with hip and knee OA is feasible. Results provide points for improvements to the content of the tool to improve usability. No clear practical implications were found in this study to support implementation of the educational eHealth tool in specific subgroups.

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USABILITY STUDY

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