OBJECTIVE MEASURES OF PSORIASIS SEVERITY AND THE RISK FOR PSA: RESULTS FROM THE INCIDENT HEALTH OUTCOMES AND PSORIASIS EVENTS PROSPECTIVE COHORT STUDY

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Background: Psoriasis severity is a presumed risk factor for development of psoriatic arthritis (PsA) but most studies have examined this question retrospectively. Additionally, it remains unclear whether obesity and body surface area of psoriasis (BSA) are independent risk factors for PsA.

Objectives: We examined the association of psoriasis severity, obesity and other potential risk factors for the development of PsA in patients with psoriasis.

Methods: Between 2008-2011, patients with at least one code for psoriasis aged 25-60 years in The Health Improvement Network were randomly selected and questionnaires were sent to their general practitioners (GPs). GPs were asked to confirm the diagnosis of psoriasis and provide the patient’s approximate BSA that the patient typically demonstrates based on categories commonly used for epidemiological studies. Data through 2015 were used in the current analysis. After excluding patients with PsA at baseline, the incidence of PsA among patients with psoriasis was calculated. Cox proportional hazard ratios were used to examine the risk of developing PsA among patients with mild (<3%), moderate (3-10%) and severe (>10%) psoriasis. We also examined other covariates including obesity, depression, recent infections, smoking, and comorbidities in univariable models. Factors significant at the univariable level were included in multivariable models. We additionally tested an interaction between BSA and obesity.

Results: Among 10,474 questionnaires sent, 9,987 (95%) were returned and, of those, 3,069 (31%) had confirmed psoriasis. The mean age was 46 and 53% were female. BSA was provided for 8,881 patients of which 52% had mild psoriasis, 36% moderate psoriasis, and 12% severe psoriasis. Mean follow up time was 4.2 years (SD 2.1); the incidence of PsA was 5.4 cases per 1,000 person years. In univariable models, age and sex were not associated with PsA but obesity, BMI (continuous), BSA (continuous and category) and depression were significantly associated with development of PsA. The final multivariable model included BSA category (ref mild, moderate: HR 1.44, 95%CI: 1.02-2.03, severe HR 1.99, 1.38-2.81), history of depression (1.69, 1.22-2.34, obesity (1.64, 1.19-2.25), age (HR 0.99, 0.98-1.00) and female sex (HR 0.72, 0.52-0.99). There was not a statistically significant interaction between BSA and obesity although patients that were obese and had >10% BSA had the highest risk (HR 3.90, 2.22-6.85).

Conclusion: In this large prospective cohort study, we found that body surface area is a strong predictor of developing psoriasis over the next 4-7 years and obesity is an additive risk factor.

REFERENCES:

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PsA and those who initiated biologics using frequency counts and percentages.

**Results:** Of 2,617 patients with PsA enrolled in the Corrona PsA/SpA Registry, 1,698 patients (64.9%) had multidomain disease presentations, 617 (23.6%) had single-domain presentations, and 302 (11.5%) had no presentations. Overall, 1,814 (69.3%) patients presented with skin disease, 617 (23.6%) had single-domain presentations, and 302 (11.5%) had no presentations. Of these, 289 patients (81.6%) had multidomain disease presentations, 45 (12.7%) had single-domain presentations, and 20 (5.6%) had no presentations; 273 patients (77.1%) presented with PA, 267 (75.4%) with skin disease, 159 (44.9%) with nail psoriasis, 115 (32.5%) with enthesitis, 70 (19.8%) with dactylitis, and 64 (18.1%) with axial disease at enrollment. The most common disease presentations were PA + nail psoriasis + skin disease (11.6%), PA + skin disease (11.3%), and enthesitis + PA + nail psoriasis + skin disease (8.8%), and enthesitis + PA + skin disease (5.9%) (Figure 2).

**Conclusion:** The majority of patients with PsA presented with multiple disease domains. Biologic initiators generally had a higher prevalence of all disease features. These results may increase the physician awareness of the heterogeneity of disease presentations among patients with PsA, which can be important for the development of an effective management plan.

**REFERENCES:**


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