Table 1. Baseline demographic and clinical characteristics, cardiovascular risk factors and treatments received.

Variables	All patients n=200 median (IQR) or n (%)	CVD -ve, n=170 median (IQR) or n (%)	CVD +ve, n=30 median (IQR) or n (%)	p-value	NSAID -ve, n=61 median (IQR) or n (%)	NSAID +ve, n=139 median (IQR) or n (%)	p-value
Male, n (%)	119 (59.5%)	100 (58.6%)	19 (63.3%)	0.228	39 (63.9%)	80 (57.6%)	0.397
Age, years	47.5 (40.0 – 56.0)	46.5 (37.7 – 54.0)	57.0 (45.3 – 65.8)	<0.001*	49.0 (44.0 – 56.5)	46.0 (38.0 – 54.8)	0.176
Disease duration, years	4.3 (1.8 – 7.9)	4.1 (1.7 – 7.0)	6.0 (2.1 – 8.6)	0.066	4.6 (1.5 – 8.7)	4.3 (1.9 – 7.3)	0.393
Diabetes, n (%)	45 (22.5%)	30 (17.6%)	15 (50.0%)	<0.001*	10 (16.4%)	35 (25.2%)	0.171
Hypertension, n (%)	68 (34.0%)	46 (27.1%)	22 (73.3%)	<0.001*	21 (34.4%)	47 (33.9%)	0.933
CRP, mg/L	4.9 (1.7 – 12.6)	4.2 (1.5 – 12.0)	11.3 (2.4 – 19.6)	0.035*	5.5 (1.7 – 15.1)	7.2 (1.4 – 15.8)	0.770
ESR, mm/hr	21 (10.0 – 38.0)	20 (9 – 35)	31 (14 – 60)	0.038*	21 (7 – 33)	21 (11 – 43)	0.291
Systolic blood pressure, mmHg	125 (115 – 140)	124 (115 – 137)	144 (129 – 160)	<0.001*	123 (118 – 137)	125 (115 – 141)	0.889
Diastolic blood pressure, mmHg	78 (70 – 85)	78 (70 – 84)	82 (72 – 90)	0.199	78 (72 – 86)	78 (70 – 85)	0.697
FRS	8.4 (4.0 – 17.0)	7.5 (3.3 – 14.0)	19.6 (13.4 – 43.0)	<0.001*	7.9 (3.5 – 15.5)	8.7 (4.2 – 17.1)	0.885
Lipid-lowering drugs, n (%)	30 (15.0%)	25 (14.7%)	5 (16.7%)	0.782	9 (14.8%)	21 (15.1%)	0.949
MTX, n (%)	99 (49.5%)	81 (47.6%)	18 (60.0%)	0.212	25 (41.0%)	74 (53.2%)	0.111
bDMARDs, n (%)	17 (8.5%)	13 (7.6%)	4 (13.3%)	0.303	6 (9.8%)	11 (7.9%)	0.654
NSAIDs, n (%)	139 (69.2%)	119 (70.0%)	20 (66.7%)	0.715	N/A	N/A	N/A
Steroid, n (%)	2 (1.0%)	2 (1.2%)	0 (0%)	1.000	1 (1.6%)	1 (0.7%)	0.518

*statistically significant at $p \leq 0.05$ CVD+ve, patients who developed cardiovascular events during subsequent follow-up; CVD-ve, patients who did not develop cardiovascular events during subsequent follow-up; NSAIDs, nonsteroidal anti-inflammatory drugs; CRP C-reactive protein; ESR, erythrocyte sedimentation rate; FRS, Framingham Risk Score; MTX, methotrexate; bDMARDs, biological disease-modifying antirheumatic drugs.

Figure 1A

Figure 1B

Figure 1. Kaplan-Meier curves showing the cardiovascular event-free survival between patients with A) CRP ≤ 3 mg/L and CRP > 3 mg/L; B) treated with NSAIDs and without NSAIDs use during their follow-up intervals.

Conclusion: Increased inflammatory burden as reflected by elevated CRP level was associated with increased risk of CV events, while the risk was significantly reduced with NSAIDs use in PsA patients.

Disclosure of Interests: None declared.

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HYPERLIPIDEMIA IN PSORIATIC DISEASE: HIGHER PREVALENCE IN PSORIATIC ARTHRITIS AND INVERSE ASSOCIATION WITH SYSTEMIC THERAPY

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Background: Although the evidence that testifies to a higher prevalence of cardiometabolic risk factors in psoriatic disease is robust, there are not too many studies that have analyzed which disease traits are associated with these risk factors both in psoriasis and psoriatic arthritis¹.

Objectives: We aimed to analyze the frequency and disease-associated features of hyperlipidemia in psoriatic disease.

Methods: Cross-sectional observational study that included 290 patients with psoriatic arthritis (mean age 54 $\pm$ 12 years, 54.8 % male, psoriasis average duration 21 $\pm$ 10 years) and 310 with psoriasis alone (mean age 53 $\pm$ 11.5 years, 52.9% male, psoriasis average duration 22 $\pm$ 11 years). We first analyzed the

frequency of this comorbidity and then the factors associated with it using conditional logistic regression. The significant factors in this first model were introduced in a multivariate model using a backward stepwise approach.

Results: Main disease features are depicted in Table 1. A total of 124 patients had hyperlipidemia (20.7%). Among arthritis patients, 82/290 (28.3%) had hyperlipidemia, compared with 42/310 (13.5%) of those with psoriasis alone (OR 2.5, 95%CI: 1.7–3.3, $p < 0.001$). Hyperlipidemia was independently associated with age [OR 1.07, 95%CI: 1.04–1.11, $p < 0.001$] and systemic therapy [OR 0.4, 95%CI: 0.17–0.89, $p = 0.026$].

Conclusion: Hyperlipidemia is common in psoriatic disease, but much more among arthritis patients. This comorbid factor seems to go in parallel with increasing age. There is an inverse association between systemic treatment and hyperlipidemia that should be endorsed with well-designed longitudinal studies.

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Table 1. Disease characteristics of both subpopulations

Variable	PsA n = 290	Psoriasis n = 310	p-values
Age (yr $\pm$ SD)	54 $\pm$ 12	53 $\pm$ 11.5	NS
Age at psoriasis onset (yr $\pm$ SD)	32 $\pm$ 16	31 $\pm$ 14.2	NS
Age at arthritis onset (yr $\pm$ SD)	46 $\pm$ 14		NS
Duration of psoriasis (yr $\pm$ SD)	21 $\pm$ 10	22 $\pm$ 11	NS
Duration of arthritis (yr $\pm$ SD)	11 $\pm$ 7.2		NS
Male gender (n, %)	159 (54.8)	164 (52.9)	NS
Primary education (n, %)	145 (50)	148 (47.7)	NS
Secondary education (n, %)	79 (27.2)	87 (28.1)	NS
University degree (n, %)	66 (22.8)	235 (76.2)	NS
Plaque psoriasis (n, %)	250 (86.2)	272 (87.7)	NS
Nail disease (n, %)	122 (42.1)	110 (35.5)	NS
Psoriasis in ≥ 3 body areas (n, %)	130 (45)	155 (50)	<0.05
Family history of psoriasis (n, %)	130 (45)	136 (44)	NS
Family history of PsA (n, %)	44 (15.2)	15 (4.8)	
PASI	6.5 $\pm$ 4.3	6.8 $\pm$ 3.5	
Oligoarthritis (n, %)	122 (42.1)		
Polyarthritis (n, %)	81 (28)		
Axial disease (n, %)	17 (5.8)		
Mixed pattern (n, %)	70 (24.1)		
Dactylitis (n, %)	87 (30)		
DIP joint disease (n, %)	72 (24.8)		
Mutilating arthritis (n, %)	5 (1.7)		
Erosive disease (n, %)	58 (20)		
HAQ (mean $\pm$ SD)	0.74 $\pm$ 0.32		
*BASDAI (mean $\pm$ SD)	3.64 $\pm$ 2.12		
Pain VAS (mean $\pm$ SD)	4.09 $\pm$ 2.64		
HLA-B*27 (n, %)	52 (17.9)		
HLA-C*06 (n, %)	112 (38.6)	124 (40)	NS
NSAID (n, %)	72 (24.8)	47 (15.2)	NS
Glucocorticoids (n, %)	34 (11.7)	15 (4.8)	NS
MTX (n, %)	189 (65.2)	128 (41.3)	<0.05
Biologics (n, %)	128 (44.1)	132 (42.6)	NS

SD, standard deviation; PsA, psoriatic arthritis; PASI, psoriasis area and severity index; DIP, distal interphalangeal joint; HAQ, Health Assessment Questionnaire; BASDAI, bath ankylosing spondylitis disease activity index; VAS, visual analog scale; NSAID, non-steroidal anti-inflammatory drugs. MTX, methotrexate. *Only in patients with axial disease

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