



PSORIASIS

PATIENTS WITH PSORIASIS AND PSORIATIC ARTHRITIS: COMORBIDITIES FROM DERMATOLOGICAL CLINICAL PRACTICE.

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Background: Psoriatic disease are associated with different comorbidities, which can influence on choice of treatment in a routine care.

Objective: to determine the prevalence of comorbidities in psoriasis (PsO) and psoriatic arthritis (PsA) patients (pts) in dermatological clinical practice.

Methods: 103 pts (male-47/female-56) with plaque PsO, mean age 44 ± 13.69 years (yrs.), mean PsO duration 10.7 ± 10.2 yrs., mean PASI 15.39 ± 12.51 were included. 61 out of 103 pts with PsO (59.2%) had PsA by CASPAR criteria. All comorbidities were identify after clinical assessment and by the medical records. $M \pm m$, %, t-test were performed. All $p < 0.05$ were considered to indicate statistical significance.

Results: 99 out of 103 pts (96%) had different types of comorbidities. Arterial hypertension was observed in 34 out of 103 pts (33%), , coronary heart disease - in 15 out of 103 (14.6%), diabetes mellitus - in 11 out of 103 (10.7%), diseases of the digestive system (gastritis, colitis, gastrojejunal ulcer, chronic cholecystitis etc.) - in 13 out of 103 (12.6%), diseases of the respiratory system (asthma, obstructive bronchitis, chronic tracheobronchitis etc.) - in 11 out of 103 (10.7%), diseases of the genitourinary system (chronic prostatitis, calculous pyelonephritis, fibroadenoma of breast etc.) - in 15 out of 103 (14.5%) accordingly. In PsO pts with PsA cardiovascular disease (CVD) and diabetes mellitus were found in significantly more cases compared to PsO pts without PsA.

Conclusion: PsO and PsA pts are at increased risk for different type of comorbidities with prevalence of CVD and diabetes mellitus in PsA pts due to share inflammatory pathways. This fact should be taken into account for planning therapy of pts with PsO and PsA in daily clinical practice. Psoriatic disease are associated with different comorbidities, which can influence on choice of treatment in a routine care.

