

The prevalence of diabetes mellitus type 2 and metabolic disorders in psoriatic arthritis patients: data of the Russian Psoriatic Arthritis Registry (RU-PsART)

Y. Korsakova, T. Korotaeva, E. Loginova, A. Koltakova, E. Gubar on behalf of the RU-PsART study group
Scientific Research Institute of Rheumatology n.a. V.A. Nasonova, Moscow, Russian Federation

Psoriatic arthritis (PsA) is associated with an increased risk of developing a number of diseases, such as diabetes mellitus type 2, obesity, metabolic syndrome, hyperlipidemia, etc.

Objectives: to assess PsA patients' (pts) prevalence of metabolic disorders and their impact on the effectiveness of treatment

Methods: 294 (M/F133/161) pts with PsA, diagnosed according to CASPAR criteria (Classification criteria for Psoriatic Arthritis), mean age 41.2 ± 1.9 (Min 21 Max 72) years (yrs), PsA duration 6.1 ± 5.3 (0; 31) yrs, psoriasis (Ps) duration 13.6 ± 10.7 (0.2; 54.8) yrs, were included in the RU-PsART. According to Disease Activity index for Psoriatic Arthritis (DAPSA), remission (REM) ≤ 4 , low disease activity (LDA) ≤ 14 , moderate disease activity (MDA) ≤ 28 , and high disease activity (HDA) > 28 . When body surface area (BSA) was $\geq 3\%$, the Psoriasis Area Severity Index (PASI) was calculated. PASI ≥ 10 indicated moderate and severe Ps.

Results: 71 patients had PASI calculated with the mean result 3.1 ± 7.0 (0; 60), most of pts had mild Ps.

291 pts underwent Body Mass Index (BMI) assessment. 37% were overweight, 19% had 1st degree obesity, 8% had 2nd degree obesity, 3% pts had 3rd degree obesity, 31% pts had normal BMI, 2% had body weight deficit. Thus, 195 (67%) pts had BMI higher than normal. 37% were diagnosed with various comorbidities, among them type 2 diabetes mellitus (15.7%), metabolic syndrome (14.8%), hyperlipidemia (12.0%). 7% with diabetes had PASI < 10 , 2.8% had PASI > 10 . 5.6% pts with metabolic syndrome had PASI < 10 , 1.4% had PASI > 10 . 11 pts with hyperlipidemia had PASI < 10 .

Pts with HDA (19 pts) and MDA (11 pts) had their changes in DAPSA analyzed. After 6 months of treatment, 4 pts had REM, 12 – LDA, 9 – MDA, 8 – HDA. Among pts with 1st and 2nd obesity degree, 18 pts had HDA, 12 had MDA. After 6 months of treatment, no one achieved REM, 9 pts had LDA, 13 had MDA, 8 had HDA. Pts without obesity had DAPSA change median 13.1 (0; 46.5), pts with 1st and 2nd degree – 19.9 (4.2; 95.8) ($p < 0.05$).

Conclusions: Most of pts with PsA had mild Ps and BMI higher than normal. The presence of metabolic disorders did not correlated with the severity of Ps. The treatment of pts without obesity showed to be more effective.

