

A Gender-based Analysis of Disease Activity and Its Relationship with Anxiety, Depression, Fatigue, and Fibromyalgia in Psoriatic Arthritis

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Table 1: Clinical and demographic features of women and men in PsA

	Women PsA	Men PsA
Number of patients n (%)	728 (64)	488 (43)
Age mean (SD)	47.4 (12.1)	44 (12.2)
Disease duration, year	4 (9-46)	3 (8-42)
Median (SD)		
Body mass index mean (SD)	29.36 (5.5)	27.7 (5.7)
Smoking status n (%)		
Smoker	143 (19.7)	149 (30.5)
Non smoker	584 (80.4)	338 (69.3)
Ex-smoker	79 (10.8)	111 (22.2)

SD: Standard deviation, PsA: psoriatic arthritis

Table 2: Disease activity level, fatigue, anxiety, depression, FIRES scores of women and men in PsA

Parameter	Women PsA	Men PsA	P
Mean (SD)			
DAS28	3.5 (1.1)	3.6 (1.2)	<0.05
DMARD	22.7 (5.3)	21.9 (5.7)	<0.05
CRP/hs-CRP	16.5 (11.4)	17.4 (9.4)	<0.05
BASDAI	4.5 (2)	3.9 (1.9)	<0.05
Fatigue	5.4 (2.1)	4.9 (1.7)	<0.05
Anxiety	7.3 (2.2)	5.5 (1.9)	<0.05
Depression	7.1 (2.1)	5.8 (1.6)	<0.05
FIRES score	2.9 (2.1)	1.4 (1.3)	<0.05

SD: Standard deviation, PsA: Psoriatic arthritis, DAS28: Disease Activity Score, DMARD: Disease Activity in Psoriasis Arthritis, CRP/hs-CRP: Clinical Disease Activity, BASDAI: Bath Ankylosing Spondylitis Disease Activity Index

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SESSION INFORMATION

Session Date: Tuesday, November 11, 2019

Session Title: Spondyloarthritis Including Psoriatic Arthritis – Clinical Profile II: Psoriatic Arthritis: Clinical Features

Session Type: Poster Session (Arthritis)

Session Time: 9:15AM-11:07AM

Background/Purpose: This study sought to compare the disease activity and its relationship with anxiety, depression, fatigue, and fibromyalgia of patients with psoriatic arthritis (PsA) between female and male gender in a Turkish population.

Methods: This multi-center Turkish League Against Rheumatism (ULAR) Network study included 1134 patients (720 female, 414 male) diagnosed with PsA according to the CASPAR criteria. Demographic and clinic parameters of the patients were recorded. Disease activity was evaluated using the scores of DAS28, CDAPSA, cDAPSA, MDA, VLDL, and BASDAI. Health Assessment Questionnaire (HAQ), SF-36, Hospital Anxiety and Depression Scale (HAD), Fatigue VAS (0-10), and Fibromyalgia Rapid Screening Tool (FRST) were assessed. Disease activity and remission rates were compared in male and female patients, and their relationship with fatigue, anxiety, depression, and fibromyalgia scores was analyzed. The Spearman correlation coefficient was used to assess correlations. Comparisons were made using the Mann-Whitney U and chi-squared tests. $p < 0.05$ was considered significant.

Results: The mean age of the patients was 47.4 years (SD 12.1) for females, 49 years (SD 12.2) for males (Table-1). Disease activity scores of DAS28, CDAPSA, cDAPSA, and BASDAI were significantly higher in women than in men ($p < 0.05$) (Table-2), with men having both higher remission and low-activity rates. There was a significant difference in the rate of MDA in favor of men ($p < 0.05$), but not in the rate of VLDL. The frequencies of daily/its, intermittent, infrequent/its, sporadic disease, and arthritis were similar in men and women, while men had a higher incidence of spondylitis ($p < 0.05$). Both men and women with MDA had significant improvements in the scores of fatigue, HAQ, FRST, anxiety and depression as well as in SF-36 subscales as compared with their counterparts without MDA ($p < 0.05$). Overall, although there was no significant between-group difference in age, body mass index, and disease duration, women had significantly higher anxiety, depression, and FRST scores (fibromyalgia) compared with men ($p < 0.05$) (Table-2). In both men and women, disease activity scores of CDAPSA, DAS28, and BASDAI were significantly correlated with the scores of FRST, anxiety, depression, fatigue, and HAQ ($p < 0.05$).

Conclusion: In patients with PsA, women seem to have lower levels of remission and higher levels of disease activity than men. In both women and men, disease activity scores are significantly correlated with fatigue, functional status, anxiety, depression, insomnia, and quality of life.

Disclosure: M. Duruz, Ibrahim et al., S. Adil Ibrahim, S. Adil Ibrahim, S. Abire, Z. S. AMGEN, S. AMGEN, Novartis, LUND, ONKO, Ibrahim Ethem, Adil Ibrahim, S. Ibrahim Ethem, S. LUND, S. Novartis, S. ONKO, S. H. Gezer, Nona K. Nisa, Nona E. Kelle, Nona B. Saigle, Nona S. Aker, Nona M. Adnan, Nona N. Sibley, Nona G. Ceagdi, Nona N. Cuzdan, Nona I. Alboyrak Gezer, Nona D. Keskin, Nona C. Mufitoglu, Nona H. Resolu, Nona Z. Altman, Nona A. Bal, Nona D. Kucukakbas, Nona O. Yurdakul, Nona M. Altun Molluoglu, Nona Y. Aydin, Nona F. Ayhan, Nona H. Bodur, Nona M. Calkis, Nona E. Capkin, Nona G. Devimsel, Nona K. Gök, Nona S. Hizmetli, Nona A. Kamani, Nona Y. Keskin, Nona H. Kocabaş, Nona O. Kutlak, Nona N. Sen, Nona O. Sencur, Nona I. Titeoglu, Nona S. Toka, Nona M. Toprak, Nona T. Tuncer, Nona.

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Real-world Treatment Patterns Among Patients with Psoriatic Arthritis Treated with Biologic Therapies

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SESSION INFORMATION

Session Date: Tuesday, November 12, 2019
Session Title: Psoriatic Arthritis Including Psoriatic Arthritis – Clinical Poster II: Psoriatic Arthritis, Clinical Features
Session Type: Poster Session (Oral)
Session Time: 9:00AM-11:00AM

Background/Purpose: Though biologic therapies have demonstrated long-term response in randomized clinical trials for psoriatic arthritis (PsA), such patient populations and settings may not reflect the general PsA population.

Figure 1. Index Biologic Among Study Patients (N = 1,500)

