ASSESSMENT OF CARDIOVASCULAR RISK COMORBIDITY IN PATIENTS WITH PSORIATIC ARTHRITIS

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Abstract: *Psoriatic arthritis is an inflammatory arthropathy often associated with psoriasis and some other comorbidities. The study of the role of clinical and biochemical changes in lipid metabolism, basic parameters of hemocoagulation and inflammation in the development of cardiovascular pathology in patients with psoriatic arthritis is an urgent interdisciplinary problem.*

Purpose: to study clinical and biochemical changes of lipid metabolism and basic parameters of hemocoagulation to assess cardiovascular risk in patients with psoriatic arthritis.

Material and methods of the study. The study included 62 patients with confirmed diagnosis of active psoriatic arthritis (main group) and 32 patients with psoriatic arthritis without signs of inflammatory lesions of joints (comparison group). The activity of the disease course was evaluated according to CASPAR criteria, 2006.

Results: When studying the state of lipid metabolism in patients with psoriatic arthritis it was noted that the severity of dyslipidemia has a close association with the activity of the inflammatory process and the presence of visceral manifestations of the disease and is minimal in patients with low activity of psoriatic arthritis. It was found that in patients with psoriatic arthritis of low degree of activity there was a minimal increase in blood lipid composition, compared with the control group ($p>0,05$). Patients with psoriatic arthritis of medium degree had less high content of blood lipid spectrum parameters, in contrast to the control group ($p<0,05$-$0,01$). When analyzing and evaluating the character of dyslipidemia in patients with psoriatic arthritis with high degree activity, a statistically significant increase in the concentration of total cholesterol (TC), triglycerides (TG), cholesterol (CH), low-density lipoproteins (LDL) and a decrease in cholesterol and high-density lipoproteins (HDL) was revealed ($p<0.01$-0.001).

In the examined patients with active psoriatic arthritis the state of blood coagulation system was evaluated. When analyzing the results of the study of blood coagulation parameters, which were compared with similar indicators in the control group, a statistically significant ($p < 0.05$-0.01) decrease in prothrombin time, as well as a marked decrease in prothrombin index. and INR (international normalized ratio) were revealed. In addition, increased levels of fibrinogen and soluble fibrin monomer complexes were detected ($p<0.01$).

Conclusions: Comorbidity of active psoriatic arthritis with cardiovascular pathology represents peculiar disorders of the lipid spectrum, which is characterized by atherogenic disorders of lipid metabolism (atherogenicity index>3.5). The main factor contributing to the development of dyslipoproteinemia and hypercoagulability was revealed: the activity of the underlying disease.