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PSORIATIC ARTHRITIS AND HYPERURICEMIA

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Psoriatic arthritis (PsA) occurs in 13.5 - 47% of patients with psoriasis, in particular, in normal psoriasis the incidence is 6-7%, in pustular - 32%. The prevalence of psoriatic arthritis in the general population ranges from 0.01 to 0.19% depending on the geographical location (Marchuk, 2019). PsA more often occurs at a young age (15-20 years) and leads to adverse consequences in the form of temporary and permanent disability, deterioration of physical and psychological components of quality of life. The second peak of incidence is observed at the age of 55-60 years, when there are comorbidities, metabolic disorders, including hyperuricemia, which creates difficulties for proper drug treatment and requires a clear differential diagnosis.

The aim of our study was to evaluate the effect of hyperuricemia on the course of PsA and to identify related factors. The study included 16 patients with PsA and hyperuricemia. The diagnosis of PsA was established on the basis of diagnostic criteria developed by the Association of Rheumatologists and Orthopedists-Traumatologists of Ukraine (2004) on the basis of the recommendations of the Institute of Rheumatology of the Russian Academy of Medical Sciences (Badokin, 1989). The study was conducted taking into account the following aspects: demographic variables (age, sex, duration of the disease), clinical variables (affected joints, severity of psoriasis), biological factors (acute phase reagents), variables associated with treatment (nonsteroidal anti-inflammatory drugs, corticosteroids, synthetic and biological drugs that modify the disease) and comorbidities. Hyperuricemia was defined as a level of uric acid above 360 μmol/L. Statistical analysis: factors that were potentially associated with hyperuricemia were assessed using Spearman's correlation, and data were processed using the licensed program Statistica 13.0.

In total, the study included 9 (56.25%) women and 7 (43.75%) men, mean age 54±5.8 years, mean disease duration 7±1.4 years; 4 (25%) had moderate/severe psoriasis. A high percentage of patients had concomitant cardiovascular diseases: dyslipidemia 81.25%, hypertension 50%, obesity 37.5% and cardiovascular events 25%. Hyperuricemia was significantly associated with obesity, coronary heart disease, and hypertension, but there was no correlation with the severity of cutaneous psoriasis. In determining the odds ratio was found: coronary heart disease 4.95, [95% confidence intervals: 1.47; 16.67]), obesity (3.61 [1.00; 12.98]) and hypertension (1.86 [1.04; 3.32]).

Thus, hyperuricemia is common in patients with PsA, especially in patients with longer disease duration and obesity. Hyperuricaemia in PsA is more associated with metabolic syndrome than with cutaneous psoriasis, but further research is needed to identify the cause. Proper control of hyperuricemia can improve treatment and control of PsA.

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LONG-TERM USE OF PROTON PUMP INHIBITORS: WHAT IS NEW?

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Since the introduction of Omeprazole, the first proton pump inhibitor (PPI) in 1989, this class of medications has become a leader in the management of acid-related disorders. Their high efficacy and low toxicity resulted in the approval of the first OTC product in 2003, and nowadays they are in the top 10 most prescribed drugs and among the most widely sold medications in the world (World Health Organization, 2019). These same factors have also contributed to their overuse, misuse and long-term use. Over the years, there has been a growing concern over potential adverse effects associated with long-term therapy. Since 2010, the FDA has issued various safety warnings regarding the potential effects of long-term use of PPIs: risk of fractures, hypomagnesemia, Clostridium difficile–associated diarrhea, vitamin B12 deficiency, acute interstitial nephritis (AIN), and cutaneous and systemic lupus erythematosus. The results of several studies investigating the side effects of long-term PPI use were reviewed.