

Gender Differences Among Spondylitis Associated with Psoriasis, Inflammatory Bowel Disease and Primary Ankylosing Spondylitis.

Margarita Landi¹, Hernan Maldonado-Ficco¹, Jose A. Maldonado-Cocco¹, Gustavo Citera², Pablo Arturi¹, Percival Sampaio-Barros³, Diana Flores⁴, Ruben Burgos-Vargas⁵, Helena Santos⁶, Jose Chavez-Corrales⁷, Daniel Palleiros⁸, Miguel A. Gutierrez⁹, Elsa Vieira-Sousa¹⁰, Fernando Pimentel-Santos¹¹, Sergio O. Paira¹², Alberto Berman Sr.¹³, Janitzia Vazquez-Mellado¹⁴, Eduardo Collantes-Estevez¹⁵ and On behalf of RESPONDIA Group¹⁶. ¹Instituto de Rehabilitacion Psicofisica and Fundacion Reumatologica Argentina, Buenos Aires, Argentina, ²Instituto de Rehabilitación Psicofísica., Buenos Aires, Argentina, ³University of Sao Paulo School of Medicine, Sao Paulo, Brazil, ⁴Hospital Universitario "Dr. Jose' Eleuterio Gonza'lez", Monterrey, Mexico, ⁵Hospital General de Mexico, Mexico DF, Mexico, ⁶Instituto Português de Reumatologia, Lisboa, Portugal, ⁷Hospital Nacional E. Rebagliati-ESSALUD, Lima, Peru, ⁸Instituto Nacional de Reumatologia, Montevideo, Uruguay, ⁹Pontificia Universidad Catolica de Chile, Santiago, Chile, ¹⁰Instituto de Medicina Molecular, Faculdade de Medicina da Universidade de Lisboa, Lisbon, Portugal, ¹¹Centro Hospitalar de Lisboa Ocidental, Hospital Egas Moniz, Lisboa, Portugal, ¹²Hospital Jose Maria Cullen, Santa Fe SFE S3000BFP, Argentina, ¹³Hospital Padilla, Tucuman, Argentina, ¹⁴Hospital General de Mexico, Mexico city, Mexico, ¹⁵IMIBIC-Reina Sofia Hospital, Cordoba 14012, Spain, ¹⁶Buenos Aires

Background/Purpose: Differences regarding gender in primary Ankylosing Spondylitis are well known. However, there is less evidence regarding Spondylitis Associated with Psoriasis and that associated with Inflammatory Bowel Disease. To compare clinical manifestations, disease activity, functional capacity, spinal mobility and radiological findings among women and men from a multicenter, multiethnic cohort, of Ibero-American patients with Spondyloarthritis.

Methods: This observational cross-section study included 2044 consecutive spondyloarthritis (SpA) patients (ESSG criteria). Demographic, clinical, disease activity, functional ability, quality of life, work status and radiologic data were evaluated and collected by RESPONDIA members from different Ibero-American countries between June and December 2006. For this analysis patients were selected only if they met modified New York criteria for AS. Data was transmitted on-line and stored in the Spanish SpA Registry (REGISPONSER) website. Categorical data were compared by X² or Fisher's exact tests and continuous variables by ANOVA with post-hoc tests.

Results: Out of 2044 patients, 1264 met New York criteria; 73% were male, (mean age 43 years, SD_15.8), and 27% were female (mean age 45,8 years, SD_12.6). 1072 had primary Ankylosing Spondylitis (AS), 147 Spondylitis Associated to Psoriasis (PsSp) and 45 Spondylitis associated to Inflammatory Bowel Disease (IBDSp). Overall, male patients were significantly younger, had longer diagnostic delay, lower disease activity (BASDAI), less swollen joints, worse spinal mobility (BASMI), better quality of life although worse total BASRI. Frequency of dactylitis and enthesitis was significantly more common among women. Analysing only AS, there was marked male predominance (76.2%). Male patients were also significantly younger, had lower disease activity, worse BASMI, better quality of life and less frequency of dactylitis, yet worse total BASRI. When reading only BASRI in the spine, still it was significantly higher in male patients (mean 7.3 vs 5.8 p_0.000). However, among patients with PsSp male predominance was lower (57.8%), had significantly worse total BASRI and spinal BASRI and worse spinal mobility (BASMI). Among the 45 patients with IBDSp there was a slight female predominance (51.1%) and only differed in less lateral lumbar flexion in males (p_0.015). Regarding work disability in the total population, men had higher permanent work

disability (13.2 vs. 6.9 p_0.05). These differences were maintained when subdividing patients according to primary AS but were no differences in PsSp. There were no patient with IBDSp and permanent work disability.

Conclusion: In this gender comparative analysis among Psoriatic, IBD and primary AS, male patients were significantly younger, had longer diagnostic delay, worse total BASRI, higher BASMI, strikingly lower disease activity (BASDAI) and better quality of life. In both primary AS and PsSp groups, women had better spinal mobility and less radiographic damage.