Work disability in a cohort of patients with Psoriatic Arthritis

Zaffarana CA, Cerda O, Gallino Yanzi J, Landi M, Schneeberger EE, Carrillo I, González Gusmán MC, Maldonado Cocco JA, Gagliardi SA, Citera G. Instituto de Rehabilitación Psicofísica, CABA, Argentina

Background Several studies showed that unemployment and work disability are high in patients with Psoriatic Arthritis (PsA).

Objectives: To evaluate work status in a cohort of patients with PsA and to identify variables associated to work disability.

Methods: A cross-sectional study was conducted including patients ≥ 18 years old with PsA according to classification criteria for Psoriatic Arthritis (CASPAR). Demographic data, disease duration, clinical features, articular and extra articular manifestations, comorbidities and current treatment were collected. Disease activity was assessed by the 66 swollen and 68 tender joint counts, DAS28, DAPSA, BASDAI and RAPID3. Quality of life was assessed using DLQI and PsAQoL questionnaires. Functional capacity was assessed by HAQ and BASFI. Skin involvement was evaluated using PASI. Presence of dactylitis and enthesis (MASES) were evaluated. Statistical analysis: T test, Mann Whitney, Chi² and Fisher exact test. Multiple logistic regression analysis to explore factors associated to work disability.

Results: 87 patients with PsA were evaluated. Median age was 52 years (IQR 40.2-61.7). 28 patients (32.2%) were unemployed and 18 of them (20.6%) were unemployed due to PsA, 10 were retired. Unemployed patients had a lower age at disease onset (33.9 ± 12.28 vs 38.87 ± 11.91, p=0.042), higher disease activity (BASDAI 5.7 ± 2.9 vs 4.06 ± 2.8, p=0.03, RAPID3 13.99 ± 7.4, vs 10.5 ± 6.27 p=0.03, DAPSA 20.5 ± 10.7 vs 16.5 ± 5.16 p=0.04, DAS28 4.2 ± 1.3 vs 3.44 ± 1.4, p=0.032), worse functional status (HAQ 1.18 ± 0.8 vs 0.68 ± 0.6, p=0.006) and worse quality of life (PsAQoL 12.1 ± 3.7 vs 6.56 ± 6, p<0.001). In the multivariate analysis, lower age [OR 0.9 (CI 95% 0.8-0.9), p=0.004] and worse functional status [HAQ OR 7.1 (IC 95% 1.9-25.7), p=0.003] were independently associated with WD.

Conclusion: In our cohort the prevalence of work disability attributed to PsA was 20.6%, and it was associated to lower age and worse functional capacity.