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AbstractBook

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ASSESSMENT OF THE LIPID SPECTRUM IN PATIENTS WITH PSORIATIC ARTHRITISS. Spitsina¹

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Objective: To study lipid profile, apolipoprotein A1 (ApoA1) and apolipoprotein B (ApoB) concentrations determination in patients with psoriatic arthritis (PsA); to reveal abnormalities and their relation with basic predisposing factors.

Methods: 15 PsA patients (men) receiving basic anti-inflammatory therapy with methotrexate from 10 to 20 mg/week for at least 6 months. The exclusion criterion was the presence of a concomitant disease that could affect lipid metabolism. Total cholesterol (TC), HDL, triglycerides (TG), ApoA1, ApoB were determined in blood plasma in all patients. Atherogenicity index (ratio (TC-HDL)/LDL), and ApoB/ApoA1 ratio were taken into account.

Results: The mean age of the patients was 48.2±10.56 y, duration of the disease was from 9-42 y. All patients had moderate or high disease activity. Elevation of TC level was registered in 80% of cases. Mean value of TC was 6.04±1.55 mmol/l. No changes in TG and HDL were registered. Correlation analysis showed a direct correlation of TC with age, excess body weight, and duration of PsA. Atherogenicity index in all patients did not exceed 3.5. The mean level of apoA1 was 1.56±0.36 g/l, in 3 patients (20%) the concentration was below the reference values (<1.2 g/l). In 9 patients (60%) we detected increased concentration of apoB (>1.0 g/l), mean level of apoB was 1.24±0.36 g/l. ApoB/ApoA1 ratio was >0.9 in 3 patients (20%), which corresponds to high risk of cardiovascular diseases.

Conclusion: Lipid metabolism disorders are common in patients with PsA and are associated with a high risk of early atherosclerosis development. Lipid profile indices are interconnected with traditional and disease-associated (PsA duration) factors. The most pronounced were increases in TC, apoB, and a decrease in apoA1 in 20% of cases. Each patient should be evaluated to determine the overall cardiovascular risk in order to decide on the intensity of treatment, which will help to reduce this risk.

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TRENDS IN LOW BONE MINERAL DENSITY EXPOSURE IN DIFFERENT WHO REGIONS: RESULTS FROM THE GBD STUDY 2019

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Objective: The rate of fractures is increasing in parallel to the population aging affecting developing countries particularly (1). This study aims to focus on the changes in the exposure to low BMD in different WHO regions and globally.

Methods: We reviewed the sex-region-specific point prevalence of low BMD as summary exposure values (SEV), globally and by the regions of the WHO and compared the Eastern Mediterranean Region (EMR) with the global state, and other states according to the statistics of the Global Burden of Diseases (GBD) 2019 report (2).

Results: Compared with the global average, the exposure to low BMD in women was lower in the EMR since 2000. The highest SEV of low BMD was detected in the African, and Western Pacific regions in women. However, the state of low BMD in men in the EMR was worse than the figures of the global state, reaching the highest SEV and remaining so after the African region since 2010. In all, the European region showed the lowest SEV of low BMD in both sexes (Figure).