

Bolile inflamatorii cronice: Impact și povară

ADVANTAGE
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Advantage Hers axează definiția bolilor inflamatorii cronice pe:

- Artrita reumatoidă
- Spondiloartrita axială (inclusiv spondilita anchilozantă și spondiloartrita axială non-radiologică)
- Artrita psoriazică
- Psoriazis

Știați că?

Persoanele diagnosticate cu boli inflamatorii cronice se află la risc pentru a dezvolta o altă afecțiune asociată.²⁻⁶



Cauzele acestor boli inflamatorii cronice¹

Aceste boli inflamatorii cronice sunt cauzate de inflamația pe termen lung, care durează între luni și ani de zile, care provine de la lupta sistemului imunitar împotriva stimulilor nocivi.



Posibilul impact al acestor boli^{1,2,7-17}

- Leziuni articulare
- Pierderea funcționalității
- Scăderea calității vieții
- Risc crescut de depresie, anxietate și stres
- Risc crescut de diabet sau boli cardiace



Simptome frecvente ale acestor boli¹

Durere, leziuni articulare, oboseală constantă, complicații gastrointestinale și infecții frecvente.

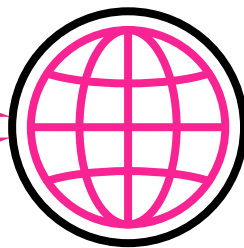
Știați că?

Bolile cronice pot exacerba simptomele depresiei și afecțiunile depresive pot duce la boli cronice.¹⁸

Aceste boli inflamatorii cronice afectează >180 de milioane de persoane în întreaga lume¹⁹⁻²¹

Artrita reumatoidă
~23,7 milioane

Artrita psoriazică
~37,5 milioane



Spondiloartrita axială
~>16,5 milioane

Psoriazis
~125 milioane

Femeile sunt în special afectate de aceste boli inflamatorii cronice

Artrita reumatoidă este de 3 ori mai frecventă la femei decât la bărbați.²²



Este important ca orice persoană care trăiește cu aceste boli inflamatorii cronice să colaboreze cu specialistul său, pentru dezvoltarea unui plan de joc pe termen lung cu privire la boală, personalizat pentru nevoile sale individuale.



Femeile cu psoriazis manifestă un sentiment de stigmatizare mai puternic și sunt mai predispuse la stres și singurătate decât bărbații.^{23,24}

Femeile cu spondiloartrită axială pot:^{6,24-28}

- Întâmpina întârzieri lungi ale diagnosticului
- Manifesta grade mai mari de oboseală
- Fi mai puțin active, în consecință
- Manifesta grade mai mari de durere, anxietate și stres

Femeile dețin deseori informații limitate referitoare la cum să își gestioneze cel mai bine boala pe parcursul vieții lor.²⁹

#AdvantageHers

ucb Inspired by patients.
Driven by science.

Bibliografie

1. Pahwa R, Jialal I. Chronic Inflammation. StatPearls Publishing. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK493173/>. Accessed January 2020.
2. Rosenbaum JT, et al. Insight into the Quality of Life of Patients with Ankylosing Spondylitis: Real-World Data from a US-Based Life Impact Survey. *Rheumatol Ther*. 2019; 6(3):353–367.
3. Armstrong EJ, et al. Psoriasis and major adverse cardiovascular events: a systematic review and meta-analysis of observational studies. *J Am Heart Assoc*. 2013;2(2):e000062.
4. Coates LC, et al. Group for Research and Assessment of Psoriasis and Psoriatic Arthritis 2015 Treatment Recommendations for Psoriatic Arthritis. *Arthritis Rheumatol*. 2016;68(5):1060-1071.
5. Crowson CS, Liao KP, Davis JM, et al. Rheumatoid Arthritis and Cardiovascular Disease. *Am Heart J*. 2013;166(4): 622–628.
6. van der Horst-Bruinsma IE, Nurmohamed MT, Landewé RB. Comorbidities in patients with spondyloarthritis. *Rheum Dis Clin North Am*. 2012;38(3):523-538.
7. Picchianti-Diamanti A et al. Health-related quality of life and disability in patients with rheumatoid early rheumatoid and early psoriatic arthritis treated with etanercept. *Qual Life Res*. 2010;19:821–826.
8. Sala F et al. The health-related quality of life in rheumatoid arthritis, ankylosing spondylitis, and psoriatic arthritis: a comparison with a selected sample of healthy people. *Health Qual Life Outcomes*. 2009;7:25.
9. Nas K et al. The effect of gender on disease activity, functional index and quality of life in patients with Axial SPA. The data of TLAIF-NETWORK PSA study. *Ann Rheum Dis* 2019; 78(Suppl 2):920–921. Abstract FRI0456.
10. Tournadre A, Pereira B, Lhoste A, et al. Differences Between Women and Men With Recent-Onset Axial Spondyloarthritis: Results From a Prospective Multicenter French Cohort. *Arthritis Care Res (Hoboken)*. 2013;65(9):1482-1489.
11. Lee W et al. Are there gender differences in severity of ankylosing spondylitis? Results from the PSOAS cohort. *Ann Rheum Dis*. 2007;66:633–638.
12. Eder L et al. Gender Difference in Disease Expression, Radiographic Damage and Disability Among Patients With Psoriatic Arthritis. *Ann Rheum Dis*. 2013;72(4):578–582.
13. Weigle N and McBane S. Psoriasis. *Am Fam Physician*. 2013;87(9):626–633.
14. Dowlshahi EA. The Prevalence and Odds of Depressive Symptoms and Clinical Depression in Psoriasis Patients: A Systematic Review and Meta-Analysis. *J Invest Dermatol*. 2014;134:1542–1551.
15. Xiao J et al. Prevalence of myocardial infarction in patients with psoriasis in central China. *JEADV*. 2009;23(11):1311–1315.
16. Armstrong A et al. Quality of life and work productivity impairment among psoriasis patients: findings from the National Psoriasis Foundation survey data 2003–2011. *PLoS One*. 2012;7(12):e52935.
17. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. (2009). "The Power of Prevention: Chronic disease...the public health challenge of the 21st Century." Available at: <https://www.cdc.gov/chronicdisease/pdf/2009-power-of-prevention.pdf>. Accessed January 2020.
18. World Health Organization. "The Global Burden of Disease 2004 Update." Available at: https://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf. Accessed January 2020.
19. National Psoriasis Foundation. "Statistics." Available at: <https://www.psoriasis.org/content/statistics>. Accessed January 2020.
20. EvaluatePharma, Evaluate Ltd., Available at: www.evaluate.com. Accessed November 2020.
21. Gerosa M, Schioppo T, Meroni PL. Challenges and treatment options for rheumatoid arthritis during pregnancy. *Expert Opin Pharmacother*. 2016;17(11):1539–1547.
22. Hawro M, et al. Lesions on the back of hands and female gender predispose to stigmatization in patients with psoriasis. *J Am Acad Dermatol*. 2017;76(4):648–654.e2.
23. LEO Innovation Lab and The Happiness Research Institute. World Psoriasis Happiness Report October 2017. Available at: <https://psoriasis-happiness-report/static/documents/world-psoriasis-happiness-report-2017.pdf>. Accessed January 2020.
24. Osterhaus JT, Purcaru O. Discriminant validity, responsiveness and reliability of the arthritis-specific Work Productivity Survey assessing workplace and household productivity within and outside the home in patients with axial spondyloarthritis, including nonradiographic axial spondyloarthritis and ankylosing spondylitis. *Arthritis Res Ther*. 2014;16(4):164.
25. Rusman T, Nurmohamed M, Denderen JV, et al. Female gender is associated with a poorer response to TNF inhibitors in ankylosing spondylitis. *Annals of the Rheumatic Diseases* 2017;76(2):354–355.
26. Rusman T, van Vollenhoven RF, van der Horst-Bruinsma IE. Gender Differences in Axial Spondyloarthritis: Women Are Not So Lucky. *Curr Rheumatol Rep*. 2018;20(6):35.
27. Mancuso CA, Rincon M, et al. Psychosocial variables and fatigue: a longitudinal study comparing individuals with rheumatoid arthritis and healthy controls. *J Rheumatol*. 2006;33(8):1496–1502.
28. Tincani A, Taylor P, Fischer-Betz R, et al. Fears and misconceptions of women with chronic rheumatic diseases on their journey to motherhood. *Annals of the Rheumatic Diseases*. 2018;77(2):866.