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SLEEP DISORDERS IN PATIENTS WITH PSORIATIC ARTHRITIS

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BACKGROUND

Sleep disorders are currently a major public health problem in Brazil, due to their high incidence and difficulties with diagnosis, identification of type and treatment. Rheumatic disorders have been associated with changes in the state of sleep, that causes a reduction in quality of life, eventually reduced by the chronic inflammatory process of the primary disease. However, an association between psoriatic arthritis and sleep disorders has not been studied, until now. Thus, this study aimed to identify and describe the existence of sleep disturbances in patients with psoriatic arthritis, as well as, to verify possible association of sleep disorders with metabolic syndrome and other parameters in these individuals.

MATERIALS AND METHODS

Therefore, 31 patients with psoriatic arthritis (CASPAR) from a rheumatology outpatient clinic were studied. Three sleep assessment questionnaires: Pittsburgh Sleep Quality Index (PSQI), Epworth Sleepiness Scale (EPW) and The Berlin Questionnaire (BQ) were employed and sleep walking or talking were investigated. Sociodemographic variables and the presence of hypertension, obesity, diabetes, dyslipidemia and metabolic syndrome have also been investigated. The chi-square method was employed for statistical analysis.

RESULTS

Sleep disorders were found in 64.5% of patients by PSQI, 51.6% by EPW and 48.4% by BQ. A high prevalence of sleep disorders (around 70%) was identified in psoriatic arthritis patients with metabolic syndrome. A high association of sleep disturbances in patients with hypertension was also detected: 83.3% by PSQI, 58.3% by EPW and 75.0% by BQ.

CONCLUSION

Remarkably sleep disorders are very common in patients with psoriatic arthritis especially in patients with hypertension or metabolic syndrome. Thus, the detection of sleep disorder in patients with psoriatic arthritis demands greater attention in clinical practice because its specific treatment may minimize the impact of higher cardiovascular risk already associated with psoriasis and psoriatic arthritis. Furthermore, a poor sleep may trigger pain augmentation, and should be specifically addressed by rheumatologists.