

Obesity negatively predicts minimal disease activity achievement in patients with PSA

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According to a study presented today at EULAR 2012, the Annual Congress of the European League Against Rheumatism, patients with psoriatic arthritis (PsA) who are starting anti-tumour necrosis factor (anti-TNF) treatment and adhere to a hypocaloric diet have a significantly greater chance of achieving minimal disease activity (MDA, an important measure of disease activity) at six months compared to those on a standard diet.

The results of an Italian study of 138 obese PsA [patients](#) demonstrated that those who achieved a $\geq 10\%$ weight loss following a calorie restricted [diet](#), were more likely to achieve MDA, compared to patients on a standard diet ($p=0.001$). These patients also had significantly higher changes in erythrocyte sedimentation rate (ESR, a test that indirectly measures the amount of inflammation in the body), and c-reactive protein (CRP, a marker of systemic inflammation, a recently identified predictor of structural damage progression) compared to patients on a standard diet.

"A study presented at the 2009 meeting of the Society for Investigative Dermatology, alerted us to the fact that patients with [psoriatic arthritis](#) have an increased prevalence of obesity, however our study has gone beyond that, assessing whether diet is able to improve the achievement of minimal [disease activity](#) in obese patients treated with anti-TNFs" said Dr. Dario Di Minno from the University of Naples Federico II, Italy and lead author of the study. "The results of our study suggest that obese patients with psoriatic [arthritis](#) who stick to a hypocaloric diet have a

greater chance of achieving treatment goals."

The study demonstrated that a hypocaloric diet is a predictor of MDA achievement (hazard ratio [HR]: 4.79; $p=0.002$) after six months of treatment with anti-TNFs in patients as compared to those on a standard diet. Of the 138 obese subjects with PsA, 69 received a hypocaloric diet and 69 a self-managed diet. At baseline and at six months follow-up, patients underwent a complete clinical rheumatologic and laboratory evaluation.

In a separate [PsA](#) study by the same authors, 135 obese and 135 matched normal-weighted patients (controls) with active disease starting treatment with anti-TNFs were followed for 24 months to evaluate whether the presence of obesity impacts the achievement of MDA. Of the 270 subjects, 36.3% achieved MDA and the prevalence of obesity was higher in those not achieving MDA than in those achieving it (64.0% versus 25.5%, p

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