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: Psoriasis vulgaris
1-3 %

Th1- (IFN-, TNF-, IL-2)
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— 2007 — 2012 . -
548 (365),
1552 ” (Finley, 2005).
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174 , 152 .
- (92-), 2 (55), (33), (24) .
103 101 ,
- .
(DLQI) (« »»)
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PSORIATIC DISEASE – CLINICAL AND EPIDEMIOLOGICAL ANALYSIS, CO-MORBIDITY AND QUALITY OF LIFE

Summary: Psoriasis vulgaris is an immune-mediated chronic disease and affects 1-3 % of world human population. It's well known that psoriasis is not only disorder of skin and joints, but a systemic inflammatory autoimmune illness associated with others inflammatory dermatological and internal alterations. Activation of Th1-mediated cytokine cascade (IFN- γ , TNF- α , IL-2) is the psoriasis trigger as well as for a lot of co-morbid conditions. Endogenous (genetics) and exogenous (environment, infections, stress, life style) factors may lead to express or recurrence of the disease. More of them are a common occurrence not only for psoriasis but for other systemic disorders also. The high co-morbidity prevalence in psoriatic patients is an important medical and social problem of today. These facts require exact interdisciplinary approaches concerning adequate therapy and prophylaxis of potentially negative conditions, some of them life-dangerous.

An analysis of the hospital admissions in the Department of Dermatology and Venereology at the University Hospital - Pleven in the period January 2007-July 2012 was made. With moderate to severe psoriasis 548 from total 1,552 in-patients were treated (365 individuals). The severity of disease is defines by "The rule of tens" (according to Finley, 2005). Psoriatic patients are stratify according to gender, age and duration of the disease. The affected areas of the body and pathological morphology of the skin lesions were described. According to current classifications the Psoriasis of early (type 1) and late (type 2) onset are determine. The clinical subtypes of the disease are described as localized or generalized, as well as pustular or nonpustular. The most frequent risk psoriatic factors (hereditary, stress, infections) are examine.

312 psoriatic in-patients (174 individuals) with co-morbid conditions are discovered. This analysis presents high prevalence of arterial hypertension (in 96 patients), psoriatic arthritis (in 92), diabetes type 2 (in 55), ischemic coronary disease (in 33), chronic obstructive pulmonary disease (in 24) etc. Based on

universally diagnostic criterions for Metabolic syndrome a comparison study between 103 patients with severe psoriasis and 101 controls are made with the purpose of define the most frequent major cardiovascular risk factors in psoriatic patients. Patients with severe psoriatic disease, metabolic disturbances and high risk for cardiovascular incidence are present.

For the use of valid in Bulgaria dermatology-specific questionnaire for quality of life (DLQI) a change for the worse in physical ("symptoms and feelings" and "daily activities") and mental ("work and education") functions in psoriatic patientis are verify. The determination of psoriasis impact on quality of life between in-patients and out-patients with severe psoriasis is "very large negative effect on patient's life".

An behaviour algorithm for psoriatic patients is suggests in collaboration latween general practitioners, dermatologist, cardiologist, rheumatologist, endocrinologist, etc. The aim of this algorithm is prevention of systemic and psychological complications in psoriatic disease.

The achieved results and found patterns are compare to data from similar studies published in the recent 10 years.