

Spondyloarthritis through a gender lens: Are men and women affected differently?

Nouha Snah, Imane El Mezouar, Nessrine Akasbi, Taoufik Harzy

CHU Hassan II, Rheumatology department, Fez, Morocco , Faculty of Medicine, Pharmacy and dentistry of Fez, Sidi Mohamed Ben Abdellah University, Fez, Morocco

Background:

- Spondyloarthritis is a common chronic inflammatory rheumatic disease.
- Its prevalence is thought to be higher in men.
- However, both men and women are affected.

Purpose:

- Determine the particularities of the female form of spondyloarthritis in comparison to the male form.

Patients and methods :

- Retrospective study conducted at Hassan II University Hospital Center in Fez, Morocco.
- Between January 2011 and December 2023, we reviewed medical records of patients diagnosed with spondyloarthritis who met the Assessment of Sspondyloarthritis International Society (ASAS) classification criteria.
- We compared two groups: women and men with spondyloarthritis.
- SPSS (version 23) was used for statistical analysis.

RESULTS:

- 390 patients were included in this study.
- The sex ratio ( M/F) was 0.81.
- The mean age was 46.61±14.15years.
- The disease duration was 7.57±7.08 years.

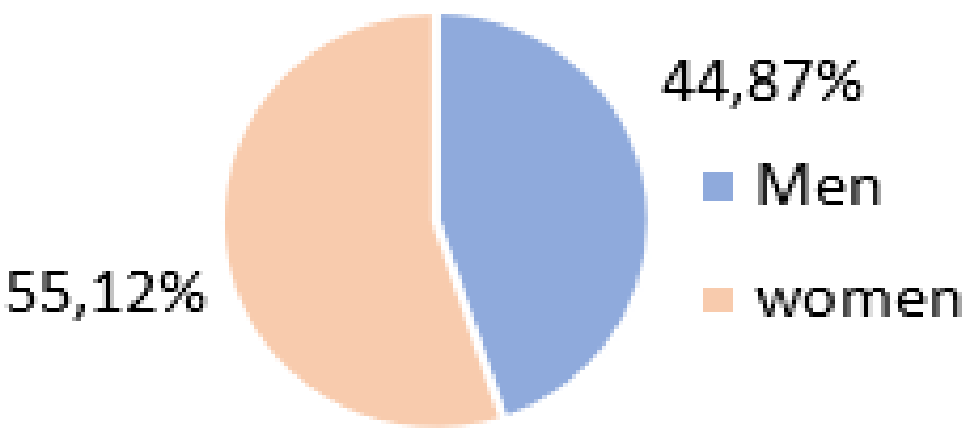


Figure 1:Gender distribution

Table 1: Comparative analysis of demographic, spondyloarthritis-related characteristics, disease activity variables and therapeutic outcomes according to gender

Characteristics	Female SpA (n=215)	Male SpA (n=175)	p-value (OR [95% CI])
Early disease onset (n)	20	74	p<0.00 (OR: 0.3 [0.15–0.74], p=0.007)
Age at diagnosis (mean ± SD)	51.67 ± 12.92	40.36 ± 13.11	p<0.00 (OR: 0.99 [0.92–1.06], p=0.85)
Hypertension	53	10	p<0.00 (OR: 3.11 [1.22–7.90], p=0.013)
Type 2 diabetes	34	10	p=0.02 (OR: 1.22 [0.40–3.74], p=0.72)
Dyslipidemia	27	14	–
Spinal involvement (C–D–L)	52 – 62 – 109	72 – 69 – 120	p=0.00, p=0.02, p<0.00 (OR: 0.50 [0.24–1.01], p=0.054)(OR: 0.97 [0.47–1.97], p=0.93)(OR: 0.75 [0.37–1.51], p=0.42)
Enthesitis (Fessalgia–Talgia)	118 – 124	106 – 74	p=0.23, p=0.002 (OR: 1.67 [0.97–2.88], p=0.06)
Peripheral involvement (n)	86	57	p=0.14
Biological inflammatory syndrome (n)	63	68	p=0.06
Radiographic sacroiliitis (n)	113	134	p<0.05 (OR: 0.38 [0.19–0.74], p=0.004)
BASDAI (mean ± SD)	4.36 ± 1.48	3.97 ± 1.73	p=0.02 (OR: 0.69 [0.55–0.87], p=0.002)
BASFI (mean ± SD)	4.36 ± 2.01	4.44 ± 2.56	p=0.79
IBD association (n)	42	33	p=0.88
Uveitis (n)	26	22	p=0.91
Coxitis (n)	1	4	p=0.17
Osteoporosis (n)	18	10	p=0.32
Cardiac complications (n)	7	4	p=0.54
Infection (n)	14	7	p=0.63
Neoplasia (n)	7	1	p=0.06
Severity (n)	112	139	p<0.00 (OR: 0.5 [0.26–0.99], p=0.048)
NSAID resistance (n)	66	63	p=0.27
Use of TNF Alpha inhibitors (n)	65	66	p=0.12

CONCLUSION:

The female population exhibits higher disease activity and a greater prevalence of non-radiographic forms of spondyloarthritis.