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ОБЩАЯ И ПЕРВИЧНАЯ ЗАБОЛЕВАЕМОСТЬ СПОНДИЛОАРТРИТАМИ СРЕДИ ВЗРОСЛОГО НАСЕЛЕНИЯ ОРЕНБУРГСКОЙ ОБЛАСТИ В 2019-2023 ГГ.

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General And Primary Incidence of Spondyloarthritis Among the Adult Population of The Orenburg Region in 2019-2023

Резюме

Целью исследования явилось изучение показателей общей и первичной заболеваемости спондилоартритами, включая анкилозирующий спондилит (АС) и псориатический артрит (ПсА), среди взрослого населения Оренбургской области в период с 2019 по 2023 гг. **Материалы и методы.** Проанализированы отчётные формы федерального статистического наблюдения № 12 «Сведения о числе заболеваний, зарегистрированных у пациентов, проживающих в районе обслуживания медицинской организации» в период с 2019 по 2023 годы среди взрослого населения Оренбургской области, с оценкой общей и первичной заболеваемости всей группы болезней костно-мышечной системы и соединительной ткани, в том числе спондилопатий, включающих анкилозирующий спондилит, и болезней кожи и подкожной клетчатки, в том числе псориатический артрит. **Результаты.** За исследуемый период среди взрослого населения Оренбургской области установлена тенденция к повышению как общей, так и первичной заболеваемости болезнями костно-мышечной системы и соединительной ткани и спондилопатиями в 2023 году по сравнению с 2019 годом. В период с 2020 по 2022 гг. зафиксировано снижение этих показателей. Динамика общей заболеваемости АС была неоднозначной: в 2019 году она была выше, чем в 2023 году. Первичная заболеваемость АС нарастала к 2023 году. Отмечена тенденция к увеличению общей и первичной заболеваемости болезнями кожи и подкожной клетчатки и ПсА в 2023 году в сравнении с 2019 г., при снижении данного показателя в период пандемии с 2020 по 2022 годы. Выявлен ряд особенностей при сравнении показателей общей и первичной заболеваемости болезнями костно-мышечной системы и соединительной ткани, спондилопатиями, АС, болезнями кожи и подкожной клетчатки, ПсА в Оренбургской области и в Российской Федерации (РФ). **Заключение.** Полученные данные определяют необходимость проведения дальнейших эпидемиологических исследований в отношении аксиальных спондилоартритов, оптимизации диагностики, мониторингования и течения этих заболеваний.

Ключевые слова: анкилозирующий спондилит, псориатический артрит, общая и первичная заболеваемость, болезни костно-мышечной системы и соединительной ткани, болезней кожи и подкожной клетчатки

Конфликт интересов

Соавтор статьи Сайфутдинов Р.И. является членом редакционной коллегии журнала «Архивъ внутренней медицины». Статья прошла принятую в журнале процедуру рецензирования. Сайфутдинов Р.И. не участвовал в принятии решения о публикации этой статьи. Об иных конфликтах интересов авторы не заявляли

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Авторы заявляют об отсутствии финансирования при проведении исследования

Соответствие принципам этики

Исследование представляет собой анализ отчётных форм федерального статистического наблюдения № 12 «Сведения о числе заболеваний, зарегистрированных у пациентов, проживающих в районе обслуживания медицинской организации». В рамках данного исследования медицинское вмешательство участникам не проводилось, поэтому работа не считается исследованием на человеке и не требует заключения этического комитета

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Abstract

The **purpose of the study** was to investigate the indicators of general and primary incidence of spondyloarthritis, including ankylosing spondylitis and psoriatic arthritis, among the adult population of the Orenburg region during the period from 2019 to 2023. **Materials and Methods.** The reporting forms of federal statistical monitoring No. 12 "Information on the number of diseases registered in patients residing in the service area of the healthcare organization" were analyzed for the period from 2019 to 2023 among the adult population of the Orenburg region. This analysis assessed the general and primary incidence of the entire group of diseases of the musculoskeletal system and connective tissue, including spondyloarthropathies, such as ankylosing spondylitis, as well as skin and subcutaneous tissue diseases, including psoriatic arthritis. **Results.** During the study period, a trend was established among the adult population of the Orenburg region for an increase in both the general and primary incidence of musculoskeletal system and connective tissue diseases, as well as spondyloarthropathies, in 2023 compared to 2019. From 2020 to 2022, a decrease in these indicators was recorded. The dynamics of the general incidence of ankylosing spondylitis (AS) were ambiguous: it was higher in 2019 than in 2023. The primary incidence of AS increased by 2023. There was a noted trend toward an increase in the overall and primary incidence of skin and subcutaneous tissue diseases and psoriatic arthritis (PsA) in 2023 compared to 2019, with a decrease in this indicator during the pandemic from 2020 to 2022. Several differences were identified when comparing the indicators of overall and primary incidence of musculoskeletal system and connective tissue diseases, spondyloarthropathies, AS, skin and subcutaneous tissue diseases, and PsA between the Orenburg region and the Russian Federation. **Conclusion.** The obtained data underscore the necessity for further epidemiological studies concerning axial spondyloarthritis, as well as the optimization of diagnosis, monitoring, and the progression of these diseases.

Key words: *ankylosing spondylitis, psoriatic arthritis, general and primary incidence, musculoskeletal system and connective tissue diseases, skin and subcutaneous tissue diseases*

Conflict of interests

Co-author of the article Sayfutdinov R.I. is a member of the editorial board of the journal «The Russian Archives of Internal Medicine». The article passed the journal's peer review procedure. Sayfutdinov R.I. was not involved in the decision to publish this article. The authors did not declare any other conflicts of interest

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The authors declare no funding for this study

Conformity with the principles of ethics

The study represents an analysis of the reporting forms of federal statistical monitoring No. 12 "Information on the number of diseases registered in patients residing in the service area of the healthcare organization." There were no medical interventions performed on participants in this study, so the work is not considered human research and does not require an ethics review

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Background

Currently, diseases of the musculoskeletal system and connective tissue (MSCD) are one of the most significant social and economic problems, ranking highly

among other chronic diseases [1, 2]. First and foremost, these are chronic inflammatory pathologies involving the spine, peripheral joints, entheses, and extraskelatal manifestations associated with axial spondylarthritis [3].

Given that this pathology is typical for young and active working age and is often the main cause of temporary and permanent disability [4], and in the majority of cases it requires expensive drug therapies [5], the study of the incidence and incidence is one of the most important problems in the modern rheumatology.

Recently, general rise in the incidence of the main types of axial spondylarthritides, i.e. ankylosing spondylitis and psoriatic arthritis, has been observed [6]. AS is included in category XIII “Diseases of the musculoskeletal system and connective tissue”, section “Spondylopathies”; PsA — category XII “Diseases of the skin and subcutaneous tissue” (S&STD), section “Psoriasis”.

The data on the incidence of this pathology are ambiguous: in 2019, the global incidence of MSCD was 18,407.49 per 100 000 people [7]; in Russia in 2019–2023, this figure was 13,068.6 per 100 000 people [8]. The total incidence of individual disease entities of axial spondylarthritis also varies and is not always presented under the widely recognised statistical methods.

For example, AS incidence in Europe was 23.8 per 100,000 people, in Asia — 167 per 100,000 people [9, 10, 11]. Statistical reports issued by the Ministry of Health of Russia do not present any data on the total and primary incidence of AS in Russia since it is included into the subsection “Spondylopathies”, the total incidence in which in 2019–2023 was 93.2 per 100,000 people [8]. As far as PsA is concerned, the systematic review and meta-analysis by Stephanie Lembke et al. (2024) reported the total global PsA incidence to be 112 per 100,000 adults: in Europe — 188, Asia — 48, North America — 133, and South America — 17 per 100,000 people [12]. According to the data from the Russian authors, the total incidence of diseases of the skin and subcutaneous tissue, including PsA, was 5,287.7 per 100,000 people, while the total incidence of PsA is 14.3 per 100,000 people [13], which is significantly lower than the global data.

Without doubt, available statistical data on the incidence of such a significant pathology in Russia cannot fully present the social scope of the problem, since there are almost no data on individual regions, particularly the Orenburg Region. According to the data from the only study conducted by Begun D.N. in 2015, the total incidence of MSCD in the Orenburg Region in 2000–2013 was 15,024.4 per 100,000 people, while the average incidence of AS was 35.5 cases per 100,000 people. There are no data on the number of PsA cases [14]. The author mentioned the rise in the incidence of MSCD and AS in general. It was typical of the total incidence of AS with a drop in primary cases. The author drew a conclusion on the effect of chronic patient accumulation, their longer life expectancy with the prevention of new cases, which can be an explanation to the results. Unfortunately, there

are no other data on the incidence of axial spondylarthritides, including AS, in the Orenburg Region.

Therefore, **the objective of the study** was to review the total and primary incidence of spondylarthritis, including ankylosing spondylitis and psoriatic arthritis, among the adult population in the Orenburg Region in 2019 to 2023.

Materials and methods

We analysed report forms No. 12 of the federal statistical monitoring “Information on the number of cases registered for the patients in the area of the medical organisation’s location” for the period from 2019 to 2023 among the adult population of the Orenburg Region, and review the total and primary incidence of all diseases of the musculoskeletal system and connective tissue, including spondylopathies, which include AS; and diseases of the skin and subcutaneous tissue, as well as PsA among adults. According to the annual statistical reports under form No. 12 of the Ministry of Health of the Orenburg Region, the information on PsA related to PsA together with skin psoriasis; therefore, an assessment of the incidence of psoriatic arthritis included only the mentioned cases. The data were compared to the Russia-wide results taken from similar statistical sources of the Ministry of Health of the Russian Federation on the total and primary incidence among the adult population in Russia in 2019 to 2023.

The absolute values in report form No. 12 were used to calculate the total and primary incidence per 100,000 adults in the Orenburg Region; and the common formulae were used [15]. The total and primary incidence per 100,000 adults were taken into account. The rate of increase and reduction of the values were reviewed. The non-parametric Wilcoxon test was used to evaluate the differences (*p*) between the total and primary incidence values. Differences were considered statistically significant at *p* < 0.05. IBM SPSS Statistics V27 package was used for statistical data processing.

Results

According to the results (Table 1), the total incidence of diseases of the musculoskeletal system and connective tissue among the adult population of the Orenburg Region tended to rise: in 2019 — 20,974.1, in 2020 — 15,754.9, in 2021 — 15,904.1, in 2022 — 18,097.5, and in 2023 — 33,128.5 per 100,000 adults; the rate of increase vs. 2019 was 57.9 % (*p*=0.3).

The total incidence of spondylopathies was: in 2019 — 101.7, in 2020 — 99.8, in 2021 — 102.6, in 2022 — 104.4, in 2023 — 166.3 per 100,000 adults, and the rate of increase was 63.5 % vs. 2019 (*p*=0.29) (Table 1).

Changes in the total incidence of AS was ambiguous (Table 1). In 2019, it was 51.02, in 2020 — 52.3, in 2021 — 53.02, in 2022 — 44.3, in 2023 — 50.9 per 100,000 adults, meaning a reduction of –0.2 % in 2023 vs. 2019 (p=0.4).

The primary incidence of MSCD also clearly tended to rise within the group: in 2019 — 5,365.7, in 2020 — 3,084.3, in 2021 — 4,091.6, in 2022 — 4,737.9, in 2023 — 8,538.6, with the rate of increase being 59.1 % vs. 2019 (p=0.28) (Table 2).

However, the trends of statistical data on spondylopathies varied: in 2019, the primary incidence was 28.6 per 100,000 people; in 2020, it dropped to 19.3; then

it increased annually, and in 2023 it was 36.9, with the rate of increase being 29.1 % vs. 2019 (p=0.4) (Table 2).

A similar trend was observed for the primary incidence of AS: in 2019 — 5.5, in 2020 — 3.3, in 2021 — 3.8, in 2022 — 4.6, in 2023 — 7.2 per 100,000 people; while the rate of increase was 30.9 % vs. 2019 (p=0.3) (Table 2).

As far as the total incidence of S&STD is concerned, in 2019, it was 4,380.1, in 2020 — 3,207.1, in 2021 — 3,529.6, in 2022 — 3,427.7, in 2023 — 5,087.6 per 100,000 people. The rate of increase in the total incidence in 2023 was 16.2 % vs. 2019, while of the primary incidence — 23.9 % (p=0.25) (Table 3).

Table 1. The total incidence of diseases of the musculoskeletal system, spondylopathies and AS among the adult population of the Orenburg region for 2019-2023 (the number of patients per 100 thousand population)

Years/Nosology	MSD		Spondylopathies		AS	
	Absolute values	per 100 thousand	Absolute values	per 100 thousand	Absolute values	per 100 thousand
2019	222367	20974,1	1078	101,7	541	51,02
2020	169460	15754,9	1074	99,8	563	52,3
2021	168864	15904,1	1090	102,6	563	53,02
2022	194556	18097,5	1122	104,4	476	44,3
2023	338397	33128,5	1699	166,3	520	50,9

Notes: MSD — Musculoskeletal and connective tissue diseases, AS — ankylosing spondylitis

Table 2. The primary incidence of diseases of the musculoskeletal system, spondylopathies and AS among the adult population of the Orenburg region for 2019-2023 (the number of patients per 100 thousand population)

Years/Nosology	MSD		Spondylopathies		AS	
	Absolute values	per 100 thousand	Absolute values	per 100 thousand	Absolute values	per 100 thousand
2019	56887	5365,7	303	28,6	58	5,5
2020	33174	3084,3	208	19,3	36	3,3
2021	43444	4091,6	247	23,3	41	3,8
2022	50935	4737,9	301	27,9	50	4,6
2023	87219	8538,6	377	36,9	73	7,2

Notes: MSD — Musculoskeletal and connective tissue diseases, AS — ankylosing spondylitis

Table 3. The total incidence of diseases of the skin and subcutaneous tissue and PsA among the adult population of the Orenburg region for 2019-2023. (the number of patients per 100 thousand population)

Years/Nosology	DSST		PsA	
	Absolute values	per 100 thousand	Absolute values	per 100 thousand
2019	46437	4380,1	264	24,9
2020	34496	3207,1	265	24,6
2021	37477	3529,6	215	20,2
2022	36849	3427,7	212	19,7
2023	51968	5087,6	327	32,1

Notes: DSST — diseases of the skin and subcutaneous tissue, PsA — psoriatic arthritis

Table 4. The primary incidence of skin and subcutaneous tissue diseases and PsA among the adult population of the Orenburg region for 2019-2023. (the number of patients per 100 thousand population)

Years/Nosology	DSST		PsA	
	Absolute values	per 100 thousand	Absolute values	per 100 thousand
2019	31134	2936,6	51	4,8
2020	23735	2206,7	41	3,8
2021	25825	2432,3	21	1,9
2022	28000	2604,5	10	0,9
2023	37187	3640,5	63	6,6

Notes: DSST — diseases of the skin and subcutaneous tissue, PsA — psoriatic arthritis

The total incidence of psoriatic arthritis in the Orenburg Region gradually decreased from 2019 (24.9) to 2022 (19.7), with the rate of decrease of 20.8 %. However, in 2023, the figure reached 32.1 per 100,000 people; this is 28.9 % higher than in 2019 ($p=0.37$) (Table 3).

The primary incidence of diseases of the skin and subcutaneous tissue (Table 4) in 2019 was 2,936.6, in 2020 — 2,206.7, in 2021 — 2,432.3, in 2022 — 2,604.5, in 2023 — 3,640.5 per 100,000 people. The rate of increase in the primary incidence in 2023 was 23.9 % ($p=0.4$) vs. 2019.

An analysis of the primary incidence of PsA in the Orenburg Region also showed decrease in the figures from 4.8 in 2019 to 0.9 in 2022, i.e. by 81.3 %, with a sharp increase of 6.6 per 100,000 adults in 2023. The rate of increase in 2023 was 37.5 % vs. 2019 ($p=0.2$) (Table 4).

Discussion

The objective of this study was to review the total and primary incidence of spondylarthritides, including AS and PsA, among the adult population of the Orenburg Region in 2019–2023. The objective is of interest due to the potential severity and debilitating effect of this pathology and the need to plan both diagnostic measures and monitoring of the disease, and therapy with expensive antiinflammatory drugs, including genetically engineered biologic drugs and target basic agents, in accordance with the available clinical guidelines [16].

The results of this study were based on the analysis of statistical reports of the Ministry of Health of the Orenburg Region and the calculation of the absolute values for the total and primary incidence of MSCD, taking into account spondylopathies, particularly AS, as well as S&STD and PsA together with psoriasis.

In general, over the period of the study, there was a trend towards higher incidence of MSCD and spondylopathies among the adult population of the Orenburg Region in 2023 vs. 2019.

In 2020–2022, the total incidence of MSCD and spondylopathies dropped, reflecting a clear impact of the COVID pandemic [17]; therefore, it is not possible to have an accurate estimate of the total incidence of MSCD and spondylopathies.

Of note, the total incidence of ankylosing spondylitis remained approximately the same in 2019–2023. Apparently, it was caused by the need in medical care due to AS severity as a result of chronic persistent immune inflammation [18].

The primary incidence of MSCD and spondylopathies was similar to their total incidence. Unlike the total incidence, the primary incidence of AS was lower during the COVID-19 pandemic, and increased by 2023. Despite the fact that the data on the rates of increase (decrease) over the period in question were unreliable, it is worth mentioning a relatively high rate of the increase both in the total and primary incidence of MSCD, spondylopathies and AS in 2023.

The most probable cause of this trend is an increased need in therapeutic and diagnostic measures for these patients after the COVID-19 pandemic, as well as accumulation of chronic patients and longer life expectancy [14]. An increase in the primary incidence of AS may show the higher efficiency of diagnostic measures. Therefore, the data on the primary incidence of ankylosing spondylitis in 2019–2023 differ from the data for 2000–2013 [14], where the incidence dropped.

When discussing the incidence of diseases of the skin and subcutaneous tissue as well as psoriatic arthritis, a similar trend should be mentioned in the primary incidence of S&STD and PsA in 2023 vs. 2019, with a decrease in the figures during the pandemic (2020–2022). It may correspond to the mentioned assumptions on seeking medical care and peculiar compliance of patients with PsA [19, 20].

A comparison of the data on the total incidence of MSCD in Russia and the Orenburg Region shows significantly higher figures in the Orenburg Region:

in Russia — 14,696.8 and 14,934.0 per 100,000 adults in 2019 and 2023, respectively; in the Orenburg Region — 20,974.1 and 33,128.5 per 100,000 adults in 2019 and 2023, respectively. Similar data were reported on the primary incidence of spondylopathies: in Russia — 102.5 and 92.2 per 100,000 adults in 2019 and 2023, respectively; in the Orenburg Region — 101.7 and 166.3 per 100,000 adults in 2019 and 2023, respectively.

It is not possible to compare the incidence of AS in the Orenburg Region and Russia due to unavailability of the data in statistical reports of the Ministry of Health of Russia.

Similar data were observed for the total incidence of PsA: in Russia — 14.2 and 14.7 per 100,000 people in 2019 and 2023, respectively; in the Orenburg Region — 24.9 and 32.1 per 100,000 people in 2019 and 2023, respectively.

An increase in the primary incidence of MSCD and AS was reported both in Russia and the Orenburg Region. Interestingly, the primary incidence of PsA in Russia tended to decrease, making 2.4 in 2019 and 2.06 in 2023, unlike the Orenburg Region, where it increased significantly (Table 4).

These observations might have been a result of the rigorous work of the rheumatological service regarding the awareness and understanding the pathogenesis of spondylarthritis, facilitated by the regular educational initiatives in the region, as well as availability of genetically engineered biologic drugs.

Conclusion

The total incidence of diseases of musculoskeletal system, spondylopathies and PsA among the adult population of the Orenburg Region tended to increase over the period from 2019 to 2023. There was also a trend towards decrease in the total incidence and increase in the primary incidence of AS. In general, the dropping incidence of MSCD and spondylopathies in 2020–2021 was reported during the COVID-19 pandemic. Comparison of the analysed parameters of the incidence of MSCD, spondylopathies, AS, and PsA with the corresponding figures for Russia shows their significant increase in the Orenburg Region. The reported data necessitate further epidemiological studies of axial spondylarthritis as a burning interdisciplinary issue (rheumatology and internal medicine); optimisation of diagnosis, monitoring and management of these conditions.

Вклад авторов:

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Author Contribution:

All the authors contributed significantly to the study and the article, read and approved the final version of the article before publication.

Sagitova E.R.: research concept and design, obtaining data, analyzing and interpreting data, writing articles, review of scientific literature, approving the final version of the publication.

Bugrova O.V.: research concept and design, verification of critical intellectual content; final approval of the manuscript for publication.

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Seleva S.S.: analyzing and interpreting data, review of scientific literature, editing the manuscript.

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