

<i>University of Baghdad</i>				
College Name	MEADICIAL			
Department	<i>Rheumatology</i>			
Full name as written in passport	Rawaa S. Jaafer			
e-mail				
Career	<input type="radio"/> Assistant Lecturer	<input type="radio"/> Lecturer	<input type="radio"/> Assistant Professor	<input type="radio"/> Professor
	<input type="radio"/> Master	<input type="radio"/> PhD	<input checked="" type="radio"/> Diploma	
Thesis Title	Lipid Profile in a Group of Iraqi Patients with Ankylosing Spondylitis Treated with TNFAlpha Inhibiter (Infliximab)			
Year	2015			
Abstract	<p>Background: Ankylosing spondylitis (AS) is a chronic inflammatory disease that affects primarily the axial skeleton and less frequently the peripheral joints as well as extra-articular organs such as the eyes, skin and cardiovascular system.</p> <p>Cardiovascular morbidity and mortality seems to be increased in ankylosing spondylitis patients perhaps as a result of biological inflammation and consecutive dyslipidemia.</p> <p>Aim of study: To evaluate the impact of TNF alpha –inhibitors (infliximab) on lipid profile in ankylosing patients.</p> <p>Patients and methods: An interventional study enrolled 122 AS patients diagnosed according to the modified New York criteria for ankylosing spondylitis. After 12 weeks of treatment with TNF alpha inhibitor only 87 (71.3%) of them were presented for reassessment of their response to dose of treatment that had been given 3 month earlier. Patients with a known history of diabetes mellitus, liver disease, renal disease or drugs which influence lipid profile were excluded from this study . Patients were categorized into two groups .Group A (26 patients) were receiving infliximab for the first time and the group B 61 patients had been already on treatment .Data were collected</p>			

including age, gender, disease duration and body mass index (BMI) .
In addition, Bath ankylosing spondylitis disease activity index (BASDAI), Bath ankylosing spondylitis functional index (BASFI), erythrocyte sedimentation rate (ESR), total cholesterol, LDL-cholesterol, HDL-cholesterol and triglyceride were assessed at baseline and after 12 weeks.
Results: Regarding the group A the results revealed that there is no significant change in BASFI while BASDAI had significantly been decreased (5.3 ± 2.2 vs 4.6 ± 1.3 ; $p=0.019$).
Also the result showed no significant change in the level of LDL and Triglyceride (TG) after three months of treatment {LDL 119.0 ± 44.57 VS 115.6 ± 32.4 ; $P=0.447$ },{TG $140 (40-450)$ VS $155(35-280)$; $P=0.509$ }.
Regarding cholesterol and High density lipoprotein HDL the result shows that their level was significantly increased { cholesterol 173.3 ± 44.8 vs 203.2 ± 55.0 ;
VI $p=0.001$ }, {HDL 41.3 ± 9.2 VS 45.3 ± 10.5 $P=0.015$ } while their atherogenic index increased non significantly { 4.4 ± 1.6 vs 4.7 ± 1.5 ; $p=0.167$ }.
In group B there was no significant change in the level of cholesterol, HDL, LDL and Triglyceride . Also there is no significant decrease in BASDAI and BASFI between the two readings.
In comparing the level of lipid profile in ankylosing patients before taking anti TNF α drugs and those who were taking infliximab for a while (more than five doses) there was no difference in the parameters of lipid profile. Only in disease activity parameters BASDAI and BASFI there was significant difference as they were lower among patients who were already on treatment ($p=0.021$ and $p=0.049$) respectively.
Conclusion: Short term TNF α inhibitor treatment in AS was associated with an improvement in disease activity and increase in both cholesterol and HDL

levels. However, the atherogenic index remained unchanged. There is no significant difference in lipid profile parameters between ankylosing patients who were not treated with infliximab and those who were treated for a period (more than 5 doses). So these findings suggest that the probable favorable effects of infliximab treatment on cardiovascular morbidity might not be mediated by the effects on lipid profile but other factors.

