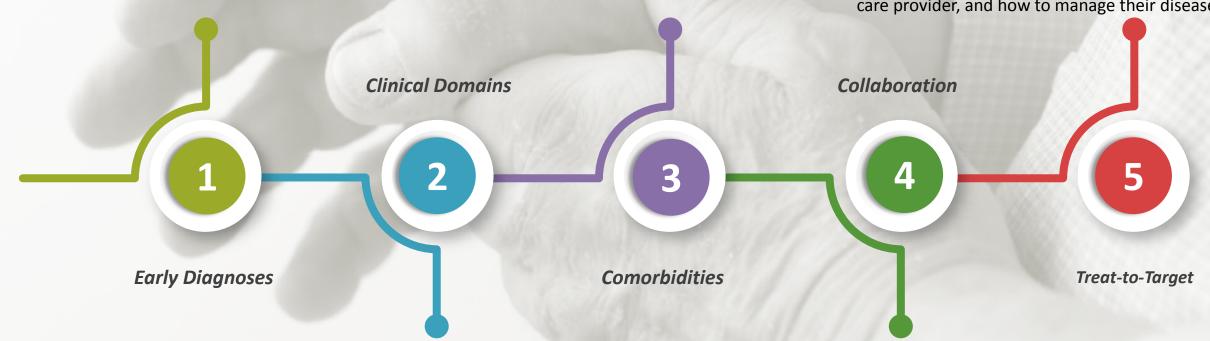
The **importance of early diagnosis** and early aggressive treatment is essential, with the aim to halt or minimize joint damage, as well as clearing skin psoriasis. Treat-to-target strategies and the newer therapies help patients achieve new levels of clear skin, as well as reduce joint damage and inflammation.

Clinicians need to be aware of comorbidities and to ask appropriate screening questions about common comorbidities associated with PsA, including cardiovascular disease, depression and anxiety, fatty liver disease, IBD, and obesity.

Treat-to-target strategies help to improve patient outcomes. Patient education with treatment decisions is vital. Shared-decision making is key to improve adherence, and thus clinical outcomes, as well as incorporating patients in their own care. Patients will gain a better understanding of their condition, how to work with their health care provider, and how to manage their disease.



It is important to **treat key clinical domains**, including peripheral arthritis, axial disease, enthesitis, dactylitis, skin and nail disease.

Collaboration and an interdisciplinary approach to care for screening and management of patients is essential. This includes comanagement of comorbidities during treatment in communication with other clinical providers (ie, rheumatologists, dermatologists, primary care providers, psychologists, and gastroenterologists).

