



ADDRESSING THE BURDEN OF PSORIATIC ARTHRITIS: MOVING BEYOND THE JOINT

CLINICAL INSIGHT

Impact and Burden of Psoriatic Arthritis

Psoriatic disease, including psoriatic arthritis, is a complex, heterogeneous disease with multiple clinical manifestations. Numerous aspects of psoriatic disease interact with each other and may affect multiple domains of patients' health, physical function, emotional well-being, family, and social life. It is important to keep in mind that this variety of ways in which psoriatic disease affects patients affects each individual patient differently.

Diagnosis and Patient Assessment

Early diagnosis of psoriatic arthritis is crucial, as delay of more than 6 months from symptom onset to diagnosis contributes to the development of peripheral joint erosions, deformed joints, sacroiliitis, arthritis mutilans, functional disability, and overall worse long-term outcomes. Assessment requires consideration of all major disease domains, including peripheral arthritis, axial disease, enthesitis, dactylitis, psoriasis, and nail disease. Finally, it is essential to incorporate—in addition to provider-assessed outcomes, and to a lesser degree labs and imaging—patient-reported outcomes as they reflect the patient experience, regardless of disease features.

Treatment Options

Treatment should be individualized according to the clinical domains and potential comorbidities, as there may be differences in response to the different types of treatments (eg, NSAIDs, csDMARDs, TNFi, IL12/23i, IL-17i, IL23i, T-cell modulator, PDE4i, JAKi) that are used. As a result, clinicians should measure each clinical domain and treat the ones that are most active, with the most appropriate treatment, always keeping in mind treatment safety and efficacy vis-à-vis various comorbidities. In addition, clinicians should incorporate nonpharmacologic approaches such as patient/caregiver education, psychological counseling, diet/weight loss, physical/occupational therapy, exercise, and smoking cessation.

Treatment Approaches and Recommendations

Comprehensive management of psoriatic arthritis should aim at getting the patient into the lowest possible level of disease activity in all clinical domains—not just arthritis, but also enthesitis, dactylitis, skin disease, and spine disease—in order to optimize functional status, improve quality of life, and prevent structural damage. There should be shared decision-making about treatment, balancing medication safety and efficacy, and taking into account activity in other related conditions and comorbidities, as well as what is practical for the patient from a cost point of view.

Comorbidities

Psoriatic arthritis is a complex disease that is more than just the disease of peripheral joints. Not only is it heterogeneous in terms of the physical manifestations, including extra-articular and extra-cutaneous manifestations and comorbidities, but also in the way that it impacts patients' lives. This leads to the need for teamwork between rheumatologists, dermatologists, ophthalmologists, gastroenterologists, psychologists, primary care providers, and other health care professionals who need to think about and address each of the disease domains and individual comorbidities the patients may have and how they contribute to, not only the disease itself, but also the patient's overall life.