

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/psoriasis-and-arthritis-care-examining-the-impact-of-unmet-needs/32449/>

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Psoriasis and Arthritis Care: Examining the Impact of Unmet Needs

ReachMD Announcer:

This is *Clinician's Roundtable* on ReachMD. On this episode, we'll learn about the unmet needs of patients with psoriasis, psoriatic arthritis, and axial spondyloarthritis with Dr. Atul Deodhar. He's a Professor of Medicine and the Medical Director of Rheumatology Clinics at Oregon Health & Science University. Let's hear from Dr. Deodhar now.

Dr. Deodhar:

Some of the major unmet needs in the field of psoriasis, psoriatic arthritis, and axial spondyloarthritis are still related to efficacy. And I'm a rheumatologist, so I'm looking at their musculoskeletal disease mostly. They have significant pain. TNF inhibitors, IL-17 inhibitors, and IL-17A inhibitors—all these different cytokine inhibitors and JAK inhibitors—definitely help in controlling the disease and controlling the inflammation. Symptom control, which is what the patient is looking for, is achieved to a certain extent, but there is leftover pain after we have treated all their inflammation. We are good doctors when it comes to inflammation control, but then the patient is still left with some pain. Also, the patient complains of fatigue, and that is such a difficult symptom to treat and to pinpoint "This is the cause of your fatigue." We try to find out, "Oh, is there anemia?" or "are you sleeping well?" "is your sleep disturbed?" "is there some other thyroid problem?" and this and that. At the end, we are not able to find the cause of fatigue. So the unmet needs are better control of pain and better control of fatigue, and patients want that from us; we are trying to do it just by blocking this cytokine and that cytokine and controlling the inflammation, but there is leftover pain and there is leftover fatigue, and that has remained a major issue.

Of course, disease progression, structural damage, etc., that remains a problem. What we don't know is, by treating these people with these fancy new cytokine-blocking agents, are we going to really change their disease course? Are we changing the natural history of the disease? Are we allowing our patients to live longer? Does this improve longevity? Does this reduce their risk of death? I mean, these are all unmet needs; they're all unanswered questions. The answers will come from when these drugs are in market for long enough and we look at a large number of patients in the country taking these drugs, and then only we will know have we really succeeded in changing the natural course of the disease.

ReachMD Announcer:

That was Dr. Atul Deodhar talking about the unmet needs of patients with psoriasis, psoriatic arthritis, and axial spondyloarthritis. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!