

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/living-rheum/measuring-what-matters-in-psoriatic-arthritis/56349/>

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Measuring What Matters in Psoriatic Arthritis

Announcer:

Welcome to *Living Rheum* on ReachMD. On this episode, we're joined by Dr. Laura Coates, an NIHR Research Professor and Senior Clinical Research Fellow at the University of Oxford, specializing in psoriatic arthritis and inflammatory joint disease. She'll be discussing outcome measures in psoriatic arthritis.

Here's Dr. Coates now.

Dr. Coates:

Measuring outcomes in psoriatic arthritis is tricky, because it is quite a complex and very variable disease. So what works for one patient doesn't necessarily work for every patient. We are thinking about measuring disease activity in different domains. So we think about disease activity in the skin causing psoriasis, in the tendons with enthesitis, in the joints with arthritis, in the spine with axial disease, and then dactylitis, which involves multiple tissues.

So we are already thinking about lots of different aspects of the disease, and some patients will never have dactylitis, enthesitis, or axial disease. Some patients will have axial disease with enthesitis, but no arthritis. So it's tricky to find a measure that really reflects disease activity across a variable group of patients.

And then obviously, increasingly, I think in terms of measuring outcomes, we're understanding that there's what we want to measure as a clinician, which is often inflammation and disease activity, but there's also what matters more to the patients, which is disease impact—so how it impacts your quality of life, your functional ability, and your ability to live your life as you want to.

And obviously that's very multifaceted as well. So I think it has been complex to think about that, and we're always trying to balance having measures that are inclusive and that will look at different aspects of the disease and different aspects of the impact of that disease but also making it feasible. We can't have people filling out hundreds of questionnaires, and we have limited time with our patients in clinic.

The key for us as clinicians looking after patients with psoriatic arthritis is to find something that is feasible in clinic that can help guide us in treatment decisions, but that balances that with making sure that we are not missing too much. So I think, as rheumatologists, we typically focus on the arthritis, because that's what we're used to seeing the most of.

But we don't want to ignore or miss significant skin disease, enthesitis, or axial disease, because often those components can be overlooked. So it's trying to find something that we can use day to day in clinic, but that will pick up other issues. And so that's why we thought recently—when we were trying to put together a summary of outcome measures in trials and in clinical practice—to think about a step-by-step approach.

And this has been suggested by others as well a few years ago—thinking about a minimal assessment that you need to do as an initial starting point. And then, if it's clear that you then need to change treatment immediately, then you've made your decision. But if the initial assessment finds, for example, that the arthritis is under control, then you think about checking for skin disease, for enthesitis, and for other aspects of the disease.

Announcer:

That was Dr. Laura Coates talking about how we measure treatment response in psoriatic arthritis. To access this and other episodes in our series, visit *Living Rheum* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!