Transcript Details

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Minimal Disease Activity: A Practical Target in Psoriatic Arthritis

Announcer:
You're listening to *Living Rheum* on ReachMD. On this episode, we'll hear from 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 exploring minimal disease activity as a target in psoriatic arthritis.

Here's Dr. Coates now.

Dr. Coates:
Minimal disease activity is, hopefully, that reasonable balance between something that is diverse enough to cover different patient groups, but also simple enough to use in clinic. It's very difficult when you think about disease activity in psoriatic arthritis to define cut points for how active somebody's disease is. You can have severe PsA with only two joints involved. You can have mild PsA with four joints involved. So the numbers don't always tell the whole story. And so I think it's much harder to have a score like we have in rheumatoid—for example, a DAS 28 score—where you can say that a DAS 28 or 5.1 is high disease activity.

But I think we all agree much easier at the lower end of the scale. So if we are thinking about what good looks like, what minimal disease activity looks like, and when patients are happy with their disease control, I think it's easier for us to agree with that.

So MDA just defines minimal disease activity or not. It doesn't tell you how bad somebody is if they're not in minimal disease activity. That's a limitation. But it does give us a clear target to aim for. It includes patient-reported outcomes. So we are measuring patient impact like pain and global scores, as well as physician-reported outcomes, like joint count, enthesitis count, and a skin score. So it's not just focused on the joints, which we as rheumatologists tend to be, but it's thinking beyond that as well.

So we are picking up active axial disease, hopefully with the patient-reported outcome measures. We don't have a specific measure for axial disease activity in PsA. We are picking up dactylitis through the joint count, and enthesitis and skin through the specific measures and a little bit of patient impact.

So it covers a little bit of everything, and certainly, when I'm using it in clinic, I use it really as a checklist. So, obviously, to achieve MDA, you have to achieve five of the seven criteria. What I would always do is check each of them and see, which one of these have I met? Is their arthritis under control but their skin is flaring? Or their arthritis and skin are okay, but they're struggling with pain, and maybe we need to treat that in a different way. So it's really helpful, I think, to think about those seven different items—which bits are controlled and which bits are not—and that helps you then select the right treatment moving forward.

Announcer:
That was Dr. Laura Coates talking about how minimal disease activity can be used to assess 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!