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/recognizing-treatment-response-loss-in-psoriatic-arthritis/70153/

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Recognizing Loss of Treatment Response in Psoriatic Arthritis

Announcer:
This is *Living Rheum* on ReachMD. On this episode, Dr. Philip Mease joins us to talk about how we can recognize when a patient with psoriatic arthritis may no longer be responding to therapy. Dr. Mease is the Director of Rheumatology Research at the Providence Swedish Medical Center and a Clinical Professor at the University of Washington School of Medicine in Seattle, Washington. Let's hear from him now.

Dr. Mease:
A common problem that faces us in the management of autoimmune disease is the fact that even though many of our medicines that have proven to be very effective for controlling disease have extended benefit, often we eventually lose benefit from these medications. Some of this is related to the body's development of antibodies directed against the therapeutic molecule. In other situations, it's just the body's immune system figuring out how to get around whatever treatment has been able to achieve remission or low disease activity and now is going, 'we know how to get around you, and so we're going to start to become active again.'

And so the way we learn this is when a patient comes in and says, "Darn it, I'm experiencing more skin lesions," or "I've got more swollen joints or tender joints, and my energy is not as great." This is all evidence that the medicines we're using are losing effect. And this can be buttressed by objective markers, such as obtaining an ultrasound of the joint and showing inflammation and so on.

So if I'm with a patient where I'm seeing not only a worsening of symptoms and signs of disease, but I'm also seeing objective markers of inflammation coming back even though they were previously suppressed, then I know that the drug that we're using is losing effect, and so we may need to switch to a different medication, either in the same class, such as from one TNF inhibitor to another, or we may need to switch to a different class. So we make that switch and realize better outcomes, and so we cruise with that new medication for an extended period until it too loses effect.

We find that there is a greater likelihood of loss of effect if the patient is obese or overweight. Now that we have highly effective medicines available to us, such as the GLP-1 receptor agonists that can control weight and allow us to get into a state of low disease activity again, this has become a new tool for us. And so sometimes, we will now—instead of switching from one standard immunomodulatory medicine to another—we may now say, "Okay, let's see what could happen if you could have a meaningful loss of weight." So we'll counsel about diet and exercise, and we may decide to employ one of the weight loss drugs.

Announcer:
That was Dr. Philip Mease sharing his insights on when a change in therapy may be appropriate for patients with 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!