Time to Think About Both Skin and Joint Disease:

Optimizing the Diagnosis and Management of Psoriatic Arthritis Through Multidisciplinary, Patient-Centered Care

SBS 2021 Satellite Symposium
# Agenda

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<td>Introduction, Screening, Diagnosis</td>
<td>Alice B. Gottlieb MD, PhD</td>
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<td>Comorbidities</td>
<td>Alexis Ogdie MD, MSCE</td>
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<td>Treatment</td>
<td>Joseph F. Merola MD, MMSc</td>
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<td>Cases and Panel Discussion</td>
<td>All Faculty</td>
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# Diagnosing and Managing PsA

Alice B. Gottlieb, MD PhD  
Joseph F. Merola, MD MMSc
Disclosures

- A.B. Gottlieb has received honoraria as an advisory board member and consultant for: Avotres Therapeutics, Beiersdorf, Boehringer Ingelheim, Bristol-Myers Squibb Co., Incyte, Janssen, LEO Pharma, Eli Lilly, Novartis, Sun Pharmaceutical Industries, Inc., UCB, and Xbiotech
- A.B. Gottlieb has received research/educational grants from: Boehringer Ingelheim, Incyte, Janssen, Novartis, UCB, Xbiotech, and Sun Pharma
Diagnosing and Managing PsA

Overview

Reasons Why PSA Is so Important to Diagnose and Treat

- PsA is common and easy to diagnose in many cases
- PsA is disabling
- PsA frequently goes undiagnosed (up to 41%)
- Cutaneous disease can precede arthritis by 10-12 years
- Dermatologists can be the first to detect arthritis
- TNF and IL-17 blockers currently inhibit X-ray progression. IL-23 blockade may be next
- Dermatologists can prevent disability by initiating treatment early on
- It is essential in the treatment of psoriasis to know first if the patient also has PSA
- Presence of PSA is independent of presenting psoriasis severity

IL = interleukin; PsA = psoriatic arthritis; TNF = tumor necrosis factor
Underdiagnosis of Psoriatic Arthritis

41% of those diagnosed with PsA were not previously diagnosed by their dermatologist

PREPARE, Prevalence of Psoriatic Arthritis in Adults With Psoriasis: An Estimate From Dermatology Practice.
*In 34 dermatology centers in 7 European and North American countries

Psoriatic Arthritis occurs in Psoriasis Patients with Mild Disease Too

Prevalence of PsA Among Patients with Mild, Moderate, or Severe PsO


Psoriatic Arthritis Domains

Peripheral Arthritis  Axial Disease  Enthesitis  Dactylitis  Skin  Nails

Early Psoriatic Arthritis Often Presents with Enthesitis

Enthesitis Occurs in 35% of Psoriatic Arthritis Patients

Achilles Tendon Insertion  Lateral Epicondyles

Plantar Fascia

### Differential Diagnosis of Psoriatic Arthritis, Gout, Fibromyalgia, Osteoarthritis, Rheumatoid Arthritis, and Ankylosing Spondylitis

<table>
<thead>
<tr>
<th></th>
<th>Psoriatic Arthritis</th>
<th>Gout</th>
<th>Fibromyalgia</th>
<th>Osteoarthritis</th>
<th>Rheumatoid Arthritis</th>
<th>Ankylosing Spondylitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psoriasis$^{1,2}$</td>
<td>Yes</td>
<td>Uncommon</td>
<td>No</td>
<td>Uncommon</td>
<td>Uncommon</td>
<td>Uncommon</td>
</tr>
<tr>
<td>Peripheral Disease$^{1,2}$</td>
<td>Asymmetric</td>
<td>Yes</td>
<td>Yes</td>
<td>Asymmetric</td>
<td>Symmetric</td>
<td>No</td>
</tr>
<tr>
<td>Sacroilitis$^{1}$</td>
<td>Asymmetric</td>
<td>No</td>
<td>No</td>
<td>Symmetric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stiffness$^{1,2}$</td>
<td>In morning and/or with immobility</td>
<td>Acute onset of severe pain with rapid response to NSAIDs</td>
<td>Yes</td>
<td>With activity</td>
<td>In morning and/or with immobility</td>
<td>Yes</td>
</tr>
<tr>
<td>Female:Male ratio$^{1}$</td>
<td>1:1</td>
<td></td>
<td></td>
<td>Hand/foot more common in females</td>
<td>3:1</td>
<td>1:3</td>
</tr>
<tr>
<td>Nail lesions$^{1,2}$</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Dactylitis$^{1,2}$</td>
<td>Yes, Asymmetric</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Uncommon</td>
</tr>
<tr>
<td>Enthesitis$^{1,2}$</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Uncommon</td>
</tr>
<tr>
<td>High-titer rheumatoid factor$^{1,2}$</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>HLA association$^{1}$</td>
<td>CW6, B27</td>
<td>No</td>
<td></td>
<td>DR4</td>
<td>B27</td>
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### Screening for PSA

**Diagnosing and Managing PsA**
Diagnosing Psoriatic Arthritis: “It's as Easy as P s A”

If 2 of the below are present, formal screening / referral for PsA should be completed

- Pain in joints
- Stiffness (after waking in the morning, or after a period of inactivity of >30 minutes)
- Swelling/sausage digit (dactylitis)
- Axial/spine involvement (back pain associated with stiffness, improves with activity)


Psoriatic Epidemiology Screening Tool (PEST)†

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Have you ever had a swollen joint (or joints)?</td>
<td></td>
<td></td>
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<tr>
<td>Has a doctor ever told you that you have arthritis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do your fingernails or toenails have holes or pits?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had pain in your heel?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had a finger or toe that was completely swollen and painful for no apparent reason?</td>
<td></td>
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The PEST questionnaire is available in the GRAPPA app.

THE PSAID 12 : A VALIDATED PSA SYMPTOMS QUESTIONNAIRE

GRAPPA App: PEST and PSAID 9/12

- The APP is free
- Patient can complete on their own:
  - PEST screening tool for diagnosing psoriatic arthritis
  - The Psoriatic Arthritis Impact of Disease Questionnaire (PSAID):
    - A 12 question PsA symptom measurement tool for disease severity / impact
    - App calculates score automatically

- iPhone, iPad, Android
- Languages:
  - English, French, Italian, Spanish, Portuguese (standard and Brazilian), Russian, German, Arabic, Chinese (simplified, Hong Kong and Taiwan), Japanese, Hebrew and Swedish
PsA Symptom Measurement: A Treat to Target Strategy

Framework for the Clinical Measurement of MSK symptoms in Psoriasis:

Psoriasis Patient

- Rheumatologist-diagnosis of PsA
- Positive screening tool for PsA (e.g. PEST+)
- PsA/MSK Symptoms Measure (e.g. PSAID)

Acceptable symptom state* (e.g. PsAID score ≤4) → Continue therapy

Unacceptable symptom state* (e.g. PsAID >4) → Modify Therapy and/or co-manage/refer
Thank You!

See you in MIAMI 2022!