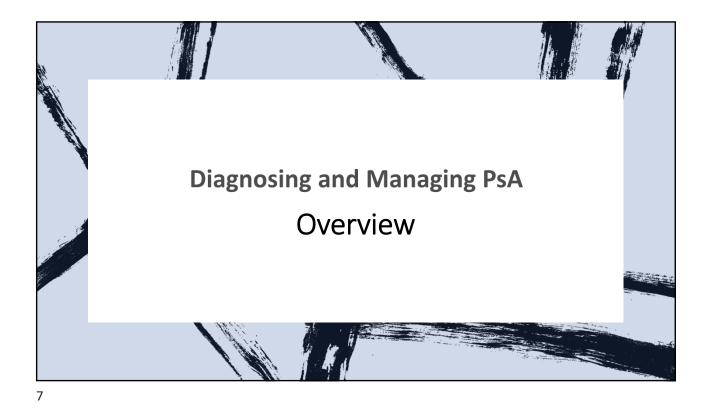




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Reasons Why PSA Is so Important to Diagnose and Treat

- 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

= 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

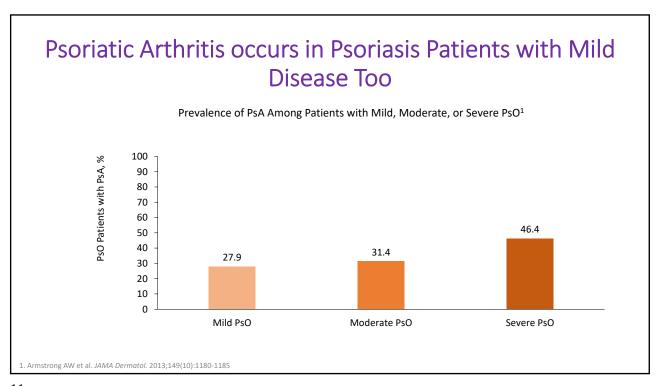
PREPARE, Prevalence of Psoriatic Arthritis in Adults With Psoriasis: An Estimate From Dermatology Practice.

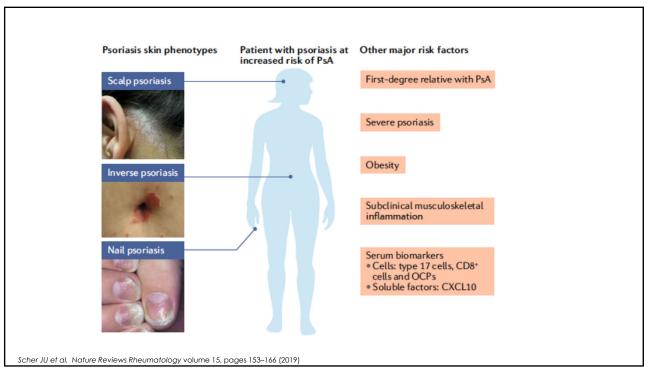
*In 34 dermatology centers in 7 European and North American countries

Mease PJ et al. J Am Acad Dermatol. 2014;71:649-655.

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Delays in Diagnosis Are Associated With Vorse Outcomes Clinical Features^a Associated With >6-Month Delay in Diagnosis^b (univariate analysis model) (1) (2) (3) (4.6 (2.5-8.2) (1.3-9.5) (2.3 (2.5-8.2) (1.3-9.5) (1.2-4.4) (1.4-3.9) (1.3-3.6) (1.3-3.6) (1.3-3.6) (1.1-2.0) (1.0-1.1) (1.1-1.1) (0.2-0.9) (0.2-0.9) (0.2-0.9) (0.1-0.0) (0.1-0.





Peripheral Axial Disease Enthesitis Dactylitis Skin Nails

Early Psoriatic Arthritis Often Presents with Enthesitis

Figure 1. Enthesitis Occurs in 35% of Psoriatic Arthritis Patients

Enthesitis Occurs in 35% of Psoriatic Arthritis Patients

Figure 2. Enthesitis Occurs in 35% of Psoriatic Arthritis Patients

Enthesitis Occurs in 35% of Psoriatic Arthritis Patients

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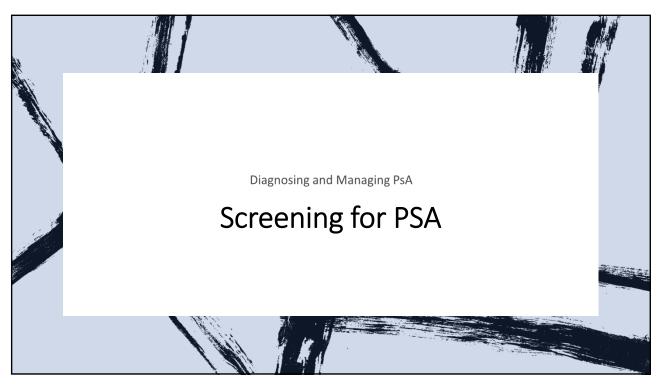
Differential Diagnosis of Psoriatic Arthritis, Gout, Fibromyalgia, Osteoarthritis, Rheumatoid Arthritis, and Ankylosing Spondylitis

	Psoriatic Arthritis	Gout	Fibromyalgia	Osteoarthritis	Rheumatoid Arthritis	Ankylosing Spondylitis
Psoriasis ^{1,2}	Yes	Uncommon	No	Uncommon	Uncommon	Uncommon
Peripheral Disease ^{1,2}	Asymmetric	Yes	Yes	Asymmetric	Symmetric	No
Sacroiliitis ¹	Asymmetric			No	No	Symmetric
Stiffness ^{1,2}	In morning and/or with immobility	Acute onset of severe pain w/rapid response to NSAIDs	Yes	With activity	In morning and/or with immobility	Yes
Female:male ratio ¹	1:1			Hand/foot more common in females	3:1	1:3
Nail lesions ^{1,2}	Yes	No	No	No	No	No
Dactylitis ^{1,2}	Yes, Asymmetric	Yes	No	No	No	Uncommon
Enthesitis ^{1,2}	Yes	Yes	Yes	No	No	Uncommon
High-titer rheumatoid factor ^{1,2}	No	No	No	No	Yes	No
HLA association ¹	CW6, B27			No	DR4	B27

1. Gottlieb A, et al. J Am Acad Dermatol. 2008;58:851-864. 2. Mease PJ, et al. Drugs. 2014;74:423-441.

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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)

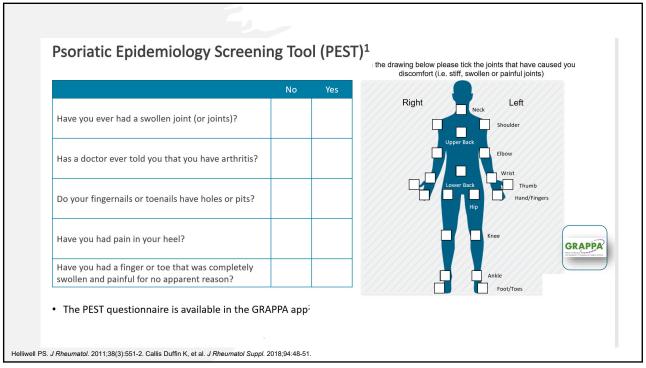




Axial/spine involvement (back pain associated with stiffness, improves with activity)

Cohen JM, Husni ME, Qureshi AA, Merola JF. J Am Acad Dermatol. 2015;72:905-906.

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Circle the number that best describes the pain you felt due to your proristic artivities during the last viewer.	Core the number that best describes the steep difficulties (i.e., resting at supply you but do an by your promoter, which as a form to be the steep of the steep	THE PSAID 12: A VALIDATED PSA SYMPTOMS QUESTIONNAIRE
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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

