

Patient education and screening for psoriatic arthritis is key in the care of patients with psoriasis whichever method is chosen.

Dr Laura C Coates, NIHR Clinical Lecturer, MBChB, MRCP (UK), PhD

Leeds Institute of Rheumatic and Musculoskeletal Medicine, University of Leeds, Leeds, UK and
Leeds Musculoskeletal Biomedical Research Unit, Leeds Teaching Hospitals NHS Trust, Leeds, UK.

Dr Laura C Coates

Leeds Institute of Rheumatic and Musculoskeletal Medicine

University of Leeds

2nd Floor, Chapel Allerton Hospital

Harehills Lane

Leeds, LS7 4SA

Tel - +44 113 392 4961

Fax - +44 113 392 4991

Email – l.c.coates@leeds.ac.uk

In recent years there has been increasing interest in early diagnosis of psoriatic arthritis (PsA) given the increasing availability of effective therapies¹ and strong evidence that delay in diagnosis negatively impacts on a patient's long term outcome despite subsequent active therapy^{2,3}.

Around 15% of patients with psoriasis will develop PsA⁴ and the majority of patients (around 80%) with PsA develop psoriasis prior to musculoskeletal complaints⁵. This means that potential screening for PsA can be targeted in dermatology clinics where a significant proportion of patients with psoriasis have undiagnosed PsA⁶.

To aid screening, a number of patient completed questionnaires have been developed and tested to identify PsA. In this issue of the BJD, Mishra et al report their results comparing four validated PsA screening questionnaires in a population of patients with psoriasis in secondary care. They used the ToPAS2⁷, PEST⁸, PASE⁹ and EARP¹⁰ questionnaires.

This is one of the first studies addressing screening for PsA specifically in an Indian population with well-translated questionnaires. This study highlights the prevalence of undiagnosed PsA in dermatology clinics with 15% of patients included being newly diagnosed with PsA. The study showed good specificities for all of the questionnaires ranging from 88 to 97% but unfortunately these are heavily overestimated due to the study design. The authors excluded any patient with any previously diagnosed rheumatological condition including osteoarthritis, many of whom are likely to score positively on these questionnaires addressing musculoskeletal symptoms.

Overall the study showed no difference between the performance of the questionnaires in terms of the area under the ROC curve, but different sensitivities for the questionnaires, varying from 44 to 91%. Unfortunately the study was not powered sufficiently to allow a comparison of these sensitivities directly. Many previous studies have found variable sensitivities in independent validation studies and this may reflect differences in the populations studied particularly the phenotype of PsA identified.

The key message from this paper is a reiteration of the importance of awareness of PsA amongst dermatologists and the availability of suitable tools to aid screening. The National Institute for Health and Clinical Excellence has recommended that all patients with psoriasis should be screened annually ideally with a validated tool¹¹ and they currently recommend the PEST questionnaire in the UK based on data from the UK based CONTEST study¹². The long term improved functional outcome for patients diagnosed early in the course of their arthritis should encourage dermatologists and primary care physicians to incorporate patient education and screening of PsA into their clinical assessment of patients with psoriasis.

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