PsA has multiple, diverse clinical and radiographic presentations. This diversity interferes with the development of simple treatment algorithms and, historically, there has been little work done on early aggressive treatment and the effect of traditional DMARDs on characteristic features of the disease such as enthesitis and dactylitis. Evidence favouring MTX, the most commonly used drug in PsA, is mostly observational. The design of clinical trials has been hampered by the lack of appropriate outcome measures, now being corrected by organizations such as GRAPPA. In the last few years data are now emerging on the outcomes of early intervention and new drugs, and new targets, are becoming available. These issues will be reviewed in this presentation.

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