MANAGEMENT PATHWAY FOR PSORIATIC ARTHRITIS: IS THERE A WINDOW OF OPPORTUNITY?

Ganesh Kasavkar¹, Anupama Nandagudi² and Anurag Bharadwaj²
¹Rheumatology, Medway Maritime Hospital, Gillingham and ²Rheumatology, Basildon and Thurrock University Hospital, Basildon, UK

Background: PsA and RA are common chronic inflammatory arthritic condition seen in approximately 1% of the European population each. However the diagnosis is delayed due to comparatively poor awareness of PsA in the community including general practitioners (GPs) and patients. It has been proven that there is a window of opportunity for autoimmune disorder like RA where an early referral and treatment improves the outcome. We looked at the management pathway of our cohort of PsA patients from Basildon hospital on these lines. We audited our practice against the published PsA management guidelines set by the EULAR (2011) and the British Society for Rheumatology (2012).

Methods: We retrospectively selected 50 patients who were diagnosed with PsA in last 4 years at the Rheumatology Department, Basildon Hospital, and focused on the first year of the management.

Results: The age of the patients ranged from 26 to 77 years of age (median 48 years, IQR 35, IQRH 57). The male to female ratio was 1:1. The median duration of symptoms was 13 months at the time of specialist review with more than 60% patients were reviewed after duration longer than 12 months. Most patients were referred by GPs (80%) and a few by dermatologists (12.5%). Looking at the subtypes of diseases, polyarthritis was the commonest pattern (55%) followed by oligoarthritis (37%). Clinicians measured the disease activity differently as number of tender and swollen joints (80% patients) and Psoriatic Arthritis Response Criteria (PsARC) score (32.5% of patients). The visual analogue scale score for global disease was noted in 5% of patients. Dactylitis and enthesitis were noted in 7.5% of patients respectively. 67.5% of patients had normal CRP at the time of review. DMARDs were used in treatment of 65 % of patients. MTX was first choice in poly (77%) and SSZ in oligo (46%).

Conclusion: There is a significant delay between the onset of symptoms and first review by a rheumatologist. Dactylitis and enthesitis did not affect the subcategorization of disease or the plan of management. There were three distinct clinical patterns noted which further decide the treatment pathway and outcome measures. DMARDs were used frequently. Spondyloarthropathy formed a smaller group.

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