42. EARLY RECOGNITION AND DETECTION OF JUVENILE PSORIATIC ARTHRITIS: A CALL FOR A STANDARDISED APPROACH TO SCREENING

E Burden-Teh1,2, KS Thomas1, S Rangaraj3, JC Cranwell4 and R Murphy2
1Centre of Evidence Based Dermatology, University of Nottingham, UK, 2Paediatric Dermatology Department, Nottingham Children’s Hospital, Nottingham University Hospitals NHS Trust, UK, 3Paediatric and Adolescent Rheumatology Department, Nottingham Children’s Hospital, Nottingham University Hospitals NHS Trust, UK, and 4Division of Epidemiology & Public Health, University of Nottingham, UK

Introduction: National Institute for Health and Care Excellence (NICE) guidelines on the assessment and management of psoriasis recommend annual screening for psoriatic arthritis in all patients with psoriasis. Validated assessment tools are available for screening in adults; however no validated tools are recommended for juvenile psoriatic arthritis.

Aim: This study aimed to understand dermatologists’ routine practice and the difficulties they experience when assessing children for juvenile psoriatic arthritis.

Methods: Structured telephone interviews were undertaken with dermatologists identified through the British Society of Paediatric Dermatology. Percentages for binary and categorised responses were calculated and an average Likert scale response. Thematic content analysis was used to identify common themes across the interviews.

Results: 23 of the 41 consultant dermatologists contacted agreed to be interviewed; each representing a different UK centre. 18/23 (78%) of dermatologists reported that they routinely ask about joint disease, which always involved asking about symptoms, most commonly pain. Only 3/23 (13%) reported they routinely examine the joints of children with psoriasis.

The average confidence rating for assessing joint disease in children was low at 3 on a scale of 1 to 10. The two dominant subthemes were a lack of confidence and uncertainty. The two key barriers reported for detecting arthritis were lack of experience/training and that physical signs in arthritis may be subtle or difficult to detect. The two key suggestions for improving detection were using an assessment tool/guideline and increased clinical experience/training.

Conclusion: It would be helpful for dermatologists to use a standardised and effective approach when screening for juvenile psoriatic arthritis. Measures to increase dermatologists’ confidence in paediatric musculoskeletal examination and the evaluation and implementation of a screening tool, such as pGALS, should be considered.