This storehouse of health data can help you nail down your PsA risk

Real-world intel from people with psoriasis reveals prevalence and risk factors for PsA

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If you have psoriatic arthritis (PsA), you know that the disease can give you tender and swollen joints on top of the itching and discomfort you feel on your skin.

If you have psoriasis, you probably know you should be on the lookout for signs and symptoms of PsA. Diagnosing and treating PsA as early as possible can dramatically improve health outcomes, preventing long-term bone and joint damage.

But one thing you probably don’t know is whether or not you’re going to get it.

Science offers us clues about why some people with psoriasis also have psoriatic arthritis. Up to 30 percent of people with psoriasis develop psoriatic arthritis. Genetic factors may predispose someone to developing psoriatic arthritis or having certain symptoms of the disease. Other research tells us that the collection of micro-organisms living in your gut — also known as your microbiome — could play a part.

But none of those factors are likely to hit home until you experience psoriatic arthritis in real life. That’s why important studies are now being conducted that look at how psoriatic arthritis develops in the real world — not in a controlled study done in a lab.

Two recent studies using real-world data from people with psoriasis and PsA offer new insight into how to recognize early signs of psoriatic arthritis. Findings were presented at the American Academy of Dermatology (AAD) meeting in Orlando, Florida, in March 2017. The real-world data used in these studies came from the Corrona/NPF Psoriasis Patient Registry.

Findings from the studies indicate that a large percentage of people with psoriasis may have psoriatic arthritis and not know it. But the studies also point to an early sign of psoriatic arthritis that everyone can spot: nail psoriasis.

Getting real: Identifying people with undiagnosed PsA

One study, drawing on data from the Corrona/NPF registry, used a screening tool called the Psoriasis Epidemiology Screening Tool (PEST) to identify people with psoriasis who may also have undiagnosed psoriatic arthritis. The PEST asks people five questions to determine if they are at risk for PsA.

The study included 1,516 people with psoriasis in the registry who had completed the PEST. Of these, 612 had psoriatic arthritis reported by their dermatologist.

But according to results from the PEST, 112 people who didn’t have a diagnosis for PsA — that’s more than 10 percent — had a PEST score indicating that they’re at risk for having undiagnosed PsA.

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Researchers also identified a few characteristics of people with psoriasis whose PEST scores indicated they’re at risk for PsA. According to the data, they’ve had psoriasis on average for about three years longer that people who aren’t at risk — about 17 years compared with about 14 years. They also report having worse pain, fatigue and quality of life.

They don’t have more severe psoriasis, researchers found. However, people at risk for PsA are more likely to have nail psoriasis. About 21 percent of people at risk for undiagnosed PsA had nail psoriasis, compared with about 11 percent of people with psoriasis who weren’t at risk, researchers reported.

**Signs of PsA at your fingertips**

Another Corrona study presented at AAD dug deeper into the relationship between nail psoriasis and PsA. This study used data from Corrona’s registry of people with psoriatic arthritis and spondyloarthritis.

Previous research has found that up to 87 percent of people with psoriatic arthritis have nail psoriasis, researchers noted.

Nail psoriasis involves changes in the fingernails or toenails. Signs include nail pitting, thickening, discoloration or a separation of the nail from the nail bed.

Of the 1,661 people with psoriatic arthritis included in the study, almost half — 44.5 percent — had nail psoriasis.

According to the data, people with PsA who also had nail psoriasis may be more likely to experience certain symptoms of PsA. They were more likely to have enthesitis, which is inflammation where ligaments or tendons insert into bone, and dactylitis (swelling in the fingers or toes).

Like people with psoriasis at risk for undiagnosed PsA, people with PsA and nail psoriasis also reported having worse pain, physical function and quality of life.

Results from these studies confirm how important it is for people with psoriasis to be aware of the signs and symptoms of psoriatic arthritis. Recognizing psoriatic arthritis early can lead to better health down the road.

NPF offers many resources to help people with psoriasis understand their risk for PsA. Take the PEST and learn more about PsA by visiting psoriasis.org/psa-screening. The site also tells you what to do if you find out you’re at risk for PsA — and what to do if you find out you’re not.

Our Patient Navigation Center is also available to answer your questions about psoriatic arthritis and other aspects of managing psoriatic disease. Get in touch with a Patient Navigator by visiting psoriasis.org/navigationcenter.

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1. www.nihcollaboratory.org

*Reprinted with permission from The National Psoriasis Foundation’s ADVANCE Online website.*
The Corrona® Psoriasis Registry reached a major milestone in June – we enrolled our 3000th patient! More patients means more data, which leads to meaningful insights to help treat future generations of psoriasis patients. We would like to thank the 3000+ patients and 256 dermatology health care professionals across 34 states for contributing data. New findings from the Registry were presented at the largest dermatology medical conference of the year in Orlando in March.

- Of the 2,095 people enrolled in the registry at the time of the study, approximately half of patients in the registry had moderate to severe disease activity measured by the Investigator Global Assessment and two-thirds had moderate to severe disease as defined by body surface area. Forty percent of patients had a diagnosis of psoriatic arthritis, and over half had been treated with at least 1 biologic medication.

- At enrollment, psoriasis disease severity was similar across body mass index categories (normal, overweight, obese). However, when the results were adjusted for age, sex, duration of psoriasis, and when the treatment was started, people with higher body mass index were more likely to have more severe disease.

- People with psoriasis who also had a diagnosis of psoriatic arthritis were more likely to be older, have a higher body mass index, previously received a biologic medication, and have more chronic diseases compared to patients without psoriatic arthritis. People with psoriatic arthritis also had higher fatigue and pain scores than their counterparts without psoriatic arthritis. For more on psoriatic arthritis findings from the registry, see the article from the National Psoriasis Foundation in this issue.

- One measure of disease severity is the Psoriasis Area and Severity Index (PASI) score. It factors in the amount of body surface area is involved and plaque redness, thickness, and scale. More severe disease, as measured by a higher PASI score, is associated with more pain, itch, fatigue, and impairment of work and daily activities.
Unscramble the following mixed-up words to form ten words that can be found within the articles of this edition of the newsletter.

aipinittaorcp
daat
tirtisarh
eecins
nski
nswellilg
nsfiidng
mysmstop
ertslus
ceaerrhs

Wow!! Look at all the data that has been collected from patients who participate in the Corrona® Psoriasis Registry!

Now, arrange the circled letters to reveal the answer to the question below, as suggested in the cartoon.

What do researchers say to the dedicated patients who participate in the Corrona® Psoriasis Registry?

PRINT YOUR ANSWER IN THE CIRCLES BELOW

“ ”

ANSWER KEY:

research results symptoms findings
skin science arthritis data participation

“We thank you.”