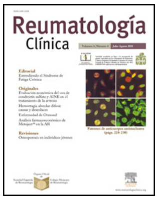
Reumatol Clin. 2014;**10(1)**:25–31

Reumatología Clínica

www.reumatologiaclinica.org



Original article

Health-related quality of life in psoriatic arthritis patients in Spain

Jordi Gratacós[a,*], Esteban Daudén[b], Juan Gómez-Reino[c], José Carlos Moreno[d], Miguel Ángel Casado[e], Vicente Rodríguez-Valverde[f]

[a] *Servicio de Reumatología, Hospital Parc Taulí, Sabadell, Barcelona, Spain*
[b] *Servicio de Dermatología, Hospital de la Princesa, Madrid, Spain*
[c] *Servicio de Reumatología, Complexo Hospitalario Universitario Santiago de Compostela, Santiago de Compostela, Spain*
[d] *Servicio de Dermatología, Hospital Reina Sofía, Córdoba, Spain*
[e] *Pharmacoeconomics & Outcomes Research Iberia, Madrid, Spain*
[f] *Servicio de Reumatología, Hospital Marqués de Valdecilla, Santander, Spain*

ARTICLE INFO

Article history:
Received 13 April 2012
Accepted 1 May 2013
Available online 5 October 2013

Keywords:
Psoriatic arthritis
Quality-of-life
SF-36
EQ-5D
Biological therapies
Infliximab

ABSTRACT

Purpose: To describe the demographic and clinical characteristics, including health-related quality-of-life (HRQL), in patients with psoriatic arthritis (PsA).
Methods: 287 patients from 18 Spanish centres were assessed. PsA severity was measured using the following criteria: (1) Psoriasis Area and Severity Index (PASI score 0–72, from low to high severity); (2) number of swollen and tender joints; and (3) Health Assessment Questionnaire (HAQ score 0–3 from low to high impairment in daily activities). HRQL assessment was performed using the following criteria: (a) EuroQol-5D (EQ-5D scores 1–3, with a higher score representing a worse HRQL), Visual Analogue Scale (VAS score 0–100, with a higher score representing a better HQRL) and (b) Short Form-36 (SF-36 score 0–100, with a higher score representing a better HRQL).
Results: 24.7% of patients were treated with infliximab. In the two groups, 55.7% of the patients were male with a mean age of 52.40 ± 12.53 years. The average number of swollen joints was higher in patients not receiving biological therapy than in those receiving treatment (2.98 vs. 1.54). The mean PASI score was 3.73 ± 5.83, and there was no difference between groups.
HAQ scores were higher in patients receiving infliximab than in those not receiving treatment (0.93 vs. 0.70). The mean EQ-5D scores in the two groups indicated a poorer status based on pain and inability to perform usual/daily activities. HRQL measured by VAS score mean was 60.41 ± 20.08, and there was no difference between the groups. The domains in the SF-36 suggesting poorer functioning in the two groups were the physical role (50.76 ± 43.43), physical pain (49.35 ± 25.69) and the overall physical component (37.88 ± 10.87).
Conclusions: PsA is associated with an impaired HRQL characterised by physical pain and poorer functioning in daily activities.

Calidad de vida relacionada con la salud de pacientes con artritis psoriásica en España

Palabras clave:
Artritis psoriásica
Calidad de vida
SF-36
EQ-5D
Terapias biológicas
Infliximab

RESUMEN

Objetivo: Describir las características clínicas y demográficas, así como la calidad de vida relacionada con la salud (CVRS), en pacientes con artritis psoriásica (APs).
Métodos: Se evaluó a 287 pacientes procedentes de 18 centros españoles. La gravedad de la APs se midió mediante: (1) Psoriasis Area and Severity Index (PASI 0-72, de menor a mayor gravedad); (2) número de articulaciones inflamadas y dolorosas, y (3) Cuestionario de Evaluación de Salud (HAQ), cuyas puntuaciones van de 0 a 3, de baja a gran afectación en las actividades diarias. La CVRS se midió mediante: (a) el

---

* Corresponding author.
E-mail address: jgratacosmas@gmail.com (J. Gratacós).

1699-258X/$ – see front matter © 2012 Elsevier España, S.L. All rights reserved.
http://dx.doi.org/10.1016/j.reuma.2013.05.006

cuestionario EuroQol-5D (las puntuaciones del EQ-5D van de 1 a 3; a valores más altos, peor CVRS) y la Escala Visual Analógica (EVA, donde las puntuaciones van de 0 a 100; a valores más altos, mejor HQRL), y (b) SF-36, donde las puntuaciones van de 0 a 100; a valores más altos, mejor CVRS.

Resultados: El 24,7% de los pacientes fueron tratados con infliximab. En los 2 grupos, la edad media fue de 52,40 + 12,53 años y un 55,7% fueron varones. El número medio de articulaciones inflamadas fue mayor en los pacientes que no recibieron infliximab (2,98 vs. 1,54). La media de las puntuaciones en el PASI fue de 3,73 ± 5,83, sin diferencias entre grupos.

Las puntuaciones en el HAQ fueron mayores en los pacientes con infliximab (0,93 vs. 0,70). Las puntuaciones medias de EQ-5D en los 2 grupos que indican peor estado de salud fueron: el dolor y la incapacidad para realizar actividades diarias. La CVRS medida por la puntuación media de la EVA fue 60,41 ± 20,08, sin diferencias entre grupos. En el SF-36, las dimensiones con valores más bajas en los 2 grupos fueron: función física 50,76 ± 43,43, dolor corporal 49,35 ± 25,69 y el componente físico general 10,87 ± 37,88.

Conclusiones: La APs se asocia a un deterioro de la CVRS caracterizada por dolor corporal y peor funcionamiento en las actividades diarias.

Psoriatic arthritis is a seronegative chronic inflammatory arthritis associated with psoriasis.[1] In most patients, there is no direct relationship between psoriasis severity and arthritis.[2] The exact prevalence is unclear due to the heterogeneity of this disease in clinical presentation. Available estimates of prevalence range from 0.04 to 0.1%.[3] The prevalence of psoriasis varies from 2 to 3% of the population, with 4–42% of psoriatic patients having psoriatic arthritis.[3] A study performed in Spain on the prevalence of psoriasis showed that 10% of patients with psoriasis reported arthralgias; furthermore, a diagnosis of psoriatic arthritis was established in 9.4% of these patients, and a joint deformity was present in 4.9% of these patients.[4]

A better understanding of the demographic and clinical characteristics of psoriatic arthritis patients is important to improve the management of this illness. Several studies have shown that patients with moderate-to-severe psoriatic arthritis have significant impairment in quality-of-life compared to the general population.[1,5–11]

Patients with psoriatic arthritis have joint impairment and significant physical limitations. Several studies have shown that, in patients with psoriatic arthritis, the impairment in physical activity is greater than the effect on the mental health of the patient.[12,13] In psoriatic arthritis, disturbances in joint function are associated with body pain and loss of mobility, which result in impairment in usual daily activities. The disability generated by the illness is, in some cases, associated with difficulties in employment, and patients may have to change their work or abandon their current employment, often with a concomitant decrease in income. Additionally, a higher risk of mortality has been observed in patients with active and severe psoriatic arthritis compared to the general population.[14]

To provide reliable data about psoriatic arthritis patients, the objectives of the present study were to describe patient characteristics, assess their health-related quality-of-life (HRQL), and assess the effect of infliximab in patients with psoriatic arthritis in Spain.

Methods

Study design

A cross-sectional, observational, multi-centre study was conducted involving 18 centres in Spain. Information on patient clinical characteristics and HRQL was collected by a dermatologist and rheumatologist working together in each centre. The study was approved by the Clinical Research Ethics Committee for all of the participating centres, and informed consent was signed by all of the subjects in the study. The recruitment period was from January to March 2007.

The patient inclusion criteria were the following: (1) age >18 years; (2) a diagnosis of psoriatic arthritis confirmed by a dermatologist and rheumatologist; and (3) capacity to understand the questionnaires used in the study. The exclusion criteria were the following: (1) current participation in a clinical trial; (2) receiving biological therapy apart from infliximab; and (3) axial disease involvement.

Assessment of demographic and clinical characteristics

The demographic data collected in the study included age, gender, illness duration, weight, date of the psoriatic arthritis diagnosis and loss of productivity.

Three different measures were used to describe the severity of psoriatic arthritis: (1) Psoriasis Area and Severity Index (PASI); (2) Health Assessment Questionnaire (HAQ); and (3) number of swollen and tender joints.

The PASI score considers the severity of psoriasis as a function of the area of skin involved and the grade of erythaema, desquamation and/or infiltration.[15] The final score has a range from 0 to 72, which is the weighted sum of different area scores. The affected surface is measured in 4 different areas, head, trunk, upper extremities and lower extremities, each scored between 0 and 6. The erythaema, desquamation and infiltration scores range between 0 and 4.

The HAQ assesses impairment in daily activities due to illness.[16] The items contained in the HAQ are a sample of 20 daily activities divided into 8 different dimensions (dressing and grooming, awakening, eating, walking, hygiene, reach, grip and other activities). The patient can choose between 4 different responses (no difficulty, some difficulty, considerable difficulty and incapable). Apart from these questions, the patients are asked some questions regarding the need for physical aids or assistance from another person to perform these activities. Each HAQ dimension score ranges from 0 (without impairment) to 3 (unable to do), and the summary score is the mean of the 8 HAQ dimensions.

A printed picture of the human body was used by the researchers to help the patient to identify and record the number of swollen and tender joints.

Assessment of the health-related quality-of-life (HRQL)

Two questionnaires were used to define the HRQL: (1) EuroQol-5D (EQ-5D), and (2) Short-Form 36 (SF-36). The EQ-5D is composed of 5 items, each one assessing different dimensions of quality-of-life in a range of 1 to 3.[6,17,18] A score of 3 for an item represents the worst level of function. The final score is descriptive and is represented by five numbers, for example, 11 213, with each number representing the score for each item. Utility values can be computed based on these scores.[19] The utility value represents the patient's health state between 0 (death) and 1 (best possible health state). Furthermore, a Visual Analogue Scale (VAS) was included in the questionnaire.