



Original Article

## A Report of 4 Years of Experience of a Multidisciplinary Unit of Psoriasis and Psoriatic Arthritis<sup>☆,☆☆</sup>



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### ABSTRACT

**Introduction and objectives:** Up to 30% of patients with psoriasis develop joint disease, the course of which can be improved by early diagnosis and treatment. The aim of this study was to describe our experience with a new multidisciplinary psoriasis and psoriatic arthritis unit over a period of 4 years (2009–2012). **Material and methods:** Implementation of a PSORiasis Rheumatology and Dermatology unit (PSORD) to provide patient care and physician training. In the first phase of the project, referral criteria for the unit were defined and several meetings were organized to train and prepare the specialists involved in the program. In the second phase, a schedule was drawn up for monthly patient visits with the PSORD team. Starting in 2011, training was offered to dermatologists and rheumatologists from other hospitals interested in implementing a similar model.

**Results:** A total of 259 visits (71% first visits, 8% no-shows) were scheduled during the period analyzed, with a median of 8 visits (range, 2–14 visits) per session. Sixty-three percent of the patients were referred from the rheumatology department. Diagnosis and treatment were modified in 32% and 47% of cases, respectively. Three training courses were held with 15 physicians from 6 hospitals, 3 of which created similar units.

**Conclusions:** The PSORD model improved the management of difficult-to-diagnose and/or uncontrolled disease, the early diagnosis and treatment of psoriatic arthritis, and collaboration between dermatologists and rheumatologists. Finally, the model lends itself to being exported to other settings.

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## Experiencia de 4 años de funcionamiento de una unidad multidisciplinar de psoriasis y artritis psoriásica

### RESUMEN

**Introducción y objetivos:** La afectación articular en los pacientes con psoriasis puede llegar hasta el 30%. El diagnóstico y tratamiento precoz de la artropatía puede influenciar su evolución. El objetivo de nuestro trabajo es describir la experiencia de la unidad multidisciplinar de psoriasis y artritis psoriásica de nuestro hospital en el periodo 2009–2012.

**Material y métodos:** Elaboración de un programa asistencial y docente. En una primera fase se consensaron los criterios de derivación a la futura unidad y se realizaron varias reuniones conjuntas para formar y concienciar a los especialistas. En una segunda fase se estableció una agenda de visitas conjunta psoriasis-reumato-dermato (PSORD) con periodicidad mensual. A partir de 2011 se desarrolló un programa formativo abierto a dermatólogos y reumatólogos interesados en crear un modelo de colaboración similar.

#### Palabras clave:

Psoriasis

Artritis psoriásica

Enfoque multidisciplinario

Dermatología

Reumatología

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**Resultados:** Durante el periodo revisado se han efectuado 259 visitas (71% primeras, 8% no presentados) con una media de 8 (2–14) visitas por sesión. El 63% de visitas eran derivaciones de reumatología. En un 32% de casos hubo algún cambio en el diagnóstico y en un 47% cambios en el tratamiento. También se han hecho 3 cursos con participación de 15 médicos de 6 hospitales, y en 3 de ellos se han creado unidades parecidas.

**Conclusiones:** Este modelo ha comportado una mejora en el manejo de los pacientes que presentan problemas diagnósticos y/o de control de la enfermedad. También ha aumentado el diagnóstico precoz de la artritis y ha permitido indicar un tratamiento precoz. Además ha aumentado la colaboración entre ambas especialidades y el modelo creado se ha podido exportar a otros hospitales.

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## Introduction

The current concept of psoriasis is a systemic disease with multi-organ involvement, including the skin and musculoskeletal system, and often is associated with various comorbidities.<sup>1–6</sup> In most cases (70%–80%) skin lesions precede articular involvement by years, and therefore dermatologists play a key role in early detection.<sup>7</sup> Psoriatic arthritis (PsA) is a chronic, progressive disease that can be debilitating and affect, according to the series, 30% of patients with psoriasis.<sup>8</sup> In the initial stages of PsA, it can be difficult to diagnose, even for rheumatologists, but particularly if there is no suspicion or the characteristics of the entity are not known. Early diagnosis and treatment are essential to prevent future joint damage and disability. Early diagnosis prevents unnecessary tests, avoids treatment associated risk, lowers cost, reduces pain and thereby improves the quality of life of patients.<sup>8,9</sup> It is estimated that between 10% and 29% of patients with psoriasis visited dermatology clinics could suffer PsA, and this is not suspected by the dermatologist, which can lead to a delay in diagnosis.<sup>10,11</sup> Moreover, it is common in rheumatology to find little or no attention paid to the patient's skin involvement, although this may have an impact on the physical and mental health of the patient, especially if establishing a treatment.

This broader and more complex view of the disease has progressively pushed to increase collaboration among leading specialists involved in the diagnosis and treatment of these patients. The recommendations of the *European League Against Rheumatism* (EULAR) 2012<sup>12</sup> suggest a multidisciplinary approach and, in this line, since mid-2009 rheumatology (RMT) and dermatology (DRM) specialists of Parc Taulí University Hospital at Sabadell decided to create a model of multidisciplinary collaboration, as a unit, to improve the management of patients with psoriasis and PsA.

## Material and Methods

In 2009 the Parc de Sabadell Taulí University Hospital created a multidisciplinary unit called Derma Psoriasis Rheumatism (PSORD) for the overall management of patients with psoriatic disease.

Its specific objectives were: (1) to facilitate the early diagnosis of PsA in patients with psoriasis, (2) improve the management of problem patients with psoriasis and PsA, and (3) foster collaboration between the two specialties in our hospital.

Prior to the creation of this unit, the requirement was to have both services with specialists, expertise and interest in psoriatic disease, and to stimulate the diagnostic suspicion and referral to rheumatology by dermatologists.

For data collection a database was designed which collected data of the disease and treatment of patients, and the name of the doctor who derived them and why. The partial analysis of this database is the results presented in this paper.

### Assistance Program

The assistance program was developed in two stages. The aim of the first stage was to train rheumatologists and dermatologists

**Table 1**

Criteria for Referral of Patients to the Derma Psoriasis Rheumatism (PSORD) Multidisciplinary Unit as per Service of Origin.

<i>From dermatology</i>	
Peripheral arthritis	
Tenosynovitis	
Enthesitis	
Inflammatory low back pain	
Unspecified joint pain. PASE <sub>≥</sub> 47	
<i>From rheumatology</i>	
Patients with suspected arthritis and psoriasis	
Patients with poor skin and PsA evolution	
Patients with PsA and severe skin psoriasis (PASI)	
Suspected skin complications associated with treatment	

in the global vision of psoriatic disease, encouraging the need for collaborative work between the two specialties. Project managers, a rheumatologist and a dermatologist, were designated to this end, and conducted, over 3 months, 2 joint training sessions attended by all members of both services. In these training sessions, the disease was described from the point of view of both groups, with particular emphasis on those signs or symptoms suggestive of psoriasis and PsA. As a result of these training sessions, referral criteria were agreed upon by the dermatology and rheumatology multidisciplinary unit (Table 1). The referral criteria were established to visit and control, not all patients with psoriasis and/or PsA, but only those with a diagnostic or therapeutic problem that was the main objective of this project. In a second phase, a joint agenda of 3 h visits on a monthly basis was developed. All patients referred to the multidisciplinary unit were visited jointly by a rheumatologist and a dermatologist, making diagnostic and/or therapeutic decisions. The diagnosis of PsA was established at the discretion of the rheumatologist following CASPAR diagnostic criteria.<sup>13</sup> The diagnosis of psoriasis was established according to the characteristic signs and, in all cases, at the discretion of the dermatologist proceeding, when in doubt, to request additional diagnostic examinations (biopsy, culture, etc.). The visits were conducted in the rheumatology department using its infrastructure (clinics and specialized nursing staff). Once the patient had been seen in the multidisciplinary unit and the problem reported had been solved, the patient was returned to the reference specialist for routine monitoring.

### Teaching Program

The result of the experience gained was used, as of 2011, to develop an accredited training program, and the unit was opened to other peers interested in creating such a unit at their hospitals in a similar collaborative model between rheumatologists and dermatologists. The program consists of a theoretical part, lasting 6 h, on the main aspects of psoriasis and PsA reviewed from the perspective of dermatologist and rheumatologist, and development of referral criteria and logistics structure necessary for the creation of a multidisciplinary unit. The program is completed with a

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