

Natural History, Prognosis, and Socioeconomic Aspects of Psoriatic Arthritis



Philip S. Helliwell, MD^{a,*}, Eric M. Ruderman, MD^b

KEYWORDS

- Psoriasis • Psoriatic arthritis • Disability • Quality of life • Prognosis • Natural history • Work • Comorbidities

KEY POINTS

- Psoriatic arthritis is a heterogeneous disease confounding generic statements about natural history and prognosis.
- A significant minority of patients manifest a relatively benign disease with little progression. The majority of cases have slowly progressive, polyarticular disease.
- An increase in cardiovascular morbidity is associated with psoriasis and psoriatic arthritis, particularly in secondary care cohorts.
- Longitudinal cohorts provide clues to adverse prognostic factors. These include the number of active and damaged joints, the presence of spinal disease, and dactylitis.
- Genetic subtypes are predictive but not practicable in the routine clinic situation. The only current biomarker with predictive value is the C reactive protein.

INTRODUCTION

Psoriatic disease, which encompasses psoriatic arthritis, has a wide variety of clinical manifestations, each of which may vary in their impact. For example, in 1 person the skin may be the most severely affected, in another the joints. Even within a single domain, such as the joints, the disease may vary from a mild nonprogressive oligoarthritis to severe, mutilating polyarticular disease. These diverse clinical manifestations undermine single statement predictions regarding outcome, although general statements may be appropriate.

Historically, psoriatic arthritis was conceived as a more benign arthropathy than rheumatoid arthritis.¹ Wright¹ acknowledged, however, that in some people the disease

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^a Leeds Institute of Rheumatic and Musculoskeletal Medicine, Chapel Allerton Hospital, University of Leeds, 2nd Floor, Harehills Lane, Leeds LS7 4SA, UK; ^b Division of Rheumatology, Northwestern University Feinberg School of Medicine, 303 E Chicago Ave, Chicago, IL 60611, USA

* Corresponding author.

E-mail address: p.helliwell@leeds.ac.uk

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followed a particularly aggressive and deforming course. Subsequent clinical studies challenged the assertion that psoriatic arthritis is a more benign disease than rheumatoid arthritis.² It is worth noting that almost all published studies on outcome in psoriatic arthritis assessed secondary or tertiary care populations, which are composed of more severe cases, many of whom are treated more aggressively to suppress disease activity and damage.

Highly effective treatments are now available for psoriatic arthritis, and research in this field is burgeoning. Further, new drugs are effective for both skin and joints, and may also be beneficial for comorbidities and extraskeletal manifestations. Earlier referral and identification, along with more aggressive treatment, may have a significant beneficial effect on the natural course of this disease.

NATURAL HISTORY

Accurate data are limited, but clinical experience and some publications support the observation that a proportion of patients with psoriatic arthritis demonstrate mild, minimally progressive, or nonprogressive disease that may require only symptomatic treatment. This group includes those with arthralgia and low-grade inflammation, an intermittent disease that may remit for long periods of time, and, sometimes, an oligoarthritis such as a chronically swollen knee. Nevertheless, limited articular disease may still be very disabling—1 or 2 dactylitic digits on a dominant hand or a severe enthesopathy at the Achilles insertion can limit both manual tasks and mobility.

Mild, Nonprogressive Disease

Wright,¹ in his original series, identified 2 populations of patients—a group with severe disease onset followed by a complete and lasting recovery, and a more severe progressive group. Although they did not present exact figures, Wright stated that cases with mild disability outnumbered those with severe disability. In that series, 74% of the total group presented with oligoarthritis. They confirmed the observations of predominantly limited disease in a subsequent article that reported radiologic changes.³ A later review of these patients confirmed the largely benign nature of the condition: 78% of the 178 patients were classified as mild, with only 11% of this group deteriorated over a follow-up period of more than 10 years.⁴

Later studies, particularly those from Toronto, also confirmed the presence of a milder, nonprogressive, oligoarticular population. For example, the first complete series published by Gladman and colleagues⁵ included a large nonerosive group. Subsequent series reported at damage progression in a group of 33% to 36% of patients who had no evidence of damaged joints at either presentation or follow-up.^{6,7} A similar proportion of patients—28%—remained without disability over a 10-year period.⁸

In unselected patients, approximately one-quarter demonstrate at least 1 erosion at presentation. Data from a study in Dublin found this proportion increased to 41% after 2 years⁹; a more recent study from an early (<2 years) cohort found that at least 27% had 1 erosion at presentation, increasing to 31% at 1 year.¹⁰ This erosive burden will, of course, depend on treatment; psoriatic arthritis patients develop less erosive disease (at least in the hands and feet) than rheumatoid arthritis patients at all stages of disease.¹¹

Prospective, community-based data are not available, but a single report identified psoriatic arthritis from health records over a 9-year period.¹² Despite the large population (population 124,277) numbers of cases were small at 66 (expected numbers in

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