Outcome Measures in Psoriatic Arthritis

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KEYWORDS

• Psoriatic arthritis • Outcome measures • Disease activity • Composite measures • Function • Quality of life • Impact of disease

KEY POINTS

- Validated outcome measures are now available for the key psoriatic arthritis (PsA) domains of arthritis, skin, enthesitis, and dactylitis.
- New composite measures such as the PsA disease activity score (PASDAS) and Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) Composite Exercise (GRACE) allow assessment of multiple domains in 1 score with validated response measures and absolute cutoffs for disease activity.
- Involvement of patient research partners is resulting in revision of the core set of domains for PsA and development of new outcome measures that accurately reflect patient experience.

INTRODUCTION

Selection of appropriate outcome measures in clinical trials and observational studies is key to improving the understanding of PsA and effective management. In many cases, specific outcome measures are translated into clinical practice and may guide therapeutic decisions for individuals. Outcome measurement in PsA developed rapidly during the last decade fueled by deeper insights into the diverse domains that comprise PsA and a rigorous collaborative program of validation to define more appropriate instruments and outcome measures.

In many cases, outcome measures in PsA were borrowed from rheumatoid arthritis (RA) based on the notion that the disease shared overlapping pathogenetic and

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clinical features. Although some measures can be applied across multiple diseases, it is essential that PsA instruments and outcome measures are validated in patients who have the disease and not another inflammatory arthritis. PsA is a complex disease with inflammation that spans a wide spectrum to include peripheral joints, skin, entheses, spine, and other adjacent tissues. Outcome measures commonly evaluate individual features or domains, but the impact of the disease on a patient depends on the cumulative interaction of these domain variables.

DOMAINS

In 2007, the GRAPPA and Outcome Measures in Rheumatology Clinical Trials (OMERACT) group published consensus on a core set of PsA domains that should be assessed in clinical trials (**Fig. 1**).[1] The core set included in the inner circle includes activities of global disease, peripheral joint disease, and skin disease, along with measures of impact such as physical function, quality of life, and pain. Items in the outer circle were designated as useful domains to measure but were not to be included in all clinical trials or observational studies. Some outcome measures were not deemed relevant to all studies, and in other cases, outcome measures were not available or validated at the time.[1] These core measures were approved in 2006, but at the most recent OMERACT meeting in 2014, it was agreed that the core set should be revised with additional patient input. This revision is underway and will be discussed at the OMERACT Meeting in 2016. Fatigue will likely be included in the core set given its impact on patient well-being and function.

ARTHRITIS

Measures of peripheral joint disease activity are based on tender and swollen joint counts and can be combined with other measures in a composite fashion. The key issue in PsA is that a full 68/66 joint count should be performed, as reduced joint counts designed for RA are not appropriate.[1] This issue is particularly crucial in oligoarthritis whereby disease is not accurately assessed using reduced joint counts.[2] However,

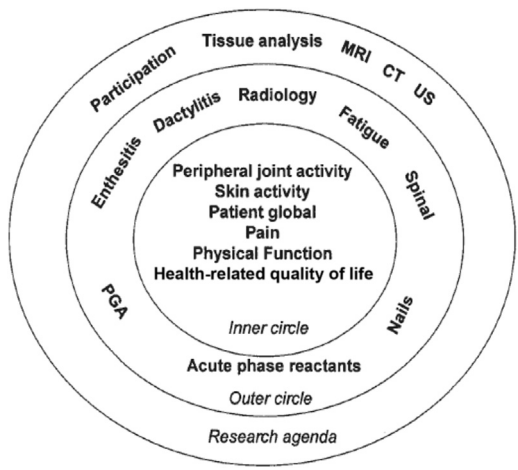

Fig. 1. The 2007 core set for PsA. CT, computed tomography; PGA, physician global assessment; US, ultrasonography. (*From* Gladman DD, Mease PJ, Strand V, et al. Consensus on a core set of domains for psoriatic arthritis. J Rheumatol 2007;34(5):1169; with permission.)