

PSORIATIC ARTHRITIS

Understanding the Components of Minimal Disease Activity (MDA)

MDA is achieved when 5 of the following 7 criteria are met:^{1,*}

Peripheral Arthritis

TJC68 ≤ 1

SJC66 ≤ 1

Skin

PASI score ≤ 1

OR

BSA $\leq 3\%$

Enthesitis

Tender enthesal point count ≤ 1

PROs

Pain VAS (mm) ≤ 15

PGA VAS (mm) ≤ 20

HAQ-DI score ≤ 0.5

The MDA is a practical, easy-to-interpret measure of disease burden, which is also considered a feasible therapeutic target when VLDA (remission) cannot be achieved.²

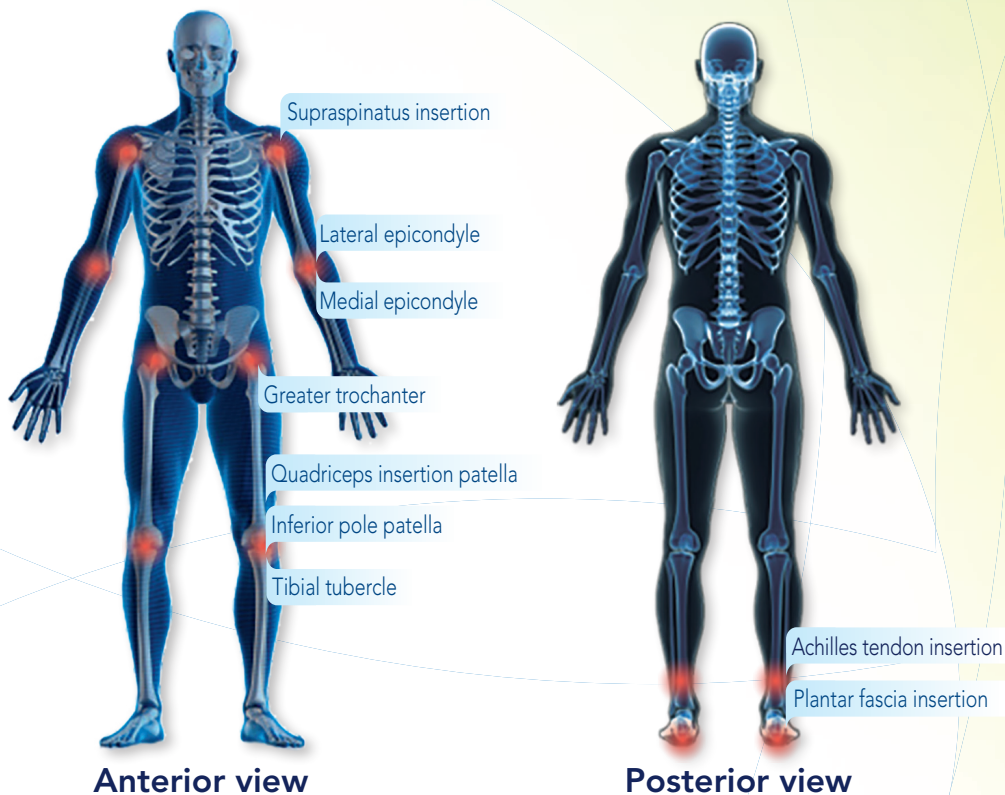
*VLDA is achieved when all 7 criteria are met.³

BSA = body surface area; HAQ-DI = Health Assessment Questionnaire Disability Index; PASI = Psoriasis Area Severity Index; PGA = Patient Global Assessment; PRO = Patient-Reported Outcome; SJC66 = 66-joint swollen joint count; TJC68 = 68-joint tender joint count; VAS = Visual Analog Scale; VLDA = very low disease activity.

Psoriatic arthritis—consider all domains of the disease⁴

Psoriatic arthritis (PsA) is a heterogeneous disease that manifests across several different domains, and the predominance of each domain varies across patients.⁵ Measuring only one manifestation, such as tender and swollen joints, may result in an inaccurate depiction of a patient's disease activity.⁴ Manifestations of PsA include extra-articular involvement (skin, nails), physical function impairment, and musculoskeletal involvement, which includes peripheral arthritis, axial disease, dactylitis, and enthesitis.^{4,5} Inflammation of the joints and spine and enthesitis are hallmarks of PsA.⁶

Areas that should be evaluated for enthesitis during a physical exam:^{7,8}



Capturing all the relevant and unique aspects of PsA in your patient allows for effective evaluation of both disease burden and response to therapy.²

1. Coates LC, Helliwell PS. Validation of minimal disease activity criteria for psoriatic arthritis using interventional trial data. *Arthritis Care Res.* 2010;62:965-969. 2. Coates LC, FitzGerald O, Merola JF, et al. Group for Research and Assessment of Psoriasis and Psoriatic Arthritis/Outcome Measures in Rheumatology Consensus-Based Recommendations and Research Agenda for Use of Composite Measures and Treatment Targets in Psoriatic Arthritis. *Arthritis Rheum.* 2018;70:345-355. 3. Coates LC, Helliwell PS. Defining low disease activity states in psoriatic arthritis using novel composite disease instruments. *J Rheumatol.* 2016;43:371-375. 4. Gladman DD, Landewé R, McHugh NJ, et al. Composite measures in psoriatic arthritis: GRAPPA 2008. *J Rheumatol.* 2010;37:453-461. 5. Gladman DD, Antoni C, Mease P, Clegg DO, Nash P. Psoriatic arthritis: epidemiology, clinical features, course, and outcome. *Ann Rheum Dis.* 2005;64(suppl 2):ii14-ii17. 6. Kaeley GS, Eder L, Aydin SZ, Gutierrez M, Bakewell C. Enthesitis: a hallmark of psoriatic arthritis [published online ahead of print December 8, 2017]. *Semin Arthritis Rheum.* doi: 10.1016/j.semarthrit.2017.12.008. 7. Maksymowych WP, Mallon C, Morrow S, et al. Development and validation of the Spondyloarthritis Research Consortium of Canada (SPARCC) Enthesitis Index. *Ann Rheum Dis.* 2009;68:948-953. 8. Mease PJ, Karki C, Liu M, et al. Baseline patient characteristics associated with response to biologic therapy in patients with psoriatic arthritis enrolled in the Corrona Psoriatic Arthritis/Spondyloarthritis Registry. *RMD Open.* 2018;4:e000638. doi: 10.1136/rmdopen-2017-000638.