Clinical and patient reported outcomes in psoriatic arthritis: a narrative review of the literature

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Background

- Psoriatic arthritis (PsA) is a chronic inflammatory disease with heterogeneous manifestations affecting the skin, nails, peripheral joints, spine and entheses, normally associated with psoriasis[1-2]. PsA has a considerable negative impact on multiple physical and emotional aspects of patients’ lives. Its burden is demonstrated both in terms of progression of clinical and radiological damage, and in terms of quality of life (QoL) and functional status of these patients[1].
- Due to the complex presentation of PsA, several outcomes have been recommended to be assessed in PsA patients’ follow-up[1]. Most of them have been adapted from other disease such as psoriasis or rheumatoid arthritis. Thus, they may not accurately reflect the whole experience of patients with PsA³.

Results

- A total of 138 publications were reviewed. Most of them (n=124, 89.8%) used a combination of clinical outcomes and PROs to follow-up PsA patients, while 8.7% (n=12) and 1.4% (n=2) employed exclusively PROs and clinical outcomes. Figure 1

![Figure 1. Outcomes used in the reviewed publications](image)

**Figure 1. Outcomes used in the reviewed publications**

**Instruments identified**

- The reviewed publications used a total of 87 instruments (49.4% PROs, 36.8% clinical outcomes, 13.8% composite indices) to follow-up PsA patient.
- The most used instruments in the reviewed publications were the number of swollen/tender joint count (n=84) followed by C-reactive protein (n=80), Patient Global Assessment (n=79) and Health Assessment Questionnaire (n=79). Most of these instruments were used in a composite index such as ACR (n=50, 35.97%) or Disease Activity Score-28 (n=50, 35.97%). Figure 2

![Figure 2. Instruments used in the reviewed publications](image)

**Figure 2. Instruments used in the reviewed publications**

<table>
<thead>
<tr>
<th>Swollen/tender joint count</th>
<th>CRP</th>
<th>PGA</th>
<th>HAQ</th>
<th>PhyGA</th>
<th>PASI</th>
<th>Pain (NRS)</th>
<th>Pain (VAS)</th>
<th>DAS28</th>
<th>ACR</th>
<th>ESR</th>
<th>nº publications included in the review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>80</td>
<td>79</td>
<td>79</td>
<td>69</td>
<td>62</td>
<td>60</td>
<td>56</td>
<td>50</td>
<td>50</td>
<td>44</td>
<td>138 publications</td>
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</tbody>
</table>

**Conclusions**

- Most of the studies used a combination of clinical outcomes and PROs to follow-up PsA patients, highlighting the importance to include PROs in patients’ follow-up in routine clinical practice. However, results of the review release the need to establish and standardize the instruments to be applied in PsA patients.

Objective

- To review the literature related to the instruments used to assess clinical outcomes and patient reported outcomes (PROs) during follow-up of PsA patients.

Methods

- Electronic databases (MedLine/PubMed, Google Scholar, Cochrane library and ISI-WOK) were searched to identify clinical trials, observational studies, registries or systematic reviews related to the PsA patients’ follow-up. English and Spanish studies published until June 1st 2017 were selected.
- Outcomes and instruments used to follow-up PsA patients were identified.

![Figure 3. Instruments identified according to PsA core domains](image)

**Figure 3. Instruments identified according to PsA core domains**

**References**