BACKGROUND

- The evaluation of health outcomes in patients with psoriatic arthritis (PsA) is hampered by the heterogeneous manifestations of the disease, and the lack of standard instruments to assess disease impact.
- Although further research is needed, evidence suggests that evaluation of patient-reported outcomes (PROs) in clinical practice may improve the care process (e.g., patient-professional and inter-professional communication, and clinical decision-making).1
- The GRAPPA-OMERACT group has established a core set of outcomes to be measured in PsA, including clinical outcomes and PROs, and has defined a conceptual treatment target.2 However, the instruments used to gauge treatment effectiveness have not been established.
- To address this gap, we sought to establish a consensus on the instruments used to evaluate the short-to-medium term effectiveness of biologics for the treatment of PsA in routine clinical practice.

METHODS

- This study was coordinated by a multidisciplinary scientific committee consisting of experts: three rheumatologists, one psychologist, and one patient with extensive experience in patient-reported outcome measures (PROMs), and one healthcare manager.
- The study comprised three phases: a literature review (including both Spanish and international publications), multiple discussion groups (involving both patients and HCPs from Spain), and a Delphi consensus (involving HCPs from Spain) (Figure 1).

- The following method was used for the Delphi consensus (Figure 2):
  - Based on the information gathered in the literature review and discussion groups, several sets of instruments were proposed.
  - Their suitability and feasibility for use in routine clinical practice were assessed on a 7-point Likert scale (1 = completely disagree and 7 = completely agree). Consensus was established when at least 75% of the respondents agreed (5–7 points) to the proposal of the instruments.
  - The following criteria were used for the consensus:
    - The questionnaire was only completed by HCPs from Spain, and 22.7 (20.9) of the respondents agreed (5–7 points) to the proposal of the instruments.
  - This proposal was then sent to discussants to standardise the instruments used to monitor patients with PsA.

- HCP Discussion Groups
  - During the discussion, the HCPs agreed to select the PsA Impact of Disease (PsAID-12) as the most suitable PROM due to its reliability, feasibility and capacity to assess most of the domains proposed by the GRAPPA-OMERACT group.
  - The main concerns and disagreements were discussed.
  - Set 1: Disease Activity in PsA (DAPSA) + PsAID-12
  - Set 2: Minimal Disease Activity (MDA) + PsAID-12 + C-reactive protein
  - Set 3: Arthritis Impact Measurement Scales Short Form 28 (AIMS28) + DAPSA + PsAID-12

- In patients with peripheral involvement, consensus was reached on the use of either DAPSA + PsAID-12 or MDA + PsAID-12 + C-reactive protein. In axial involvement, consensus was reached on the use of ASDAS + PsAID-12.

RESULTS

- A total of 87 instruments were identified in 138 reviewed publications, none of which assessed the 8 domains previously established by the GRAPPA-OMERACT group.

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