UPDATE: EULAR RECOMMENDATIONS ON THE PHARMACOLOGICAL TREATMENT OF PSORIATIC ARTHRITIS

27 May, 2020, Kilchberg, Switzerland – The European League Against Rheumatism, EULAR, has published updated recommendations on the treatment of people with psoriatic arthritis.

The recommendations are designed to help physicians and health professionals choose the right drug for people with psoriatic arthritis (PsA). Due to the arrival of new drugs, the recommendations have been updated since their last update in 2015.

The overarching principles address the nature of PsA and diversity of both musculoskeletal and non-musculoskeletal manifestations; the need for collaborative management and shared decision-making are highlighted.

The recommendations provide a treatment strategy for pharmacological therapies, which are published in the EULAR Journal, Annals of the Rheumatic Diseases. Depending on their symptoms, people with psoriatic arthritis should be offered painkillers and if needed local injections of glucocorticoids, then conventional systemic disease-modifying antirheumatic drugs (csDMARDs, such as methotrexate), the next step would be biologic disease-modifying antirheumatic drugs (bDMARDs, such as TNF or IL inhibitors), or targeted synthetic disease-modifying antirheumatic drugs (tsDMARDs, such as JAK or PDE4 inhibitors).

Based on updated evidence from a systematic literature review and expert opinion, a EULAR multidisciplinary task force formulated six overarching principles and twelve recommendations. These guidelines aim to help rheumatologists choose the best treatment for each person with this rheumatic condition, based on their individual circumstances.

The six overarching principles are:

- Psoriatic arthritis is a heterogeneous and potentially severe disease, which may require multidisciplinary treatment.
- Treatment should aim at best care and must be based on a shared decision between the patient and the rheumatologist, considering efficacy, safety and costs.
- Rheumatologists should look after the joints of people with psoriatic arthritis; collaboration with a dermatologist is needed if a patient has significant skin disease as well.
- The main goal of treatment is to maximise quality of life by controlling symptoms and preventing structural damage and inflammation.
- Each musculoskeletal manifestation should be considered, and treatment decisions made accordingly.
• Skin, eye and gastrointestinal symptoms should be taken into account, as well as comorbidities such as metabolic syndrome, cardiovascular disease or depression.

The 12 recommendations give detailed, practical guidance for rheumatologists.

Psoriatic arthritis (PsA) is a chronic, inflammatory disease of the joints and also of the places where tendons and ligaments connect to bone. The immune system creates inflammation that can lead to swelling, pain, fatigue and stiffness in the joints. PsA can start at any age, but often appears between ages 30 and 50. For most people, it starts about 10 years after psoriasis begins. While it is less common, people can develop psoriatic arthritis without having psoriasis.

Citation

About EULAR
The European League against Rheumatism (EULAR) is the European umbrella organisation representing scientific societies, health professional associations and organisations for people with rheumatic and musculoskeletal diseases (RMDs). EULAR aims to reduce the burden of RMDs on individuals and society and to improve the treatment, prevention and rehabilitation of RMDs. To this end, EULAR fosters excellence in education and research in the field of rheumatology. It promotes the translation of research advances into daily care and fights for the recognition of the needs of people with RMDs by the EU institutions through advocacy action.

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