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ENHANCING CURRENT GUIDANCE FOR PSORIATIC ARTHRITIS AND ITS COMORBIDITIES: RECOMMENDATIONS FROM AN EXPERT CONSSENSUS PANEL OF HEALTHCARE PROFESSIONALS IN THE UK

Keywords: Quality of care, Best practices, Psoriatic arthritis

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Background: Psoriatic arthritis (PsA) is a chronic inflammatory arthritis occurring in 20–30% of patients with psoriasis.[1] Timely diagnosis is important because untreated PsA can lead to irreversible joint damage[1] and functional disability.[2] While existing national and international guidelines, such as those provided by EULAR, BSR, ACR/National Psoriasis Foundation and GRAPPA, cover a wide range of aspects of diagnosis and pharmacological management of PsA, gaps have been identified relating to the application of guidance in clinical practice, ongoing non-pharmacological management, and quality of care benchmarking, often related to a lack of evidence. In response, an expert UK consensus group aimed to enhance current guidance.

Objectives: To develop an evidence- and consensus-based set of recommendations for the management of PsA in routine clinical practice that adds value to existing guidelines, suggests minimum and best quality standards for day-to-day PsA management and provides a set of practical strategies to achieve these quality standards, with the aim of supporting clinicians.

Methods: A steering committee (SC) was formed of 12 experts in the fields of rheumatology, dermatology and primary care. At an initial meeting, consensus themes were discussed and agreed (PsA diagnosis, assessment, comorbidities, and management) and consensus questions were drafted. A targeted literature review of PubMed and Embase following a PICO framework was conducted to gather scientific evidence supporting a selection of the questions, while others were agreed to be more appropriate to answer using expert clinical experience. At a second meeting, recommendations were drafted in response to the identified questions, covering gaps in current guidelines. For the next stage, an extended faculty was recruited including rheumatologists (32), dermatologists (6), primary care representatives (3), specialist nurses (5), academics (12) and members of the Brit-PACT patient group [6]. In an online voting platform, the SC and extended faculty entered an agreement score for each recommendation. Consensus was achieved when 75% of respondents agreed in the range of 7–9 on a 9-point scale.

Results: The SC and extended faculty agreed on 34 statements covering 15 questions on PsA diagnosis, disease assessment, comorbidities, and management. The diagnosis theme focussed on strategies to identify PsA early and appropriate assessment of diagnostic indicators, and guidance on the use of screening tools. The use of imaging to support diagnosis, and appropriate referral time frames were also covered in detail. Recommendations on disease assessment centred on holistic consideration of disease activity, functional impairment and impact from a patient perspective, as well as how to implement shared decision-making. Specific guidance for measurements to be performed at clinic visits was included. For comorbidities, recommendations were made for assessment and management, with specific guidance for high-risk conditions, such as depression and obesity, and those with implications for PsA pharmacological therapy. Management statements (which excluded guidance on pharmacological therapies in extant guidelines) covered multidisciplinary team working, implementation of lifestyle modifications, and treat-to-target strategies built upon the parameters of greatest importance to individual patients. The use of corticosteroids was recommended to be minimised where feasible.

Conclusion: This expert consensus programme identified critical areas beyond pharmacological therapy where existing guidance on PsA management could be enhanced and be of greater practical relevance to clinicians. This work will also be developed into a clinical resource to support healthcare professionals in the care of patients with PsA.

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INVESTIGATING THE ROLE OF BIOPSYPHOSOCIAL FEATURES IN DISEASE MANAGEMENT OF INDIVIDUALS DIAGNOSED WITH SYSTEMIC SCLEROSIS

Keywords: Mental health, Pain, Systemic sclerosis

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Background: Systemic sclerosis (SSc) is a rare chronic rheumatic disease that causes coexisting clinical symptoms with involvement of the skin and internal organs. SSc causes chronic pain and fatigue in the musculoskeletal system as well as many emotional and psychological disorders that affect their functionality. Therefore, it has been reported that evaluation of biopsychosocial characteristics may be important in the disease management of these individuals (1, 2).

Objectives: The aim of this study was to investigate the role of biopsychosocial characteristics in disease management of individuals with SSc.

Methods: The study included 71 individuals who are diagnosed with SSc, and their demographic information was recorded. The Cognitive Exercise Therapy Approach-Biopsychosocial Questionnaire (BETY-BQ) is used in individuals with rheumatism as a scale developed on individuals with rheumatologic diseases and can evaluate the individual holistically. The BETY-BQ has a content that provides biopsychosocial measurement with the subheadings of pain, functioning, general health status, self-efficacy, and sleep quality. Biopsychosocial characteristics of individuals were evaluated with the BETY-BQ (3). Correlation coefficients and statistical significance were analyzed using “Spearman” correlation test.

References:

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