

New treatment targets for ankylosing spondylitis and psoriatic arthritis

INTRODUCTION

A treatment approach based on clear targets for individual patients has helped relieve symptoms and improve quality of life for many people with rheumatoid arthritis. Now a report explains how the same approach could help people with other rheumatic conditions.

WHAT DO WE KNOW ALREADY?

Using clear treatment targets can help doctors and patients define, measure, and achieve success with some diseases. In practice, this means:

- ▶ deciding what is a successful result (the individual patient's target)
- ▶ fine tuning each person's treatment over time (for example, trying different treatments or drugs, or different drug doses) based on regular assessments of symptoms and disease activity
- ▶ continuing to 'treat to target' until the successful result, or target, is achieved.

Rheumatoid arthritis is one example where this approach has worked well. Improvements in drugs, the use of MRI (magnetic resonance imaging) scans to get clearer pictures of people's joints, and better ways of measuring disease activity have all helped with the 'treat to target' approach.

So could the same approach work for other rheumatic conditions? The new recommendations explain how expert doctors put together treat-to-target guidelines for a group of conditions known as spondyloarthritis. Spondyloarthritis mainly refers to two conditions.

The first, ankylosing spondylitis, is a type of arthritis that causes stiffness and pain in the spine and the tissues around the spine, and in other joints and tendons. The second, psoriatic arthritis, affects some people who have a skin condition called psoriasis. Psoriatic arthritis causes painful swelling, usually in the joints. As these two conditions are treated in similar ways, doctors often group them (and some other similar conditions) together under the name spondyloarthritis.

Using the latest research, a panel of experts (together with patients) agreed on a list of clear and specific recommendations for all the conditions that come under the heading of spondyloarthritis. To help guide doctors – and involve patients – they first laid down five guiding principles to form the basis of a successful treatment plan regardless of someone's specific disease.

WHAT DOES THE NEW STUDY SAY?

The five guiding principles that cover all the conditions are:

1. A treatment target must be based on a shared decision between the patient and their rheumatologist.
2. Ankylosing spondylitis and psoriatic arthritis are complex conditions. When it is necessary to help a particular patient, the rheumatologist should be able to get help from another specialist, such as a dermatologist (an expert in skin conditions).
3. The main goal is to help people get the best possible quality of life, by controlling symptoms, preventing damage to joints and tissue, and avoiding side effects of treatment.
4. Reducing inflammation (swelling) is likely to help in reaching all treatment targets.
5. Regularly measuring disease activity is crucial for adjusting treatment for best results.

HOW RELIABLE ARE THE FINDINGS?

Recommendations like these are most useful when based on a lot of good research. Unfortunately, there aren't as many good studies on spondyloarthritis as there are on rheumatoid arthritis. So the principles and recommendations in this report are largely based on the knowledge of expert doctors, other health professionals, and patients (what's called 'expert opinion'). Until there is more good research into these conditions, it's the best way we have of deciding how to help patients.

With this in mind, the authors of the report say that their recommendations will need to be looked at again in four or five years, when more research has been done – especially more research into whether treating to target works better than treating without specific targets.

WHAT DOES THIS MEAN FOR ME?

Medical treatment of many conditions is more successful when patients are involved in the decisions that affect them. If you have one of the conditions that come under the heading of spondyloarthritis, you may already have talked with your rheumatologist about treatment with specific targets in mind. But if you want to know more about treating to target for these conditions, you can talk to your doctor or rheumatologist.

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