Screening for the Early Identification of Psoriatic Arthritis with Axial Involvement in A Cohort of Italian Patients Affected by Psoriasis (ATTRACT): Preliminary Results of a Cross-Sectional Study

Devis Benfarenò1, Valentino Pacci1, Ilaria Cimaroli1, Alice Agostinelli1, Raffaella Sordillo1, Anna Maria Offidani2, Gianluca Moroncin1, Fabian Proft3, Denis Poddubny3, Michele M. Luchetti Gentiloni4, on behalf of the ATTRACT Study Group.

1 Clinica Medica and 2 Clinica Dermatologica, Dipartimento di Scienze Cliniche e Molecolari, Università Politecnica delle Marche, Ancona, Italy; 3 Department of Gastroenterology, Infectiology and Rheumatology (including Nutrition Medicine), Chantilly-Universitätswis, Berlin, Germany

Background
Psoriatic arthritis (PsA) is a chronic inflammatory musculoskeletal disease characterized by different disease subtypes: peripheral arthritis, axial disease, dactylitis, enthesitis, skin, nails, and intestines. There is growing interest towards early identification of patients with axial PsA (AxPsA), which could allow a better disease characterization and well-timed more targeted therapeutic strategies. In this study, we report preliminary results of a screening strategy focused on the dermatologic setting, aimed at improve diagnosis and classification of axPsA.

Methods
Patients were enrolled in the ATTRACT study (Axial psoria/Tc arThritis scRearing AnCona ItAlY). A comprehensive scheme of the whole study is shown in Fig.1. The Dermatologic-Centered Screening (DCS) tool questionnaire (Fig.2), recently validated for early identification of AxPsA was translated in Italian and administered to all patients in the dermatologic clinic.

RESULTS
From February 15th to June 31st, 349 patients were screened, and on the basis of the answers to the DCS-tool, we obtained 3 patients cohorts: n.114 patients (group B, 45.1%) highly predictive, and thus eligible; n. 49 (group C, 19.4%) “conditionally eligible”; and n. 90 patients (group A, 35.6%) classified as NON-arthrop / IBP (Fig. 1 and Table 1).

Briefly:
- The proportion of female sex is significantly higher in group B;
- The mean age is higher in group C;
- Cardiovascular diseases are significantly more represented in group A and C.

After the rheumatologic evaluation and clinical, laboratory and instrumental evaluation, among the group B, so far:
- n.19 patients (B3, 16.7%) were classified as Axial-PsA, (n. 14 of them fulfilling ASAS criteria and n. 12 also affected by peripheral disease);
- n.10 (8.7%) were classified as peripheral-PsA, fulfilling CASPAR criteria (Fig. 1); In n.17 patients (14.9%) the diagnosis of peripheral and/or axial PsA was definitively excluded.

CONCLUSIONS
In this study, the DCS tool has confirmed a good efficacy in the screening of PsA in a real-life cohort of Pso patients and a probable Inflammatory Back Pain (IBP) was found in about half of the screened Pso patients. These findings made possible to identify a substantial number of naïve patients not only affected by AxPsA but also by peripheral PsA.