

Therapeutic Approach in Patients with Arthralgia at Risk of Progression to Psoriatic Arthritis.



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Background: The transition from psoriasis (Pso) to psoriatic arthritis (PsA) presents an opportunity for early intervention and preventive strategies in high-risk patients with arthralgia.

Objectives: To estimate the frequency of treatment initiation in patients with arthralgia at risk of progression to PsA (ARP-PsA), compare characteristics between treated and untreated groups, and analyze progression to PsA after one year.

Methods: A prospective cohort study included patients >18 years with arthralgia and no prior PsA diagnosis. Baseline assessments included laboratory tests, radiography, ultrasound, and clinical evaluation (Rheuma-check). Data on demographics, joint count, global VAS, HAQ, Pso, and family history (FH) were collected. ARP-PsA was defined as arthralgia + Pso and/or FH. Treatment initiation with NSAIDs and/or DMARDs was evaluated, as well as progression to PsA after one year, based on our previous published research (1). High-risk factors (Pso >15 years, Pso + FH, ultrasound synovitis/enthesopathy) were assessed.

Figure 1: Reumacheck circuit

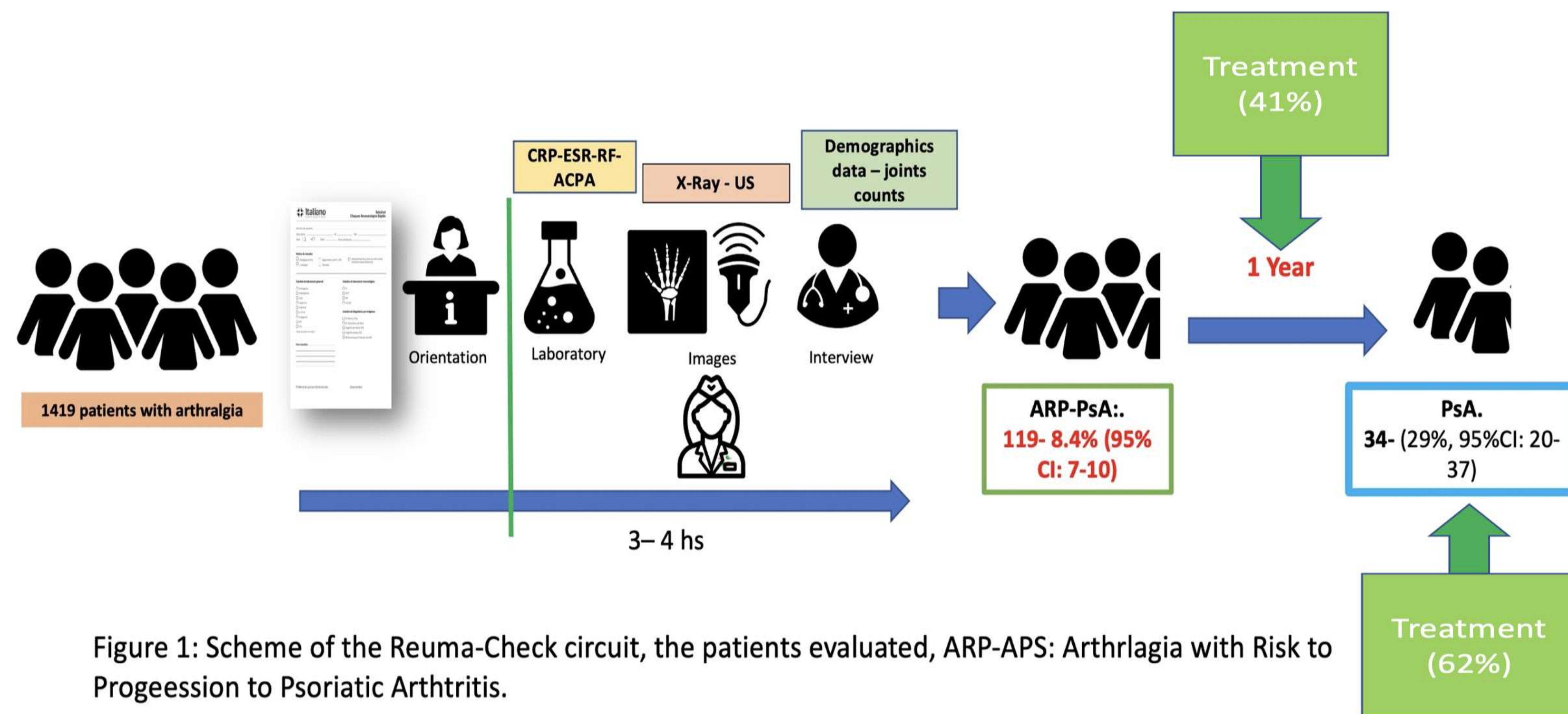


Figure 1: Scheme of the Reuma-Check circuit, the patients evaluated, ARP-APS: Arthralgia with Risk to Progression to Psoriatic Arthritis.

Results:

- * Of 1419 patients, 8.4% (n=119) met ARP- PsA criteria.
- * 41% received treatment: 22% NSAIDs, 21% DMARDs (56% MTX), 4% corticosteroids.
- * Psoriasis was significantly more frequent in treated patients (60% vs 24%; p=0.001).
- * Other factors, including joint count, HAQ, imaging findings, and CRP, were not associated with treatment initiation.
- * At one year, 29% (n=34) developed PsA, of whom 62% had received treatment (35% NSAIDs, 26% DMARDs).
- * 36% of ARP- PsA patients met at least one high-risk criterion; of these, 65% received treatment (33% NSAIDs, 26% DMARDs). (Fig 1)

Characteristic	Treated (n=52)	Untreated (n=67)	p value
Female (%)	72	73	0.9
Age (SD)	49 (14)	48 (15)	0.8
Comorbidities (%)	60	65	0.5
Years of education (SD)	14 (3)	13 (2)	0.6
Psoriasis (%)	60	24	0.001
Smoking (%)	35	40	0.5
Symptoms <1 year (%)	35	31	0.7
Painful joints (SD)	3 (2.5)	3 (2.2)	0.7
VAS patient (mm, SD)	55 (22)	51 (20)	0.3
CRP+ (%)	21	26	0.6
HAQ (0-3, SD)	0.5 (0.4)	1.9 (9)	0.2
Erosions on X-ray (%)	13	7	0.6
Joint space narrowing (%)	22	24	0.8
Tenosynovitis on US (%)	4	13	0.09
Synovitis on US (%)	10	10	0.98
Power Doppler on US (%)	4	3	0.8
Enthesitis on US (%)	23	16	0.4
Diagnostic delay (months, SD)	30 (45)	24 (24)	0.3

Conclusion: In ARP- PsA patients, 41% initiated treatment, with psoriasis being the key differentiating factor. Of those progressing to PsA, 62% were under treatment, highlighting the importance of early therapeutic intervention, particularly in patients with high-risk features.