Transcript Details
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ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

A Look at the Multi-Organ Impact of PsA

Announcer:
This is ReachMD, and you're listening to Beyond Skin Deep: Impacts of Psoriatic Arthritis, sponsored by Lilly.

Dr. Caudle:
Psoriatic arthritis, or PSA, is a multi-organ, chronic inflammatory disease that impacts a patient both physically and psychologically. While relieving pain is the number one priority when it comes to treating this disease, a patient's ability to have a social life, an undisturbed night's sleep, and even the ability to complete everyday activities with minimal pain cannot be overlooked. I'm Dr. Jennifer Caudle, and joining me today to discuss these effects is Dr. Marina Magrey, a rheumatologist with the Metro Health Network in Cleveland, Ohio, and Associate Professor at Case Western Reserve University.

Dr. Magrey, welcome to the program.

Dr. Magrey:
Thank you very much and for giving me an opportunity to discuss some of the key issues in managing psoriatic arthritis.

Dr. Caudle:
Absolutely. Looking back on your career as a rheumatologist, what do you think are the most debilitating symptoms of PSA that affects a patient's quality of life?

Dr. Magrey:
So, psoriatic arthritis, it's a very heterogenous disease, meaning it doesn't involve only one organ system. There are multiple domains that get affected in the disease, and those patients have arthritis; they will have skin disease; they may have inflammation in their tendons and ligaments; they may have other extraarticular manifestations; their eyes may get involved; so because of that, one has to keep in mind that it affects both the physical, mental, emotional and social functioning of an individual. And overall, the impact is that patient's multiple functioning day-to-day life is impacted by the disease, and that's what causes a lot of impairment in the quality of life of the patient.

Dr. Caudle:
Do you find that your patients are open and honest about their psoriatic arthritis symptoms? And if they're not, what techniques do you use to help sort of enhance this dialogue and to uncover any hidden issues?

Dr. Magrey:
When a patient comes in, we ask the patient, "How are you doing?" That's the first thing. And some patients will say, "Well, I'm not doing well," and some will say, "I'm doing well." And then you ask them, "Why aren't you doing well?" and they'll say, "I hurt, and I have pain in this area." And some of them will say, "We're doing well." And I say, "How come you're well?" And they say, "Well, I don't have much pain. I'm able to do the activities of daily life," or something to that effect. I often ask the patient, "Overall, tell me how are you feeling?" When I say that question, "How are you feeling," I'm trying to get from them overall how they're doing in life. When they say, "I'm not doing well," and I say, "Well, why would you say so? Why aren't you doing well?" and the question then will come... They'll either say, "I'm in pain." Some of them will say, "Well, I have a lot of fatigue." Some of them will say, "I haven't been able to mow my lawn," or, "I haven't been able to do my work in the house because after that I get very—my joints get very sore or I get very tired or fatigued." So this is how I bring them to open up and discuss what really is bothering them. At times I will even ask them—I say, "If I have to ask you one question to tell me what's bothering you the most, what would you say?" So I just want to get more specifically wanting to find out what's actually bothersome to the patient.

Dr. Caudle:
That's very helpful, and I think that's really great advice to everyone who's listening. what types of tools or techniques do you use in treating patients to help them achieve the best possible quality of life?

Dr. Magrey:
The goal of our treatment is to improve the quality of life of the patient, and in order to do that, we first like to assess how the patient is doing, and in order to assess that, we do have some questionnaires, which are like patient-reported measures that the patient actually answers these questions, and that gives us an idea how the patient is doing. On a scale of 1 to 10, is his quality of life impaired or is he doing very well? So these questions ask patients if they have any difficulty in their activities of daily living, if they're having problems with sleep, are they having any emotional problems, then touching how their social activities are going. Are they meeting out with their friends? Do they feel freshened when they wake up? Are they able to complete their chores in the house? And this kind of gives us an idea overall how patient has been coping with the disease and coping with the other aspects of life. Then we try to address them each by each and see what needs to be done.

Dr. Caudle:
That makes a lot of sense, and I think your examples of the types of questions that you ask and the questionnaires that you're using I think is very helpful as well. what advice would you give to a peer who may be new to the field to really help them understand the multi-organ impacts of psoriatic arthritis on a patient's quality of life?

Dr. Magrey:
Sure. I'm in a teaching hospital, so I'll often tell my residents and fellows, "As a physician, our goal is to make the patient feel better," Pain is a big complement of all of these rheumatic diseases, so pain has to get better. They need to feel more energetic, and then they need to overall be able to be functional. They should be able to do their work, jobs, or what. So, in order for us to achieve that, it's not an easy task to make sure we are able to accomplish success in all these areas for a patient because there are multiple things that have to be taken care of in these patients. I tell these patients that there are support groups available, so sometimes it may be worthwhile attending one of those support groups and talking to some of the patients because that really helps them. When they see more patients just like them, it gives them that confidence that they're not alone in the disease. There's been a lot of emphasis now being played that we need to do decision-making, shared decision-making between the patient and the doctor, because we may prescribe something to the patient—unless he's agreeable to take it, it's not going to work. So they may go home and they may say, you know, "That's it, I'm not going to do it." So the goal for us to make these people feel better, one is that we need to have good communication between the patient and the doctor and a good relationship, and we need to understand, because what may be a remission from my standpoint—I think the patient is in disease control—may not be what the patient is feeling. We have to make sure that the patient and the physician are both on the same line. We also want to make sure… So since it's a very heterogeneous disease, there are other specialists that are involved in taking care of these patients, so we want to make sure there is good communication between the specialists who are taking care of these patients. We are able to talk to each other regarding the patients so that everybody is working for the betterment of the patients. And then, also, I often tell the patient, I say, "I may not be able to cure your disease, but you are lucky to be having this disease at this era in time, that we have a lot of modalities available to help you." So I think in a multidisciplinary model for treating these patients is actually we've seen there are better outcomes.

Dr. Caudle:
Well, that was excellent and very insightful and I think a lot of great tips there for our listeners. Dr. Magrey, I want to thank you so much for an insightful interview and your views on the challenges that psoriatic arthritis patients face when it comes to symptom control and their quality of life. It was a pleasure speaking with you. Thank you so much for joining us.

Dr. Magrey:
Thank you so much.

Announcer:
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