

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/living-rheum/aligning-patient-and-physician-perspectives-in-psoriatic-arthritis/56879/>

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Aligning Patient and Physician Perspectives in Psoriatic Arthritis

Announcer:

This is *Living Rheum* on ReachMD. Today, Dr. Laura Coates will walk through how we can balance patient and physician-reported outcomes in psoriatic arthritis. Dr. Coates is an NIHR Research Professor and Senior Clinical Research Fellow at the University of Oxford, specializing in psoriatic arthritis and inflammatory joint disease.

Here she is now.

Dr. Coates:

We do see a big disconnect in a fair number of our patients between where clinicians rate disease activity and where patients rate disease activity. And there's been a lot of research into this in the last decade or so, which has really helped us to understand this better. And I think it comes because we're different people, and we are looking at this from a different perspective.

So we are particularly focusing on inflammation—whether we have controlled inflammation—because we want to prevent damage. We want to prevent other follow-on effects from uncontrolled inflammation. And we have medications now that are very good at doing that, that can target that inflammation. And so that's almost become our primary focus.

But from the patient perspective, what they care about is what they can do and what their life feels like. And I think the most common disconnect that we see is when patients still have symptoms, but we don't think it's from inflammation. So they're saying, my disease is not controlled. I'm still in pain. I'm still fatigued. I'm still struggling to work, to look after my kids, or to do the exercise that I want to do. But we are saying, well, actually, you are stable on this biologic, or your recent ultrasound was clear—it didn't show any inflammation—or your recent spinal MRI was normal.

And I think that is where we need to talk better with our patients and explain that, primarily, we are initially focused on treating the inflammation, that we have medications that do that, and that sometimes you end up with ongoing symptoms that are not related to inflammation.

And that's then pushing us as rheumatologists to think beyond just inflammation and be a bit more holistic in our treatment approaches. So thinking about physiotherapy, pain control, exercise, weight management, dietary advice, occupational therapy input, support with work, and all of those other things that, I think, potentially before biologics, we were maybe better at. When we didn't have good treatments for the inflammation, we concentrated on all the other stuff that we could do to make things better. And now, we've gotten so used to focusing on the inflammation that sometimes we forget the other simple things that can make a really big difference to somebody's life.

So when we see that mismatch in clinic, the important thing is to address it and talk about it: the fact that pain has multiple causes, that fatigue has multiple causes, that some of those are inflammatory, and that sometimes changing your medication is the right thing to do—that the medication has lost effect or is not helping as we thought it would, and we need to change medication.

Sometimes, the medication is working well and we may have objective evidence that we can share. So sometimes, it can be helpful to look at blood results and the fact that inflammatory blood markers have come down if they were, in fact, raised before with certain medications. If we are not sure, we'll often use ultrasound to look at the joints and look for inflammation. And I think that's been really helpful for some of my patients to see that the ultrasound doesn't show any inflammation. That although their joint still hurts, it's not inflamed, and it's not likely to cause them joint damage. We just need to deal better with pain, and deal with that in other ways.

Announcer:

That was Dr. Laura Coates sharing her insights on patient-centered psoriatic arthritis assessment. To access this and other episodes in our series, visit *Living Rheum* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!