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/prevent-psoriatic-arthritis-before-diagnosis/51050/

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Can We Prevent Psoriatic Arthritis Before Diagnosis?

Announcer:
You're listening to *Living Rheum* on ReachMD. On this episode, we're joined by Dr. Laura Coates, who will be discussing the research landscape for psoriatic arthritis prevention. Dr. Coates is an NIHR Research Professor and Senior Clinical Research Fellow at the University of Oxford in the United Kingdom.

Let's hear from her now.

Dr. Coates:
There's been very established interest in how we treat definite diagnosed disease in psoriatic arthritis and in rheumatoid. But thinking about how we might intervene or do studies on how we might intervene prior to that has brought up a lot of discussion about prevention studies or interception studies. And that's kind of a new phrase that's been coined relatively recently to think about, not necessarily primary prevention—so preventing disease before any of it has happened—but thinking about interceding in that in-between phase, where something has kicked off somebody moving towards a diagnosis or a development of psoriatic arthritis, but they haven't really got to that diagnosis yet. And so that gives us that window of opportunity to think about how we might intervene then.

There's a lot of discussion and debate about how that might work. So, if we are thinking about true prevention, we need to intervene before there's any changes of arthritis at all, and before anything has started to shift in the immune system. So that has to be very early on. And that's tricky to study, because the development of psoriatic arthritis happens quite slowly over a number of years.

So if we recruit, say, a hundred people with just pure skin disease, we're gonna get one or two per year developing psoriatic arthritis, which means we need to study thousands of people to get any decent data. If we are thinking about patients who've started to develop some changes—maybe they have ultrasound evidence of subclinical disease—the chance of those going on to develop arthritis in the near future—in a year or two—is gonna be much, much higher.

So that's a group that we can easily include into studies. We can explain to patients why it's important that we might want to intervene. They're more convinced about the need to take treatment or to try something new. And it's much easier to do those studies to see if an intervention at that stage can make a difference.

So I think there's still lots of ideas about exactly when we need to intervene and what that intervention should be.

Announcer:
That was Dr. Laura Coates talking about how we can best study psoriatic arthritis intervention. 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!

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