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

The Next Era of Psoriatic Arthritis Management

Announcer:
You're listening to *Living Rheum* on ReachMD. Today, we're joined by Dr. Laura Coates, who will be discussing the future of psoriatic arthritis treatment goals. 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.

Let's hear from her now.

Dr. Coates:
The question is whether treatment goals will change in the future, and it would be great to think that they will. And we have obviously moved so far in the last decade or two decades in terms of the treatments that we have available and the kind of responses that we expect to see from our medication.

I think if you look to dermatology, things have changed significantly already. We've gone from a PASI 50, to a PASI 75, to a PASI 90, to a PASI 100. Now, we're definitely in a place where complete skin clearance is a completely realistic and achievable goal with the medications that we have available.

I think in rheumatology that it's much tougher, and we haven't really seen the same shift. And I think that's a mixture of different things. So, partly, it's the fact that we don't have an objective measure of disease activity. And when we look at outcomes like MDA or ACR outcomes in clinical trials, they're limited by things that are not just inflammation. Your PASI score and your psoriasis disease activity is something you can see, and you could see where it goes. But if your joint is still painful, you're still going to score it as painful, even if the inflammation has settled. Or if your joint is damaged and impacts your functional ability, that doesn't go away.

So I think it's trickier, then, for us to impact on the outcomes, and I think that's mostly why we haven't seen a big shift in rheumatology that we see so far with similar results with the different biologics in terms of ACR 20, 50, and 70-type outcomes.

I think the shift is more likely to come in how we treat people rather than availability of a magic new drug. So it's thinking about treating patients earlier, reducing the diagnostic delay—which we know is a problem—addressing comorbidities and obesity—which is a big issue for patients with psoriatic arthritis that we know impacts heavily on their chance of responding to treatment—and thinking about other issues around complex-to-manage patients and doing that well.

And so I think it's much more about the care of people with psoriatic arthritis—more than just the medical treatment—which is likely to change things in the future.

Announcer:
That was Dr. Laura Coates talking about what psoriatic arthritis assessment may look like in the future. 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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