

For further information on the assessments mentioned in the modular approach please refer to the PsA Assessment Academy materials available at <https://www.psoriatic-arthritis.co.uk/healthcare-professionals-psa.aspx>



The assessment includes the severity of specific symptoms, and the extent the regions are affected by psoriasis. BSA is assessment of the percentage of area of the body covered by psoriasis.

DLQI
At a minimum, the Dermatology Life Quality Index (DLQI) should be completed. If the score is ≥ 5 or if the patient has evidence of active psoriasis, the patient should be referred to a dermatology clinic for assessment. Nails should be assessed visually for pitting.

PASI and BSA
The skin should be assessed using either the PASI (Psoriasis Area Severity Index) or the BSA (Body Surface Area). PASI is an assessment of the body in four regions: head and neck, arms, trunk (including groin and axillae) and legs (including buttocks). The assessment includes the severity of specific symptoms, and the extent the regions are affected by psoriasis. BSA is assessment of the percentage of area of the body covered by psoriasis.

Skin Assessment

About PsARC
NICE guidelines require the use of PsARC as a criteria for continuation of anti-TNF treatment:
66 swollen joint score
68 tender joint score
Patient global assessment (PtGA)
Physician global assessment (PGA)

Definition of the criteria:
Response = improvement in ≥ 2 of the 4 tests:
One of which must be the joint tenderness or swelling score
No worsening in any of the four measures $\geq 30\%$ in the swollen or tender joint score and ≥ 1 in either of the global assessments

PsARC Outcome Assessment

Physician (PGA)
Very good, no symptoms, no limitations on normal activities
3
2
1
0
Very poor, very severe symptoms which are intolerable, inability to carry out normal activities
4
5

Patient (PtGA)
“Considering all the ways your arthritis affects you, how are you feeling today?”
0
1
2
3
4
5
Very good, no symptoms, no limitations on normal activities
Very poor, very severe symptoms which are intolerable, inability to carry out normal activities

“Considering all the ways the arthritis affects your patient, how is your patient feeling today?”

As part of the PsARC assessment, the patient’s general health is assessed by both the patient and physician. Below are recommended questions for your patient and the physician using a 0–5-point Likert scale.

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questions
assessments – recommended
Patient and Physician global assessments

An alternative outcome assessment if the patient has not undergone all the assessments within the MDA Assessment is the PsARC (Psa Response Criteria)

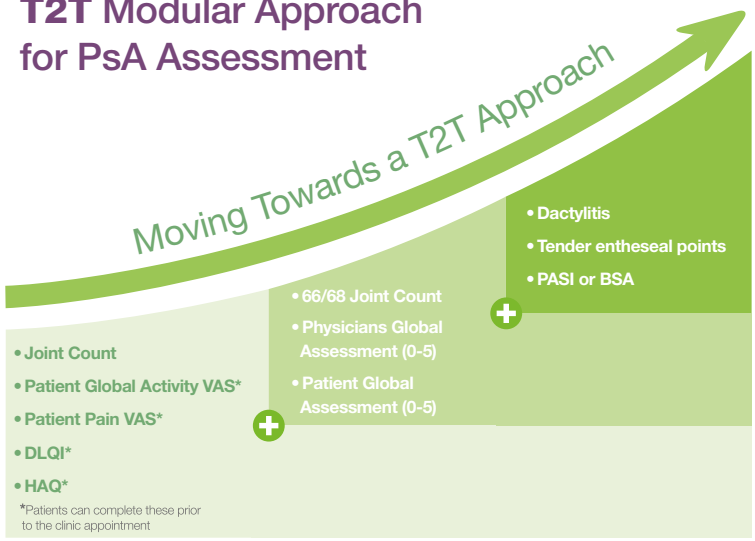
A Quick Guide to Assessing PsA



Psoriatic arthritis is a complex condition that involves many body areas, in particular the joints and skin.

A modular approach has been developed that lists the minimum level of assessment through to more advanced assessment for each patient at every clinic visit. The advanced assessment is aspirational for all clinics to work towards to be able to target Minimal Disease Activity – which can be used to support a Treat to Target approach.

T2T Modular Approach for PsA Assessment



T2T PsA

Minimal Disease Activity (MDA) Assessment

A patient with PsA is in MDA when they meet 5/7 of the following criteria*:

- Tender joint count (≤ 1)
- Swollen joint count (≤ 1)
- PASI (≤ 1) or BSA (≤ 3)
- HAQ (≤ 0.5)
- Tender entheselial points (≤ 1)
- Patient pain VAS (≤ 15)
- Patient global activity VAS (≤ 20)

Standard (minimum) assessment Intermediate assessment Advanced assessment

Remember for psoriatic disease: Spine Nails GI tract Ocular Co-morbidities



Joint Assessment

Assessing Tender Joints

Joint tenderness should be assessed by pressing on the joint using the thumb and index finger. A general guide to the amount of pressure required is press until it causes 'whitening' of the examiner's nail bed.

Assessing Joint Swelling

Joint swelling is typically soft and boggy and not hard or bony.



1

Temporomandibular Joint (TMJ)
The line of the temporomandibular joint can easily be found by placing the tips of two fingers immediately in front of the tragus of the ear. As the patient opens their jaw the mandibular condyle moves forwards and a depression can be felt.



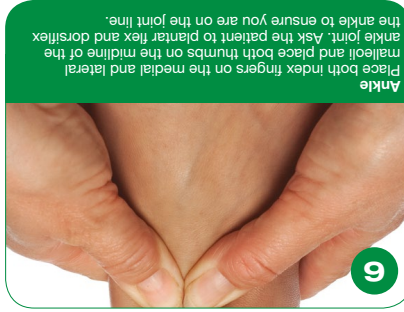
2

Sternoclavicular Joint (SCJ)
To palpate the SCJ find the manubrial notch at the top of the sternum. Move your fingers laterally to the medial end of the clavicle. To check position ask the patient to shrug their shoulders upwards.



3

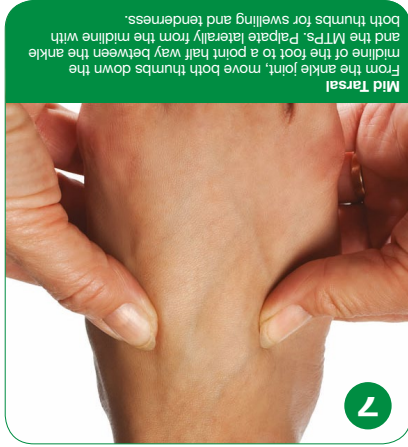
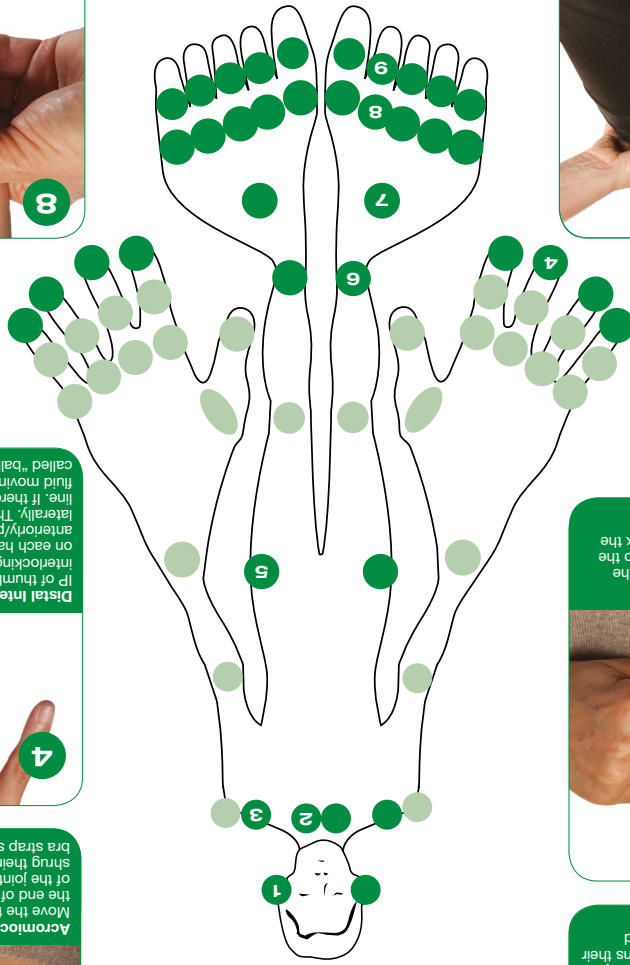
Hip
The hip joint is too deep seated to palpate, hence 66 swollen versus 68 tender. Therefore only tenderness is assessed. Tenderness of the hip is classified as pain on movement when flexing and rotating the hip.



4

Ankle
Place both index fingers on the medial and lateral malleoli and place both thumbs on the midline of the ankle joint. Ask the patient to plantar flex and dorsiflex the ankle to ensure you are on the joint line.

Pale green dots represent joints also assessed in DAS28. For additional information on scoring these joints, please refer to the Standardising DAS28 poster.



5

Mid Tarsal
From the ankle joint, move both thumbs down the midline of the foot to a point half way between the ankle and the MTPs. Palpate laterally from the midline with both thumbs for swelling and tenderness.



6

Metatarsophalangeal Joints (MTPs) of Feet
Palpate each MTP joint in turn, both for tenderness and swelling, by squeezing both thumbs on the plantar aspect and both thumbs on the dorsal aspect of the foot.



7

Proximal Interphalangeal Joints (PIPs) of Feet
These are done in the same way as assessing the DIPs of hands, although it is a little more difficult to get your fingers into the spaces between toes.



8

Distal Interphalangeal Joints (DIPs)
If of thumb, PIPs and DIPs are all assessed using the interlocking 'C' technique. With index finger and thumb on each hand make a 'C' shape. Position one C anteriorly/posteriorly over the joint line and the other one laterally. Then in turn squeeze the fingers over the joint line. If there is an effusion within the joint you will feel the fluid moving below your fingers. This technique is called 'ballooning'.



9

Acromioclavicular Joint (ACJ)
Move the fingers laterally along the clavicle until where the end of the clavicle meets the acromium. The position of the joint line can be checked by asking the patient to shrug their shoulders. This is usually the site that the bra strap sits on women.

Joint Count 66/68

Joint swelling is typically soft and boggy and not hard or bony.