Assessing Psoriatic Arthritis

Psoriatic arthritis (PsA) is a complex condition that involves many body areas. To optimise best practice, all PsA patients should be assessed appropriately to help prevent irreversible joint damage. Assessment of PsA should involve both joint and skin assessments.

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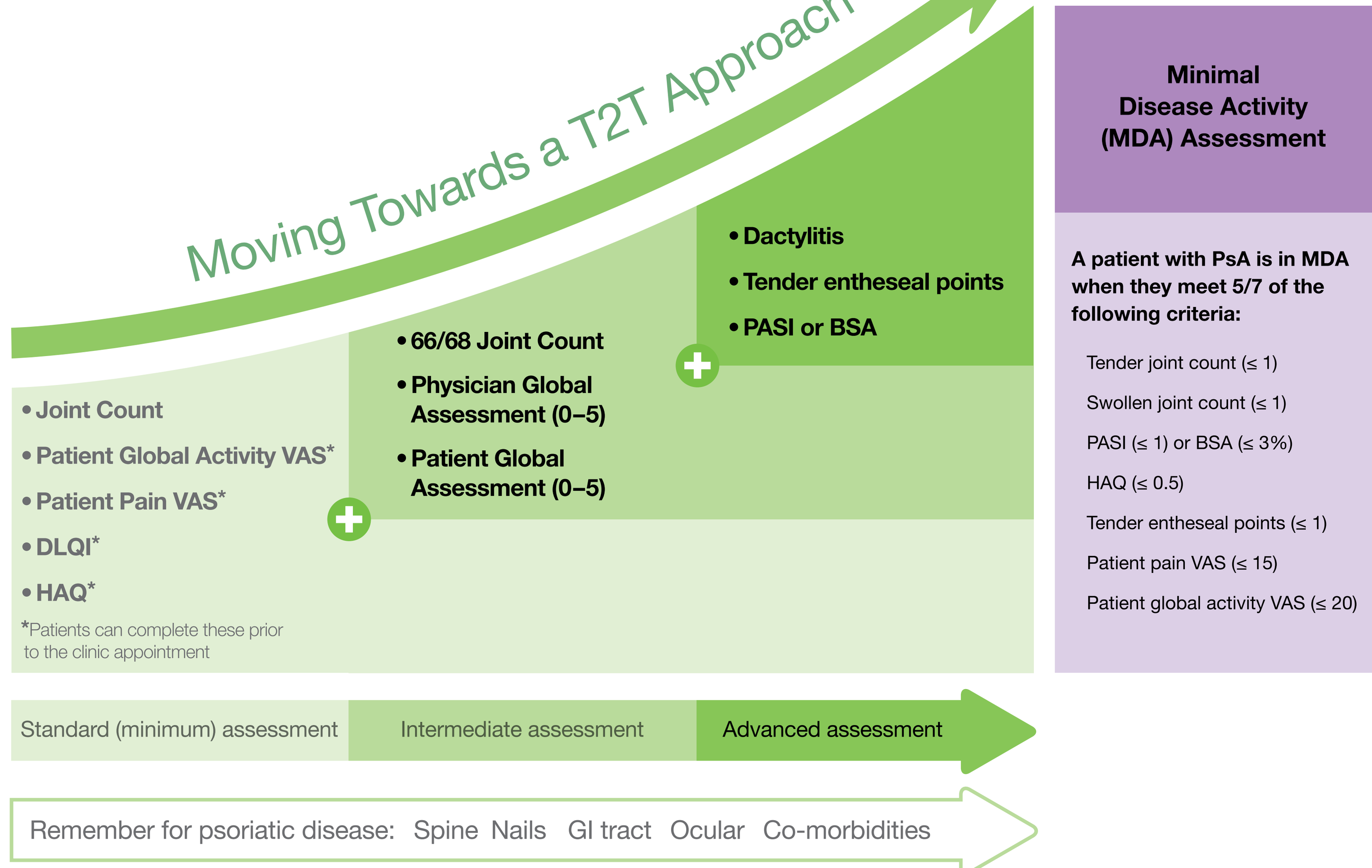
ASSESSMENT AND SCREENING OF PSORIATIC DISEASE IN RHEUMATOLOGY CLINICS

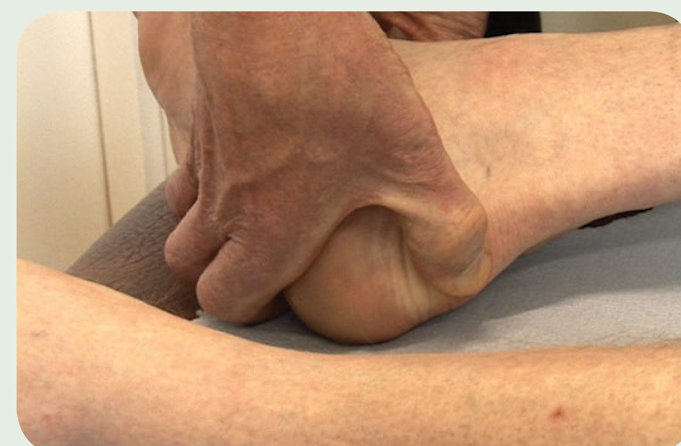
A modular approach has been developed for PsA assessment which lists the minimum level of assessment through to a more advanced assessment for patients at rheumatology clinics. The approach supports clinics to work towards a target of Minimal Disease Activity (MDA), which can be used to support a treat-to-target (T2T) approach.
A training manual including short videos on how to conduct the assessments shown on this poster and other recommended assessments is available on www.psoriatic-arthritis.co.uk/hcp-learn-more-about-psa.aspx.



Enthesitis

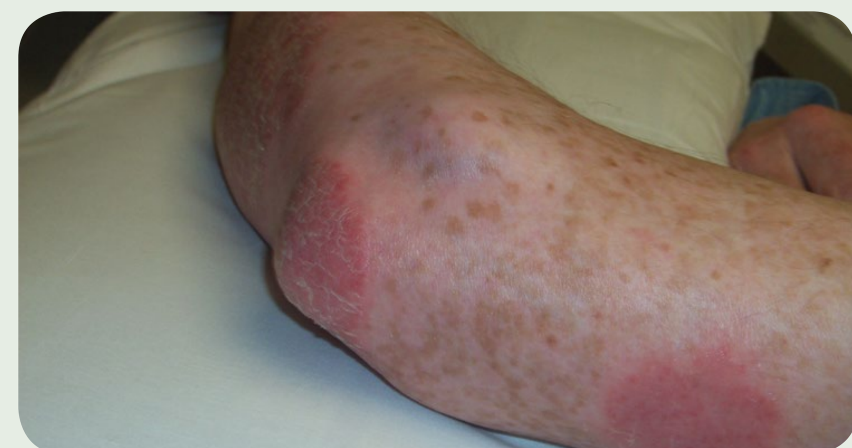
Enthesitis is the inflammation of the enthesis, the point where a tendon inserts into bone and commonly causes tenderness at the site. It can affect any tendon in PsA.

There are three sites to assess for enthesitis in PsA:
- Lateral epicondyle of the elbow / humerus
- Medial condyle of the femur
- Achilles tendon insertion



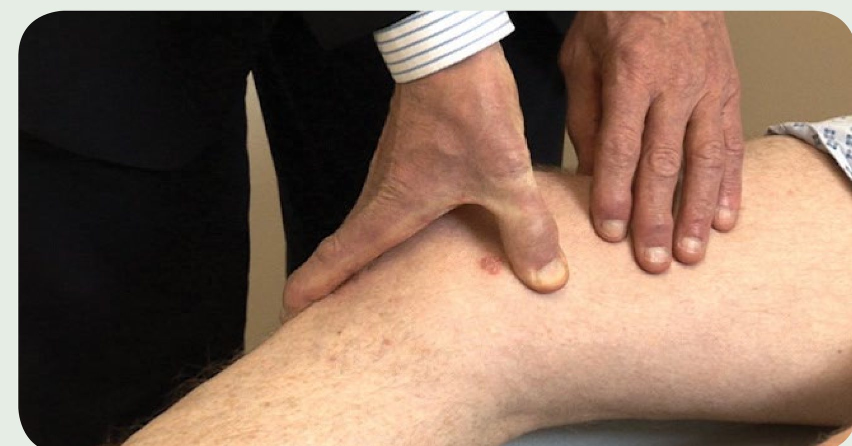
Achilles tendon insertion

Place thumb over posterior aspect of the foot and move up from the calcaneus to feel for tenderness at the site where the Achilles tendon inserts into the calcaneus.



Lateral epicondyle of elbow/humerus

Flex elbow to 90°. Place finger on medial aspect of elbow and press the thumb on the lateral epicondyle of the humerus.

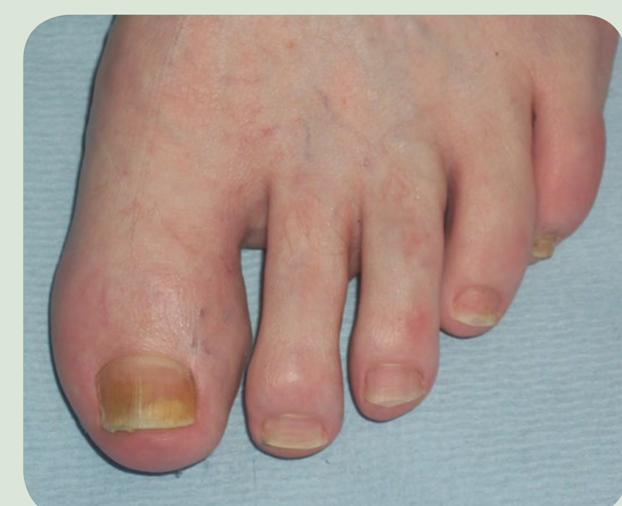


Medial condyle of femur

Identify the medial joint line of the knee then move the thumb by about 2-3cm over the femoral condyle to feel for tenderness.

Tender Dactylitis

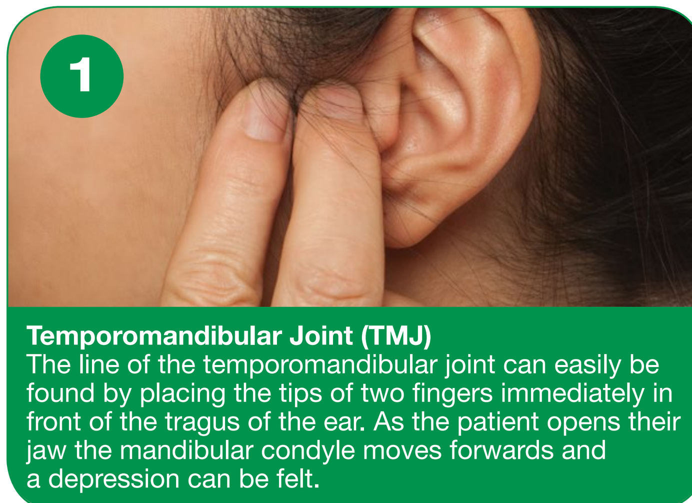
Dactylitis is the uniform swelling of a whole digit such that the joints cannot be identified. It is commonly known as a sausage finger or a sausage toe. Tenderness when examining dactylitis should be recorded. One dactylitic digit = one swollen joint (instead of counting as three in the finger or two in the toe). Below is an example of a dactylitic toe.



Dactylitis of the big toe

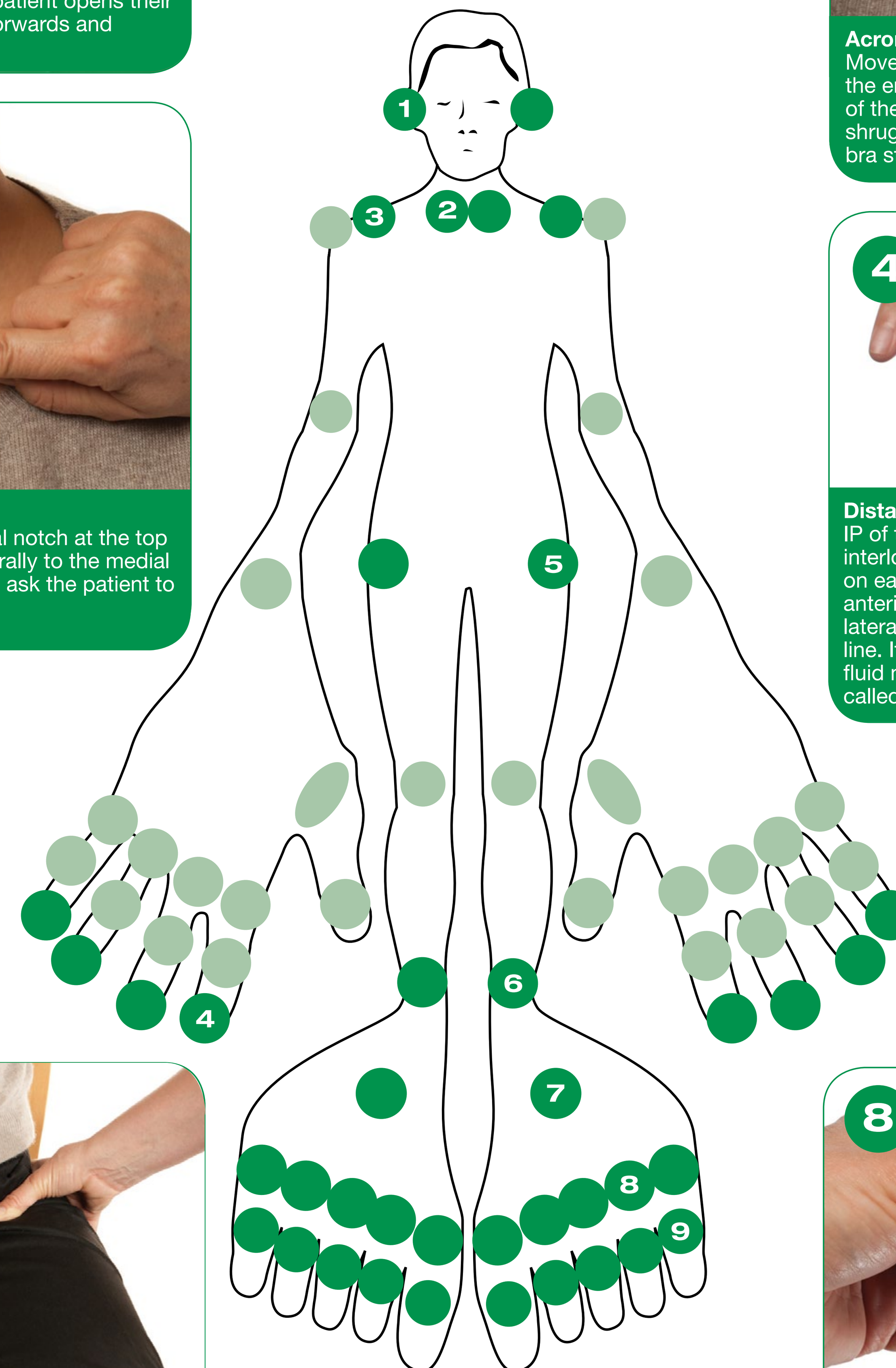
Joint Count 66/68

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



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.

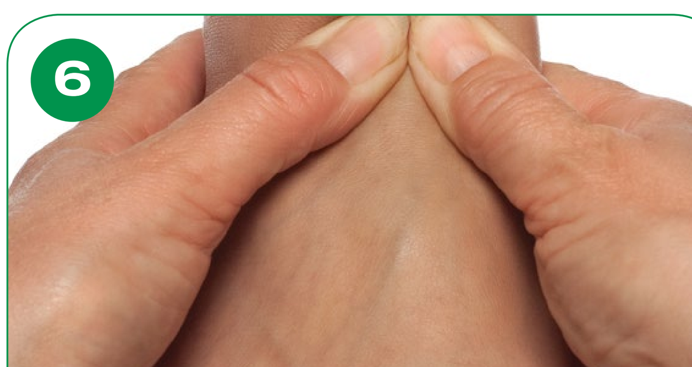
Sternoclavicular Joint (SCJ)
To palpate the SCJ find the manubrial notch at the top of the sternum. Move the fingers laterally to the medial end of the clavicle. To check position ask the patient to shrug their shoulders upwards.



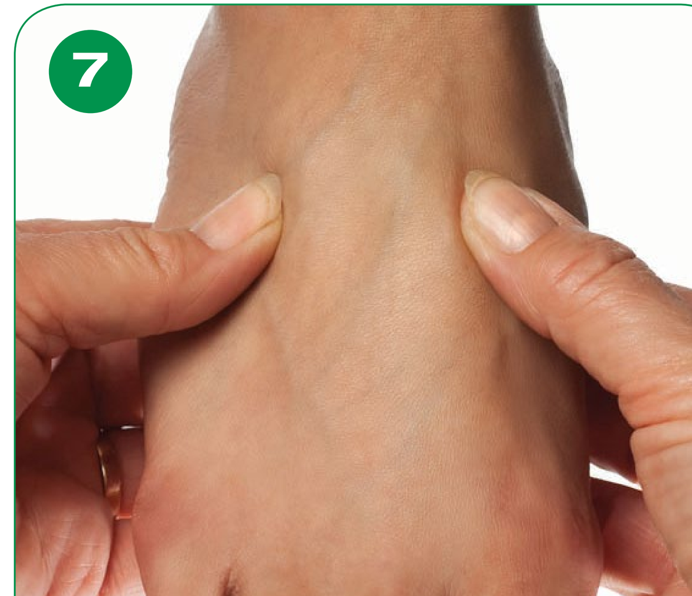
Acromioclavicular Joint (ACJ)
Move the fingers laterally along the clavicle until where the end of the clavicle meets the acromium. The position of the joint line can be checked by asking the patient to shrug their shoulders. This is usually the site that the bra strap sits in women.

Distal Interphalangeal Joints (DIPs)
IP 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 "ballotting".

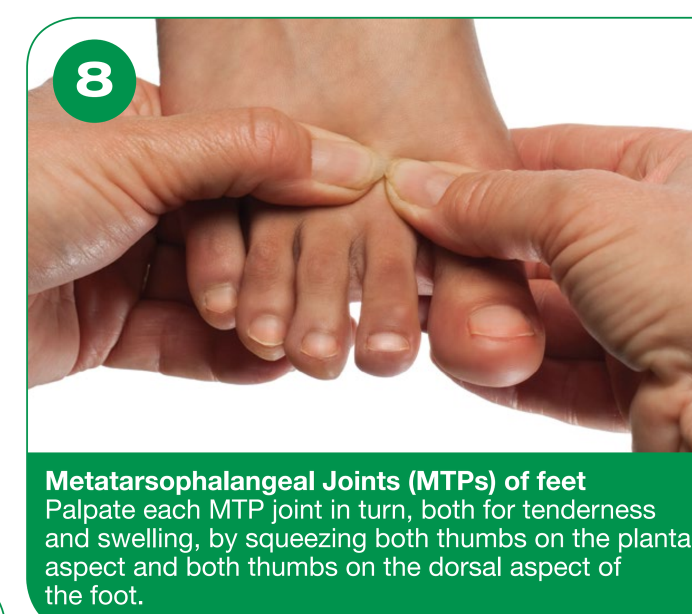
Hip
The hip joint is too deep seated to palpate, hence 66 swollen versus 68 tender. Therefore only tenderness is assessed. Tenderness of the hip is classified as pain on movement when flexing and rotating the hip.



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.



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.



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.

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

Joint Assessment

About Joint Count 66/68

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.

The BSR guidelines for the assessment of PsA recommends:
- The use of the 66/68 joint count

Skin Assessment

About PASI & DLQI

PASI is a skin assessment of the body in four regions: head and neck, arms, trunk and legs. Each region is assigned a score to reflect the extent and severity of the affected area (see the dermatology clinic poster for more information).

PASI is an important baseline assessment. It combines the assessment of the severity of lesions and the area affected into a single score in the range 0 (no disease) to 72 (maximal disease). It is advisable to conduct a PASI assessment before commencing biologic treatment.

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.

Outcome Assessment

About PsARC

NICE guidelines require the use of PsARC as a criteria for continuation of anti-TNF treatment. This assessment is only needed at 12 weeks. However to conduct a PsARC, baseline scores at 0 weeks as well as scores at 12 weeks are required. Performing the assessments recommended at an intermediate level allows you to conduct the PsARC:
- 66 swollen joint score
- 68 tender joint score
- Patient global assessment (PtGA)
- Physician global assessment (PGA)

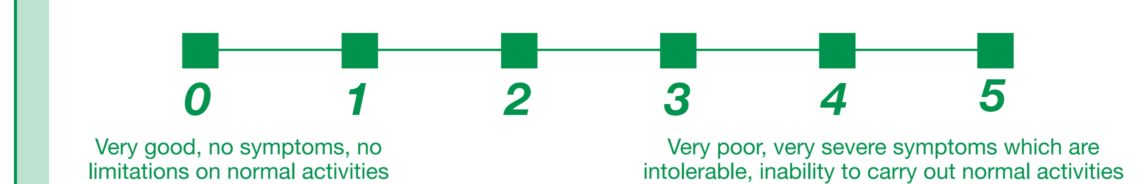
Definition of the criteria:

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
- **Improvement** is defined as a decrease ≥ 30% in the swollen or tender joint score and ≥1 in either of the global assessments

Global assessment - recommended questions:

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 5-point Likert scale.

"Considering all the ways your arthritis affects you, how are you feeling today?" (Patient)



"Considering all the ways the arthritis affects your patient, how is your patient feeling today?" (Physician)

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This PsA Assessment initiative is led by the UK PsA Assessment Academy for UK healthcare professionals only, organised and funded by AbbVie. Available to download at: www.psoriatic-arthritis.co.uk

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