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.

**Assessment and Screening of Psoriatic Disease in Rheumatology Clinics**

A modular approach has been developed for PsA assessment which hides the minimum level of assessment through to a more advanced assessment for all patients with psoriatic arthritis in the clinic. The approach supports clinics to work towards a target of Minimal Disease Activity (MDA), which can be used to support a treat-to-target approach.

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**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 recommend 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 assessment 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 a ≥1 in either of the global assessments

**Global assessment - recommended questions:**

As part of the PsARC assessment, the patient's 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.

1. **Considering all the ways your arthritis affects you, how are you feeling today?**
   - (Patient) 0: Very bad, nearly bedbound, unable to carry out normal activities
   - (Physician) 0: Very bad, nearly bedbound, unable to carry out normal activities

2. **Considering all the ways the arthritis affects your patient, how is your patient feeling today?**
   - (Physician) 0: Very bad, nearly bedbound, unable to carry out normal activities

**Psoriatic arthritis (PsA) Assessment Initiative**

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/hcp-learn-more-about-psa.aspx.