



IRA e-bulletin

Newsletter For Health Professionals in Rheumatology

From the
Editor's
Desk



Latest
Research



Expert
Opinion



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Calendar



IRA
Matters



News from
EULAR 2013



Do You
Know?



Expert Opinion

Can we use low-dose oral steroids along with DMARDs to control joint symptoms? Some reports say that there is a chance of developing pustular psoriasis in steroid-treated patients.

Steroids other than intra-articular steroids are best avoided. There is a risk of severe pustular psoriasis especially when steroid therapy is withdrawn.

What are the long-term results of on demand biologics with methotrexate in PsA?

I am unaware of any study that has investigated this approach in the management of PsA. Withdrawal of therapy after achieving a target state has not been investigated either. A study that plans to investigate the effect of treatment withdrawal after achieving a state of minimal disease activity is now in planning stages in Leeds, UK.

How best can we manage PsA in cost-effective manner? Is remission realistic goal in our setting?

Close monitoring of the five domains mentioned above in a combined rheumatology–dermatology clinic would be ideal. There is no consensus definition of remission in PsA. However, one should try to achieve a state of minimal disease activity (MDA) defined as meeting 5 out of the following 7 criteria: tender joint count ≤ 1 ; swollen joint count ≤ 1 ; Psoriasis Activity and Severity Index ≤ 1 or body surface area ≤ 3 ; patient pain visual analog score (VAS) ≤ 15 ; patient global disease activity VAS ≤ 20 ; health assessment questionnaire ≤ 0.5 ; and tender enthesal points ≤ 1 . Patients who achieve MDA have less joint damage progression.

References

1. *Ann Rheum Dis.* 2010;69(1):48–53.
2. *Arthritis Care Res (Hoboken).* 2010;62(7):965–969.

Any message would you like to provide about PsA?

PsA is an underdiagnosed inflammatory arthritis. A sizable proportion of psoriasis patients attending dermatology clinics have undiagnosed PsA. Early diagnosis and effective treatment of both joint and skin disease can lead to better outcomes. However, controlled trials using traditional DMARDs have unfortunately not been done and it is my hope that dynamic researchers within IRA in conjunction with our dermatology colleagues can spearhead a comprehensive research program in India to understand how to manage this disease better.