Baseline Clinical Characteristics of The Leeds Sparro Early Psoriatic Arthritis Cohort: High Disease and Radiographic Involvement Are Seen Early Even in The Presence of Preserved Quality of Life

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Abstract

Background: Data are mounting on the need to treat PsA early to improve long term outcome and prevent disability. There are few cohorts of early untreated PsA reported in the literature with variable characteristics and outcomes which may reflect different geographical and health economic backgrounds.

Objectives: To describe the baseline clinical characteristics of the early PsA cohort recently initiated as part of the Leeds SpARRO (Spondyloarthropathy Register for Research and Observation) study to assess how change in practice implemented through dedicated early synovitis and SpA clinics may affect outcome in SpA.

Methods: Observational study describing baseline clinical characteristics of the first 55 patients recruited to the Leeds SpARRO register with a new diagnosis of PsA. Data are presented as descriptive statistics including demographics, clinical disease activity measures, treatment and patient reported outcomes.

Results: Subjects recruited fulfilled CASPAR criteria [mean disease duration from symptom onset is 1.5±0.6 years]; F:M ratio 1.4; 66% white British; mean BMI 29±6 kg/m2 and were DMARD naïve (90%) at presentation. The majority were negative for both RF and CCP antibodies (96% [n=53]; with an asymmetrical (67%), polyarticular joint phenotype (73%). Axial involvement was seen in 29% (n=16). As expected, the majority of the cohort was negative for HLA-B27 (76%, n=42). Prevalence of current skin psoriasis was high (91%) although extent and severity were mild (PASI median (IQR) 4 (0–27). Nail involvement was recorded in 50% (mNAPSI mean± SD 8±11). No extra-articular manifestations were seen apart from 1 case with Crohn's disease. Quality of life scores for skin and joints showed mild impairment [DLQI median (IQR) 4 (1–9)] and PsAQoL [median (IQR) 7.5 (3–12)] however, the PASDAS was consistent with high disease activity mean ±SD (5.6±1.2). Furthermore, baseline radiographic assessment (n=44) showed established change in 25% (n=11) [juxta-articular new bone formation (n=7) and erosions (n=4; all in MTP joints)] of subjects whilst 50% of the total population were smokers (22% n=12 current; 27% n=15 previous). HAQ score (median [IQR] was 0.75 [0.25–1.4]).

Conclusions: Our cohort of early, untreated PsA shows relatively preserved quality of life at baseline highlighting the successful and timely identification of these patients through early arthritis clinics. Still, composite measures of disease activity and radiographic assessment confirm highly active disease and established damage in 25% of cases, emphasizing the need for prompt intervention to achieve immediate disease control and prevent disability and development of co-morbidities in this disease.

Disclosure of Interest None declared.

Table 1. Baseline clinical characteristics of early PsA patients

Clinical characteristics	Values	Pt number
Age, mean ± SD years	42±12	55
Skin psoriasis duration (yrs)	10±11	47
Family history of psoriasis, n (%)	32 (61%); unknown in 2 (4%)	55
Family history of PsA, n (%)	Yes 5 (9%); unknown 3 (5%)	55
DIP prominent disease, n (%)	6 (11%)	55
Arthritis mutilans, n (%)	0 (0%)	55
Dactylitis score, mean ± SD	1±1	55
MASES, mean ± SD	2±3	55
SJC76, mean ± SD	4±6	55
TJC78, mean ± SD	12±15	55
Early MS, mean ± SD	101±167	54
CRP level mg/L, mean ± SD	11±22	55