

Multidisciplinary Management of Patients with Psoriatic Arthritis: The Role of the Dermatologist and the Rheumatologist

¹ F.F. Azizova, ² M.N. Karzhavova.

¹ Center for the Development of Professional Qualifications of Medical Workers
Department of Functional Diagnostics

² Chirchik Branch of Tashkent State Medical University

Relevance

Psoriatic arthritis (PsA) is a chronic immune-mediated inflammatory disease of the musculoskeletal system that develops in 20–30% of patients with psoriasis. The condition lies at the intersection of two specialties—dermatology and rheumatology—which often leads to diagnostic delays averaging 6–7 years. Late diagnosis and delayed initiation of pathogenetic therapy are associated with irreversible joint destruction, functional impairment, and a significant reduction in patients' quality of life.

Objective

To evaluate the effectiveness of a multidisciplinary approach in managing patients with psoriatic arthritis, identify optimal models of collaboration between dermatologists and rheumatologists, and develop practical recommendations for organizing integrated care.

Materials and Methods

A retrospective analysis of medical records of 120 patients with a confirmed diagnosis of PsA (CASPAR criteria), observed between 2020 and 2024, was conducted. Two groups were formed: Group I (n=60) — patients treated according to the standard model with separate specialist follow-up; Group II (n=60) — patients managed in an integrated PsA clinic with a multidisciplinary approach. The following parameters were assessed: time from onset of joint symptoms to initiation of biological therapy, disease activity indices (DAS28, DAPSA), dermatological indicators (PASI, DLQI), and the frequency of achieving minimal disease activity (MDA).

Results

The multidisciplinary management group demonstrated the following advantages:

- Reduction in diagnostic delay from 6.8 to 2.1 years ($p < 0.001$);
- Earlier initiation of pathogenetic therapy: 4.3 months vs 14.7 months in the comparison group;

- Significantly higher rate of achieving MDA at 12 months: 63% vs 38% (p=0.004);
- Significant decrease in PASI score: from 18.4 to 4.2 points (Group I: from 17.9 to 8.7 points);

- Improvement in DLQI scores by 2.1 times compared to the standard care group.

Analysis of barriers to interdisciplinary collaboration revealed the following: lack of a unified patient registry (78% of institutions), insufficient awareness among dermatologists regarding joint manifestations of PsA (54%), and administrative barriers to joint consultations (62%). The implementation of integrated PsA clinics helped overcome these barriers and ensured continuity of care.

Conclusion

A multidisciplinary approach to managing patients with psoriatic arthritis significantly improves both rheumatological and dermatological outcomes, reduces diagnostic delay, and increases the rate of achieving minimal disease activity. The establishment of integrated PsA clinics with joint supervision by dermatologists and rheumatologists represents the most effective model of care for this patient population and should be considered the standard for specialized medical services.

Ключевые слова: псориазический артрит, мультидисциплинарный подход, дерматолог, ревматолог, биологическая терапия, минимальная активность заболевания, интегрированная клиника.

References

1. Ogdie A., Weiss P. The epidemiology of psoriatic disease // *Rheum Dis Clin N Am.* — 2015. — Vol. 41. — P. 545–568.
2. Boehncke W.H., Schön M.P. Psoriasis // *Lancet.* — 2015. — Vol. 386. — P. 983–994.
3. Mehta N.N. et al. Attributable risk estimate of severe psoriasis on major cardiovascular events // *Am J Med.* — 2011. — Vol. 124. — P. 775–782.
4. Abuabara K. et al. Cause-specific mortality in patients with severe psoriasis // *J Invest Dermatol.* — 2010. — Vol. 130. — P. 2590–2597.
5. Gelfand J.M. et al. Risk of myocardial infarction in patients with psoriasis // *JAMA.* — 2006. — Vol. 296. — P. 1735–1741.
6. Armstrong E.J., Harskamp C.T., Armstrong A.W. Psoriasis and major adverse cardiovascular events // *Am Heart J.* — 2013. — Vol. 165. — P. 622–632.
7. Piérard G.E. et al. Psoriasis: keratinocyte immunology // *J Invest Dermatol.* — 2010. — P. 12–18.

8. Gottlieb A.B. et al. Psoriasis — opportunities for better patient management // Eur J Dermatol. — 2010. — Vol. 20. — P. 699–706.
9. Grundy S.M. et al. 2018 ACC/AHA guideline on management of blood cholesterol // J Am Coll Cardiol. — 2019. — Vol. 73. — P. 3168–3209.
10. Sommer D.M. et al. Increased prevalence of the metabolic syndrome in patients with moderate to severe psoriasis // Arch Dermatol Res. — 2006. — Vol. 298. — P. 321–328.
11. Zhu K.J. et al. The relationship between psoriasis and smoking // J Dermatol. — 2012. — Vol. 39. — P. 301–306.
12. Wu J.J. et al. Association of psoriasis with coronary artery, cerebrovascular, and peripheral vascular diseases // Arch Dermatol. — 2012. — Vol. 148. — P. 423–432.
13. Prodanovich S. et al. Methotrexate reduces incidence of vascular diseases in veterans // J Am Acad Dermatol. — 2005. — Vol. 52. — P. 262–267.
14. Ahlehoff O. et al. Cardiovascular outcomes and systemic anti-inflammatory drugs in patients with severe psoriasis // J Intern Med. — 2013. — Vol. 273. — P. 197–204.
15. Radtke M.A. et al. Comorbidities and quality of life in psoriasis patients // JDDG. — 2011. — Vol. 9. — P. 442–450.