

**PSORIASIS** 

## MULTIDISCIPLINARY MANAGEMENT OF PSORIASIS AND PSORIATIC ARTHRITIS: 6 YEARS OF EXPERIENCE

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Background: Up to 30% of psoriasis patients can course with joint involvement; the collaboration between Dermatology and Rheumatology allows an integral therapeutic approach.

Objective: The objective of this work is to describe our experience in the multidisciplinary unit of psoriatic and arthritis disease in our hospital.

Material/methods: Retrospective study of patients assessed in the multidisciplinary unit (January 2011-December 2016).

Results: In 6 years, 343 patients (56.27% males / 43.73% females) were assessed. The average age  $\pm$  SD was 52.65  $\pm$  13.82 years and weight was 80.35  $\pm$  17.86 kg.

The patient referral was from Rheumatology in 49.24% and from Dermatology in 46.48% Previous treatments used were: topical 84.84%, phototherapy 27.99%, synthetic FAME 55.39% (most used methotrexate in 51.58%) and biological therapy 19.83% (predominantly etanercept 57.35%).

A total of 321 (93.59%) suffered from psoriasis and 199 (58.02%) from arthropathy and both diseases in 55.98% of the cases.

The most frequent type of psoriasis was in plaques (78.19%) and scalp psoriasis (25%). Onychopathy was present in 52.77%. The peripheral arthritis form was the most frequent (67.86%).

The diagnosis of psoriasis was prior to the arthropathy in 76.16% and posterior in 15.12%. 52.55% associated metabolic syndrome.

Treatment was modified in 154 patients (45.16%). In 42% of the cases was because of cutaneous indication, articular in 26.67% and both in 28.95%.

In most cases, phototherapy was indicated (42.48%), and synthetic FAME was initiated (mostly methotrexate 70.52%). Biological treatment was prescribed in 26.02% of patients (predominantly adalimumab 34%).

Clinical evolution was satisfactory in 55.02% of the patients and it was observed stability in











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43.25%. 83.67% of the patients were discharged, with a median follow-up of 4 months. Of these, only 6.71% were remitted again.

Conclusions: In our experience, the joint management is beneficial to the patient and increases the quality of care.





