PSORIATIC ARTHRITIS

Is Something Changing?

R. Scarpa
Department of Internal Medicine
Rheumatism Research Unit
University Federico II
Naples, Italy

SUMMARY

The definition of psoriatic arthritis may be at least inadequate. Moreover, diagnostic criteria proposed may be too restrictive. This may have affected the collection of reliable epidemiological data and may also influenced the classification of the disease. In this article all these aspects are discussed with the aim of offering an up-date on this intriguing disease. Therapeutic options are also examined.

INTRODUCTION

Although the nosologic autonomy of Psoriatic Arthritis has been affirmed since 1964 [1], several aspects of this condition still remain controversial. Starting points for an analytical discussion could be the definition of this arthritis, its epidemiology, its clinical spectrum and the management of different articular subsets.

This article will touch on all these subjects with the aim of offering the most current up-date on this intriguing disease which still stimulates the attention of dermatologists and rheumatologists.

* Address for correspondence: Raffaele Scarpa, M.D., Department of Internal Medicine, Rheumatology Research Unit, University Federico II, Via S.Fansini 5, 80131 Naples, Italy. Tel.: 0039.81.7462126; Fax: 0039.81.5463445.
DEFINITION OF PSORIATIC ARTHRITIS

Before 1956 the definition of Psoriatic Arthritis included only different segments of the disease (Table 1). Initially authors focused on the occurrence of a destructive arthritis in patients with a severe psoriasis [2, 3]. Later, although atypical, the articular involvement resembled that occurring in rheumatoid arthritis [4]. In 1956 Verna Wright first introduced the concept of Psoriatic Arthritis as an “inflammatory polyarthritis, associated with psoriasis, usually having a negative test for rheumatoid factor”[5]. Later, in 1973, according to John Moll, Wright modified this definition replacing the term of “polyarthritis” with that of “arthritis” which could more easily include all the wide spectrum of the disease [6]. Although currently used, this definition offers at least one problem. In fact, considering that the concept of seronegative arthritis is universally accepted, such as the presence of skin and/or nail psoriasis (in its absence a positive family history for skin disease has been considered an equivalent diagnostic item), difficulties may exist about the meaning of the term “arthritis”. In my opinion, this definition could be somewhat inadequate. In fact, though it may easily include the concept of spinal involvement which represents a consistent clinical aspect of psoriatic arthritis, it does not seem able to include other features such as enthesopathies or osteitis which also seem prominent features of this arthritis. A good definition of psoriatic arthritis could be a “spondyloarthropathy whose skin and/or nail psoriasis represents a characterizing aspect”. In fact in the term spondyloarthropathy several clinical aspects are included, comprising enthesitis or osteitis and other such as uveitis or discitis which are also characterizing points of the condition. So, as regards a definition, we have to admit that, after about 100 years since the first description of the disease was given, we still do not have a satisfactory one.

EPIDEMIOLOGY OF PSORIATIC ARTHRITIS

As asserted by Daphna Gladman [7], arthritis affects a larger than expected percentage of patients with psoriasis. However psoriasis is more common in patients with arthritis. In fact the prevalence of psoriasis in the general population reaches 3% whereas that in arthritic patients varies up to 7.0%. In the general population the prevalence of arthritis may be estimated at 3% while in psoriatic patients it may fluctuate from 7 to 42%. This particular point is detailed in Table 2 where the prevalences found in several studies are reported. In our country we have found a marked occurrence of psoriatic arthritis accounting for 34%. Two reasons may explain these differences: 1) the lack of a satisfactory definition of psoriatic arthritis (this point has already been discussed); 2) the inadequacy of current diagnostic criteria. Regarding the second point we must acknowledge that diagnostic criteria currently used may be too restrictive. In fact they identify certain segments of psoriatic arthritis but fail to include the full spectrum of the disease. Only a few patients

<table>
<thead>
<tr>
<th>Table 1. Some historical definitions of psoriatic arthritis</th>
</tr>
</thead>
<tbody>
<tr>
<td>An arthritis following a long-standing, uncontrolled psoriasis (Hench 1927)</td>
</tr>
<tr>
<td>A severely destructive arthritis associated with psoriasis (Faucett 1950)</td>
</tr>
<tr>
<td>A coincidence of psoriasis and rheumatoid arthritis (Pillsbury 1956)</td>
</tr>
<tr>
<td>An inflammatory polyarthritis associated with psoriasis usually having a negative SCAT (Wright 1956)</td>
</tr>
</tbody>
</table>

(Redrawn and revised from Wright V., 1978)