Psoriatic arthritis (PsA) clinic referral pathway

Who to refer
The hallmark of PsA is joint, digit (finger or toe), entheses and tendon swelling associated with pain or stiffness. It can also cause axial inflammation, similar to ankylosing spondylitis.

Up to 30% of patients with psoriasis develop psoriatic arthritis.

NICE guidelines for the management of psoriasis (CG153, 2012) and NICE quality standard (QS40, August 2013) recommend annual assessment for PsA in all patients with psoriasis, using the PEST tool (see appendix 1).

PsA can affect either:
One large joint (knee, hip) or ≥3 small joints with early morning stiffness > 30 minutes and pain on squeezing joint or enthesitis (plantar fasciitis, epicondylitis, Achilles tendonitis) or inflammatory back pain * (see ASAS criteria below in appendix 2)

Please refer:
1. All patients with psoriasis or family history of psoriasis and good history of inflammatory arthritis (stiffness in any joints lasting > 30 minutes after awakening).
2. All patients with psoriasis or family history of psoriasis presenting with enthesitis
3. All patients with a swollen digit (dactylitis).
4. Patients with psoriasis or a family history of psoriasis and either swollen or painful joints (either subjectively from history or objectively from examination).

Please refer as soon as PsA is suspected.
- NB raised CRP or ESR or positive RF not necessary for diagnosis however raised CRP (+/- ESR) can suggest severe, progressive PsA
- Clinical signs may be masked by NSAIDs or systemic corticosteroids

What investigations should be ordered:
- FBC, urea and electrolytes and liver function
- C-reactive protein (CRP): This is often normal in PsA
- Rheumatoid factor (RF) and anti-cyclic citrullinated peptide (CCP) antibodies (exclude rheumatoid arthritis)
- X-rays affected joint(s) (often normal in early disease)
- Sacro-iliac joint X-rays: if inflammatory back pain

How to refer
Patients with suspected psoriatic arthritis can be referred to rheumatology through Choose and Book into the psoriatic arthritis clinic.

*Prolonged morning or immobility-induced stiffness, and tender and swollen joints suggest an inflammatory joint disease.
Appendices

Appendix 1

PEST TOOL

Appendix 2

Inflammatory back pain assessment ASAS criteria

Have you suffered from back pain for more than 3 months?

If Yes:

1. Did your back pain start when you were aged 40 or under?
2. Did your back pain develop gradually?
3. Does your back pain improve with exercise?
4. Do you find there is no improvement in your back pain when you rest?
5. Do you suffer from back pain at night, which improves upon getting up?

Criteria are fulfilled if at least 4 out of 5 parameters are present.

In this case, please refer the patient to a rheumatologist.

Appendix 3

CASPAR criteria for the diagnosis of PsA (modified), 2006

The CASPAR (classification criteria for PsA) criteria consist of established inflammatory articular disease* AND at least three points from following features:

1. Current psoriasis (assigned a score of 2; all other features are assigned a score of 1)
2. A personal history of psoriasis (unless current psoriasis is present)
3. A family history of psoriasis (unless current psoriasis is present or there is a personal history of psoriasis)
4. Current dactylitis or history of dactylitis recorded by a rheumatologist
5. Juxta-articular new bone formation
6. Rheumatoid factor negativity
7. Typical psoriatic nail dystrophy including onycholysis, pitting, and hyperkeratosis