

Session Two

PSORIATIC ARTHRITIS UPDATE

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10:25 am – 10:55 am
Saturday, Nov 5

In the past, traditional therapy of both skin and joint involvement in patients with psoriatic arthritis commonly followed a stepped-care approach, wherein one step therapy usually failed before a more aggressive therapy was initiated. However, psoriatic arthritis is an autoimmune disease and requires long-term therapy that may benefit more continuous rather than from cyclic or intermittent therapy.

Because the cause of psoriatic arthritis involves multiple cellular and cytokine pathways, several molecular entities may be appropriate targets for therapeutic intervention. Currently, at least 20 biologic response modifiers are in development for the treatment of psoriasis alone. Activated T cells have been known to play a central role in the pathogenesis of psoriasis^{141,142} and have been identified in affected skin and joint tissue of patients with psoriatic arthritis, where they secrete cytokines⁶.

This talk will review basic points about recognition and staging of PsA, recent pathophysiologic understanding that provides a rationale for targeted immunologic therapy, new classification criteria, and results of recent therapy trials with biologics.

Please see attached reference materials

- ⁶. Gladman DD. Psoriatic arthritis. *Rehum Dis Clin North Am* 1998;24:829-44 x.
- ¹⁴¹. Ellis CN, Krueger GG. Treatment of chronic plaque psoriasis by selective targeting of memory effector T lymphocytes. *N Engl J Med* 2001;345:248-55.
- ¹⁴². Robert C, Kupper TS. Inflammatory skin diseases, T cells, and immune surveillance. *N Engl J Med* 1999;341:1817-28.