CONCORDANCE BETWEEN PATIENT AND PHYSICIAN GLOBAL ASSESSMENT OF THE DISEASE IN PATIENTS WITH PSORIATIC ARTHRITIS

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Take home message

Pain was the only variable indenpendently associated with both assessments

Background

Different variables can influence both patient and physician global disease assessment. In Psoriatic Arthritis (PsA) this was not extensively evaluated.

Objective

❖To evaluate the agreement and the variables that influence global disease assessment by the patient (PGA) and physician (PhGA) in patients with PsA.

Methods

- Patients with PsA according to CASPAR criteria ≥ 18 years old, from the RAPSODIA cohort (Registro Argentino de Artritis Psoriásica IREP Argentina) were included.

✓ We recorded:

- Demographic data, clinical presentation, comorbidities and treatment
- Tender (68) and swollen (66) joints, dactylitis, enthesitis by MASES, cutaneous psoriasis by PASI
- C-reactive protein (CRP) and eritrosedimentation rate (ESR)
- Fatigue, morning stiffness, pain and global disease activity by patient and physician were assessed using visual analogue scale (VAS).
- Questionnaires for functional capacity (HAQ and BASFI), quality of life (PsAQoL and ASQoL) and disease activity (BASDAI)
- Composite indexes: DAS28, DAPSA and CPDAI

Statistical analysis: T test and ANOVA for continuous variables and Chi² test and Fisher's exact test for categorical variables. Pearson correlation. Two multiple linear regression analysis were performed using PGA and PhGA as dependent variables. Multiple logistic regression analysis was performed using MDA as the dependent variable. A p value <0.05 was considered significant.

Results

Table 1. Demographic and clinical characteristics of 110 patients with PsA

Variable		n=110
Male n (%)		**56 (50.9%)**
Age (years) *m* (IQR)		**55 (42-63)**
Disease duration (years) *m* (IQR)		**10 (6-17)**
PGA (cm) *m* (IQR)		**4.25 (2.13-7)**
PhGA (cm) *m* (IQR)		**3 (1.13-5)**
Pain (cm) *m* (IQR)		**5 (2.7-6)**
HAQ *m* (IQR)		**0.75 (0.16-1.22)**
BASDAI *m* (IQR)		**4.37 (1.83-6.53)**
BASFI *m* (IQR)		**3.55 (0.92-5.8)**
PsAQoL *m* (IQR)		**6 (1-12)**
PASI *m* (IQR)		**1.6 (0.4-4.48)**
PSA *m* (IQR)		**2 (0-3)**
BSA *m* (IQR)		**0.75 (0-4)**
Treatment	**NSAIDs** n (%)	**79 (73.1%)**
	DMARDs n (%)	**89 (80.9)**
	anti-TNFα n (%)	**17 (15.5)**

DMARDs: disease modifying antirheumatic drugs
IQR: Interquartile range

Graphic 1. *Minimal Disease Activity (MDA)*

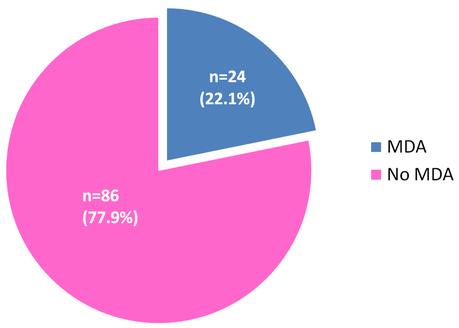

Table 2. Correlation between PhGA (A) and PGA (B) and other disease variables

A	PhGA	
Variable	Rho	p
Pain	**0.65**	**0.0001**
PGA	**0.64**	**0.0001**
BASDAI	**0.62**	**0.0001**
BASFI	**0.59**	**0.0001**
PsAQoL	**0.43**	**0.0001**
Swollen joints count	**0.52**	**0.0001**
Tender joints count	**0.41**	**0.0001**
PASI	**0.21**	**0.034**
ESR	0.09	0.442

B	PGA	
Variable	Rho	p
Pain	**0.76**	**0.0001**
BASDAI	**0.7**	**0.0001**
BASFI	**0.7**	**0.0001**
PsAQoL	**0.56**	**0.0001**
Swollen joints count	-0.04	0.744
Tender joints count	0.05	0.705
PASI	-0.02	0.84
ESR	0.14	0.227

Table 4. Comparison between patients who achieved or not MDA criteria

	MDA		
Variable	Yes	No	p
PhGA by VAS X (±) SD	**1.26 (1.19)**	**4.94 (4.23)**	**0.0001**
PGA X (±) SD	**1.58 (1.62)**	**6.38 (8.37)**	**0.015**

Table 3. Variables asociated to PhGA (A) and PGA (B) Multiple linear regression analysis

A	Variable	β Coef	p
	Pain	**0.529**	**0.0001**
	Tender joints	0.071	0.614
	Swollen joints	0.048	0.727
	HAQ	-0.126	0.371

Dependent variable: Physician global assessment

B	Variable	β Coef	p
	Pain	**0.481**	**0.02**
	Tender joints	-0.017	0.912
	Swollen joints	-0.11	0.456
	HAQ	-0.121	0.424

Dependent variable: Patient global assessment

Table 5. Multiple logistic regression analysis

Variable	OR	CI 95%		p
Patient global disease activity	**0.61**	0.42	0.89	**0.01**
Physician global disease activity	**0.49**	0.29	0.87	**0.02**

Dependent variable: MDA

Conclusions

❖ **Pain was the variable most strongly influenced by both assessments.**

❖ **Swollen and tender joints and cutaneous involvement were the most discordant variables between both evaluations.**

❖ **Patient and Physician global disease activity were able to discriminate the presence of MDA**