A DIFFERENT TUNE:
Patient-Centered Treatment of
PSORIASIS AND PSORIATIC ARTHRITIS

ADDITIONAL RESOURCES

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ADDITIONAL RESOURCES

NATIONAL PSORIASIS FOUNDATION: TREAT TO TARGET


RECOMMENDATIONS FOR PSORIATIC ARTHRITIS THERAPIES BY DISEASE DOMAIN¹

Which Domains Are Involved?

- **Peripheral Arthritis**
  - DMARDs (MTX, SSZ, LEF, TNFi or PDE4i)
  - Biologics (TNFi, IL12/23i or IL17i)
  - Switch biologics (TNFi, IL12/23i or IL17i)
  - No direct evidence for therapies in axial PsA; recommendations based on axial SpA literature
  - CS injections: consider on an individual basis due to potential for serious side effects; no clear evidence for efficacy

- **Axial Disease**
  - NSAIDs only
  - Physical therapy and NSAIDs
  - Switch biologics (TNFi, IL12/23i or IL17i)

- **Enthesitis**
  - NSAIDs
  - Biologics (TNFi, IL12/23i or PDE4i)
  - Switch biologics (TNFi, IL12/23i or IL17i)

- **Dactylitis**
  - DMARDs (MTX, SSZ, LEF) or PDE4i
  - Biologics (TNFi, IL12/23i or IL17i)
  - Switch biologics (TNFi, IL12/23i or IL17i)

- **Skin**
  - Topicals (keratolytics, steroids, vitamin D analogs, emollients, calcineurin i)
  - Phototherapy or DMARDs (MTX, CSA, acitretin, fumaric acid ester) or PDE4i
  - Biologics (TNFi, IL12/23i, IL17i) or PDE4i

- **Nails**
  - Topical or procedural or DMARDs (CSA, LEF, MTX, Acitretin)
  - Switch biologics (TNFi, IL12/23i, IL17i) or PDE4i

Consider previous therapy, patient choice, other disease involvement and comorbidities. Choice of therapy should address as many domains as possible.

REFERENCES


REFERENCES (CONT.)


