

Meeting News

Psoriatic Arthritis from a Nordic Perspective – A NORDPSO Symposium

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Psoriatic arthritis is a serious complication of psoriasis for patients, while at the same time representing an interface between rheumatology and dermatology. Making psoriatic arthritis the explicit focus of a meeting is a means of strengthening inter-speciality co-operation and thereby benefiting patients. For this reason, a symposium on psoriatic arthritis was arranged by the Nordic Psoriasis Patient Organisation in Oslo on October 25, 2002, aimed at providing a forum for discussion for patients, rheumatologists and dermatologists from the Nordic countries.

The evidence that arthritis plays a significant role in the overall quality of life for patients with psoriasis was presented by Professor Hugh Zachariae (Denmark), based on data from the Nordic Quality of Life Study. In the study, the prevalence of arthritis among patients suffering from psoriasis in the Nordic countries was found to be approximately 30%, which is considerably higher than in earlier studies and a significant parameter in the quality of life (1). The spectrum of varying forms of psoriatic arthritis was discussed by Dr Eva Zachariae (Denmark), who drew attention to the often subtle signs of either arthritis or skin disease that make it possible to form the diagnosis of psoriatic arthritis.

Dr Helgi Valdimarsson (Iceland) spoke about the pathogenesis of psoriasis, describing the disease as a probable autoimmune affliction with a strong genetic component. Several genes have been implicated, but it is thought likely that a major gene located near HLA-Cw6 plays a vital role, as 2/3 of all patients have abnormalities in this region. Based on clinical and investigation data the possible role of β -haemolytic streptococci as a major exogenous factor was also considered.

In specific relation to arthritis in psoriasis, Dr Valdimarsson reported the first finding of a possible gene associated with psoriatic arthritis and located on the long arm of chromosome 16. The inheritance of this gene is predominantly paternal, in contrast to the skin disease, which is evenly inherited from both sexes. The manuscript describing these new findings is currently submitted for publication.

Dr Eva Zachariae then spoke on the specific diagnosis of psoriatic arthritis underlying the diagnostic challenges and requirements. This presentation was followed by those of Dr Bent Deleuran (Denmark) and Prof Ole Christensen (Norway) on the assessment of arthritis (Dr Deleuran) and skin disease (Prof Christensen). It was apparent from their presentations that efforts to standardise clinical assessment has meant that the assessment of joint disease is considerably more precise than the assessment of skin disease with the PASI score. Professor Christensen called for additional efforts to be made in improving the validity of skin assessments in psoriasis.

Dr Kenneth Henriksson (Sweden) listed some prognostic factors for psoriatic arthritis. He described the following factors as indicating a more unfavourable prognosis: 5+ inflamed joints, high disease severity/medication at onset (sudden start), high ESR/CRP, female sex, HLA-B27 positive patient and onset before the age of 60. Nail changes and the severity of skin disease had no predictive value for the severity of the arthritis. Dr Henriksson continued with an overview of the therapeutic options, stressing that the aim of the treatment against psoriatic arthritis is remission. This was defined as no flares for 12 months, during which the patient has been seen by the rheumatologist at least 3 times.

Dr Björn Gudbjörnsson (Iceland) presented the pharmacology and clinical use of Non Steroidal Anti-Inflammatory Drugs (NSAIDs), in particular the newer COX-II type. It is hoped that these drugs will achieve a reduction in the significant mortality associated with the use of traditional NSAIDs.

If only a few joints are affected, local therapy is an important option, as described by Dr Bent Deleuran. He demonstrated the technique of intralesional steroid injections and described the generally beneficial effects of this therapy. However if many joints are affected, this therapy should be used more cautiously, as the total dose of steroid may have systemic effects and cause a rebound of skin disease. In such cases the use of conventional disease-modifying agents such as methotrexate or cyclosporin are recommended. The systemic therapy

was reviewed by Professor Hugh Zachariae. In addition to describing the side effects of methotrexate and cyclosporine, he also reminded the audience that acitretin may be used in the treatment of arthritis.

Following the discussion of local and systemic therapies of arthritis, Dr Michael Heidenheim described the use of balneotherapy. This ancient therapeutic option has significant positive effects on the general well-being of patients and may have specific beneficial effects to both skin and joint disease. However, the studies made in the area of balneotherapy do not meet the usual criteria for randomisation and control used in other medical studies. The validity of the methods is therefore

less well established. In spite of the methodological weaknesses there is a large volume of studies that suggest that balneotherapy has many beneficial effects.

Finally, Gregor Jemec described the development of new biological agents for the treatment of psoriatic arthritis. Several approaches are being tested for the treatment of psoriasis, and although they have mainly been assessed for skin disease only, some have shown promise in the treatment of arthritis as well. Biologicals, which have already been approved for clinical use, fortunately appear to fall into this latter category.

Responsible and professional patient organisations are a major

partner in the continued development of dermatology. The NORDPSO is to be congratulated for putting together this most interesting programme. The symposium was very well organised and highly informative, and many dermatologists would undoubtedly find similar symposia equally stimulating. It is my hope that many of them will be given the opportunity to participate in the near future.

References

1. Zachariae H, Zachariae R, Blomqvist K, et al. Quality of life and prevalence of arthritis reported by 5795 members of the Nordic Psoriasis Associations. *Acta Derm Venerol* 2002; 82: 108-113.

Skin Allergy and Inflammation, in Stockholm, December 2-6, 2002

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A postgraduate course in Skin Allergy and Inflammation was held at the Karolinska Hospital, Stockholm, December 2-6, 2002. The participants had a various background, and included residents in dermatology and venereology, pediatric allergologist, psychologists, biologists, also students from the Allergy Centre at the Karolinska Institutet. Different aspects were



discussed regarding the skin barrier, atopic eczema, contact eczema and psoriasis. The course leaders (standing in the front of the photo) were: Professor Klas Nordlind (*right*), Assistant Professor Lena Lundeberg

(*middle*), both from the Department of Dermatology, Karolinska Hospital, and Professor Magnus Lindberg (*left*), Department of Occupational and Environmental Dermatology, Norrbacka, Stockholm.