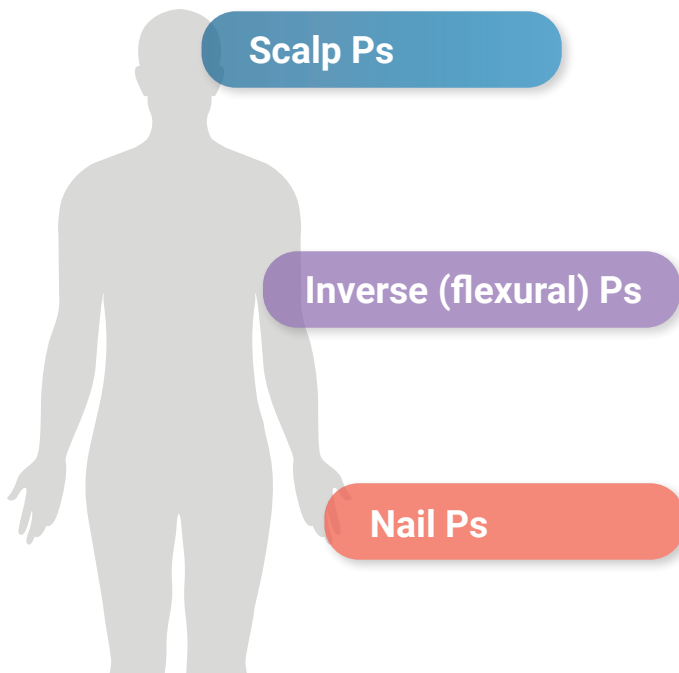


Screening Patients With Psoriasis (Ps) for Psoriatic Arthritis (PsA)

Key Factors Conferring an Increased Risk of Developing PsA in Patients With Ps^{1,2}

Certain Ps Plaque Locations^{1*}



Other Major Risk Factors^{1,2*†}



Genetics



Ps severity



Obesity (BMI >30)



Subclinical musculoskeletal inflammation



Environmental exposures

PEST for Identifying PsA in Patients With Ps^{3,4}

The Psoriasis Epidemiology Screening Tool (PEST) is a validated 5-question screening tool³

- The tool was developed to help identify patients with Ps who may have undiagnosed PsA and need a referral to rheumatology⁴
- In validation studies, PEST demonstrated up to 94% sensitivity and up to 78% specificity⁴
- Once the screening is completed, HCPs can apply additional PsA criteria to identify those with the highest need for rheumatology referral⁴



BMI=body mass index. BSA=body surface area. HCP=healthcare provider. UK=United Kingdom.

*Based on a review article discussing the clinical and translational data differentiating Ps from PsA through the examination of >20 case-control or cohort studies from between 2012 and 2018. †Based on a prospective, population-based cohort study performed within the Health Improvement Network, a UK medical record database, that included patients (N=8881 with confirmed Ps and returned questionnaires) ages 25-60 years old with Ps who were randomly selected between 2008 and 2011 and received questionnaires via their general practitioners. General practitioners provided BSA, and incidence of PsA was then calculated.



Scan here to visit
USDermEd.com

The Psoriasis Epidemiology Screening Tool (PEST)³⁻⁵

QUESTION	YES	NO
Have you ever had a swollen joint or joints?	☐	☐
Has a doctor ever told you that you have arthritis?	☐	☐
Do your fingernails or toenails have holes or pits?	☐	☐
Have you had pain in your heel?	☐	☐
Have you had a finger or toe that was completely swollen and painful for no apparent reason?	☐	☐

1 "YES" response to each question=1 point

A PEST score of

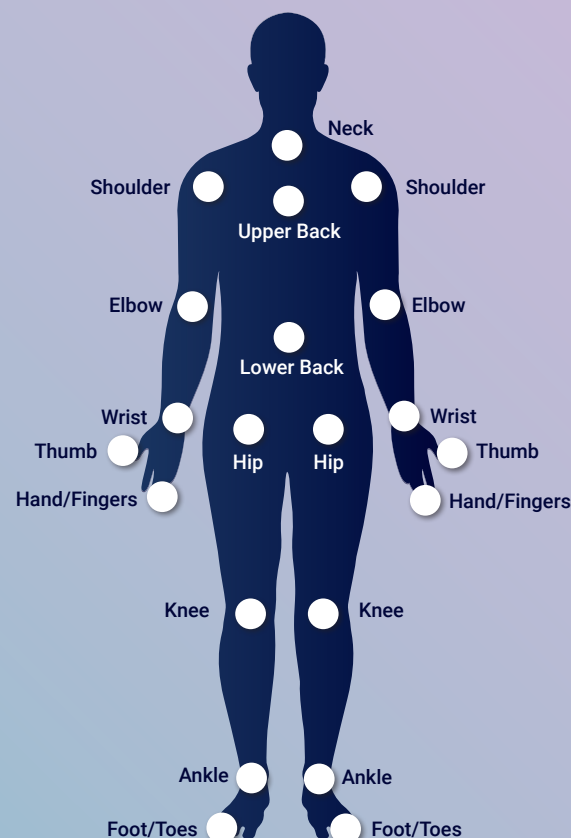
≥3 points

suggests possible PsA and indicates
a need for further evaluation

**AAD/NPF guidance recommends PsA screening
for patients with Ps at each visit⁶**

*The 5-question survey can be paired with the body diagram to gain
more detailed insights into where patients notice symptoms.*

Where does your body
feel tender or sore?



Starting the Conversation With PEST^{3,5,6}

PEST can be completed prior to or during an appointment to help facilitate conversations about PsA in patients with Ps, such as

- The potential for PsA to develop in patients with Ps and the importance of early diagnosis^{3,6}
- Signs and symptoms that may suggest PsA⁵
- How joint symptoms, pain, stiffness, and fatigue affect the patient's daily activities and quality of life³
- Whether additional assessment or rheumatological referral may be appropriate^{3,5}

Scan here for
digital copy



AAD=American Academy of Dermatology. NPF=National Psoriasis Foundation. Ps=psoriasis. PsA=psoriatic arthritis.

1. Scher JU, et al. *Nature Reviews Rheumatology*. 2019;15(3):153-166. doi:10.1038/s41584-019-0175-0 2. Ogdie A, et al. *Rheumatology*. 2022;61:1877-1884. doi:10.1093/rheumatology/keab622 3. Mease PJ, et al. *J Eur Acad Dermatol Venereol*. 2019;33(5):886-892. doi:10.1111/jdv.15443 4. Chang J, et al. *J Cutaneous Med Surg*. 2022;26(6):600-603. doi:10.1177/120347542211287965 5. Ibrahim GH, et al. *Clin Exp Rheumatol*. 2009;27(3):469-474. doi:10.1016/j.jaad.2018.11.058 6. Elmetts CA, et al. *J Am Acad Dermatol*. 2019;80(4):1073-1113. doi:10.1016/j.jaad.2018.11.058

abbvie