Psoriatic Arthritis Pathway

Refer to Pennine MSK Partnership for Urgent Specialist Review

If persistent:

- Synovitis involving peripheral joints
- Symmetrical polyarthritis
- Dactylitis
- Tenosynovitis
- Asymmetric Oligarthritis
- Sacroileitis/ Spondylitis
- Enthesitis

Enquire whether skin or nail psoriasis or if a family history of PsA/psoriasis.
https://www.psoriasis-association.org.uk/media/InformationSheets/PsA_Diagnosis.pdf

AHP/ Nurse Leg Triage

Triage straight to Rheumatologist
If GP has documented:

- Any symptoms from box 1
- Swollen joints, esp hands/ feet
- +ve RF/ Anti- CCP/ HLA-B27
- Rapid onset
- Prolonged early morning stiffness
- High risk PsA suspected

For Appointment with GPwSI/ within 3/52
MSK Ax: N° of tender/swollen joints & any outstanding Ix
FBC, ESR, U&E's, LFT's, RF, ANA, HLA-B27. CCP
X-rays chest, hands and feet; MRI pelvis/Lx if indicated
Review analgesia/ NSAID's
USS synovitis/ active inflammation/ Enthesitis
IM/ IAJ/ oral corticosteroids as appropriate according to Patient Group Directive
Invite to participate in National Early Inflammatory Arthritis Audit

Review by Rheumatologist within 2/52 if PsA suspected
Baseline disease activity assessment IM/ IAJ/ oral corticosteroids
Commence Methotrexate according to treatment protocol unless contraindicated Information regarding diagnosis & treatment route
If not already done so, invite pt to participate in National Early Inflammatory Arthritis Audit

Virtual Biologics MDT Review
If >3 tender/ swollen joints despite optimal treatment
+
Eligible for biologic drug
Rheumatology consultant opinion required if Biologic not appropriate
OR
Side effects/ intolerant to treatments or extra-articular disease/ co-morbidities detected

NURSE LED CARE IF PsA CONFIRMED
Patient Education
Shared clinical decision-making via combination treatment protocols
Shared care monitoring with GP according to DMARD protocols
DMARD initiations as recommended by prescriber
Dose titration according to nurse led dose titration protocols
IM/IAJ/oral corticosteroids according to PGD Record baseline Psoriasis extent/ severity and PsARC
Offer 4-6 weekly review until < 3 tender/ swollen joints using PsARC assessment tool
If PsARC identifies < 3 tender/ swollen joints 3-6 monthly review
If disease stable for 12 months, annual review
Annual review for all patients to:
Include assessment of disease progression (PsARC, Psoriasis extent/ severity, XR hands & feet for progression indicators), QoL (MSK-HQ), & CV risk (lipid profile; RBS; BP & risk factors)

Ongoing support for self -care
Advice line access
Versus Arthritis Programme
PAPAA Resources

Spinal/ Hip Pain
Refer to Spondyloarthropathy pathway

MDT referrals
As appropriate:
Occupational Therapy
Podiatry
Physiotherapy
Psychology
Dietician
Social worker

If psoriasis extent and severity prominent and not already under the care of a **Dermatologist**, prompt GP to make referral

Referral to Orthopaedic Surgeon
If irreversible damage unresponsive to conservative