

Resource

Research Priorities in Psoriatic Arthritis

The Top 10 priorities identified will help guide PsA research.

A James Lind Alliance Priority Setting Partnership.

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James
Lind
Alliance

Priority Setting Partnerships



Introduction

This process aimed to identify and prioritise the Top 10 research questions or evidence uncertainties for psoriatic arthritis in adults. A Priority Setting Partnership aims to help ensure that those who fund health research know what really matters to people living with psoriatic arthritis, their carers and clinicians.

Priority Setting Partnerships answer the relevant needs of patients, as a patient it's vital our requirements are listened to and acted upon. The psoriatic arthritis priority setting partnership does that and more. Here's to the future!

Methods

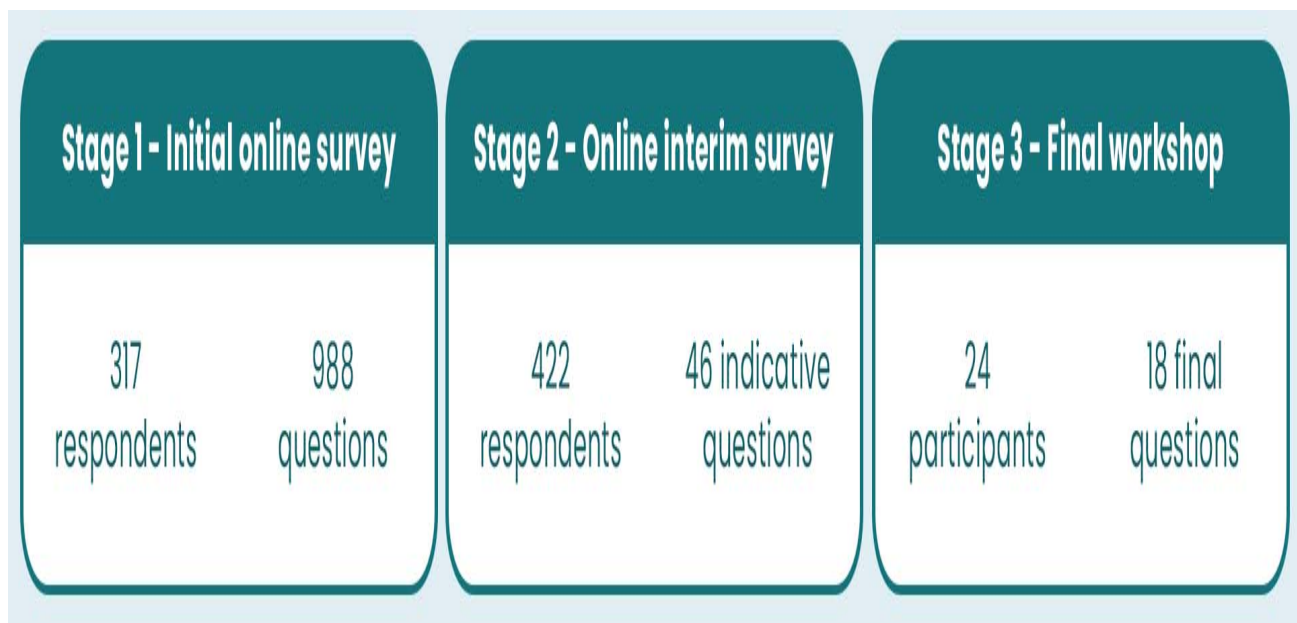
The British Psoriatic Arthritis Consortium (Brit-PACT) formed a Priority Setting Partnership comprising people with psoriatic arthritis, carers and healthcare professionals. The PSP was carried out in association with the James Lind Alliance (JLA) to help identify the key questions and priorities that people with PsA, their families, carers and clinicians have about psoriatic arthritis. Using the JLA methodology, this PSP followed a three stage process:

Stage 1. Initial online survey

Stage 2. Online interim survey

Stage 3. Final workshop

Results



A graphical representation of the results found in this study.

Psoriatic Arthritis Top Ten

1. What is the best strategy for managing patients with psoriatic arthritis including non-drug and drug treatments?
2. What factors affect how psoriatic arthritis will progress, the likely severity of the disease in an individual and whether it will go into remission?
3. Can tests be developed to predict whether a person has or will develop psoriatic arthritis?
4. Is a person with psoriatic arthritis at risk of developing other health conditions? If so, which ones? Why?

5. Does treating psoriatic arthritis early (or proactively) reduce the severity of the disease, and/or make it more likely to go into remission?
6. What triggers acute exacerbations and flares of psoriatic arthritis symptoms?
7. What is the best way to measure outcomes of treatment in psoriatic arthritis?
8. What are the long-term risks and benefits of medications used for psoriatic arthritis?
9. Why do treatments stop working well against psoriatic arthritis and when they lose effectiveness, what's the best way to regain control of psoriatic arthritis?
10. What treatments present the most benefit for the different body tissues involved in psoriatic arthritis, for example: joints, tendons, spine, skin and nails?

Conclusion

The Top 10 priorities identified will help guide PsA research. They ensure that psoriatic arthritis researchers and those who fund research know the most urgent needs of people living with PsA, their families and carers, and those treating people with psoriatic arthritis.

Contact information

For further information please contact laura.coates@ndorms.ox.ac.uk. You can also further your reading by visiting <https://www.britpact.org> or <https://www.jla.nihr.ac.uk>.

To view the report in an infographic format, please [click this link](#).

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