

Amgen (unbranded) Nurse PsA Case Video

OVERVIEW

An OL Nurse Practitioner (or other OL HP) will give an introduction of PsA. Then there will be an example intake with a nurse examining a suspected psoriasis patient and uncovering the possibility of PsA while asking probing questions during their interaction. The OL NP will then give a closing overview. The goal of this video is to educate nurses about the possibility of PsA in psoriasis patients, and to provide examples of how effective dialogue with their patients may help to properly diagnose PsA.

Part I: Introduction

Hi, I'm [OL Nurse Practitioner Name] and today we will be illustrating some of the ways that we have been able to successfully diagnose psoriatic arthritis in our dermatology practice. I am sure you are already well familiar with the dermatological manifestations of psoriasis—but did you know that psoriatic arthritis is suspected in up to 30% of plaque psoriasis patients? [Mease P, Goffe BS. *J Am Acad Dermatol.* 2005;52:1,A,1; NPF website. Available at: <http://www.psoriasis.org/about/stats/>. Accessed January 12, 2010: 1, Bullet 4; Mease PJ. *Ann Rheum Dis* 2001; 60: iii37, A,1; Radtke MA, et al *JEADV.* 2009;23:689,B,3 and 683,1,results; Reich K, et al. *Br J Dermatol.* 2009;160:1042,B,3]

Like psoriasis, PsA can have devastating effects on quality of life for patients. In fact, PsA may even lead to limited performance of daily functions, missed work days and, in some cases, disability. [Kimball AB. *J Drugs Dermatol.* 2007;6: 301 A, 2, Table 2; 304 Figure3; Gottlieb AB, et al. *J Dermatol Treat.* 2006;17:282, Table III; 281,Table I; Gladman DD, et al. *Ann Rheum Dis* 2005;64(suppl II): ii15,B,2; ii16,A,1]

Since the skin symptoms of psoriatic diseases usually precede joint symptoms in patients who have PsA —screening for PsA symptoms in your psoriasis patients is critical. [Gladman DD, et al. *Ann Rheum Dis* 2005; 64(suppl II) ii15,A,3; Pariser DM, et al. *Arch Dermatol* 2007;143:239, B,2; 240,A,1]

Swelling and pain of the tendons, joints, fingers and toes, as well as limited mobility, are symptoms of PsA. These symptoms may be markers of underlying joint damage, which when left untreated, can lead to bone loss and joint destruction over time. In fact, many patients with psoriatic arthritis already have bone erosion by the time of diagnosis. [Gladman DD, et al. *Ann RheumDis* 2005;64(suppl II): ii14,A,1 ii15,A,3; Fisher VS. *J Manag Care Pharm* 2005;11: 34,B,4; Pariser DM, et al. *Arch Dermatol* 2007;143:239,B,2; 240,A,1; Mease PJ. *Ann Rheum Dis* 2001; 60: iii37,B,3; Gottlieb A, et al. *J Am Acad Dermatol* 2008;58: 852,B,5; Kane D, et al. *Rheumatology* 2003;42: 1463,B,5]

Have a look at how we diagnosed PsA with [patient name] when she came in to see us. [patient image here]

Part II: Patient Intake

Nurse: Hi [patient name], it's been a few months since you've come in. This shouldn't take too long, but we need to run through a list of screening questions.

Patient: OK, great.

Nurse: Has there been any improvement in the psoriatic lesions on your arms and legs that you've noticed?

Patient: Actually, I haven't noticed much improvement and was concerned about this. That is why I came in today.

Nurse: Have you had any stiffness in your joints or back in the morning?

Patient: I have. I was thinking about seeing a chiropractor for it.

Nurse: Do you also have stiffness or swelling in your fingers or toes?

Patient: Sometimes. They do feel stiff but I do a lot of work with my hands and figured it was just irritation.

Nurse: Have you had any changes in your fingernails or toenails?

Patient: What do you mean by changes?

Nurse: Any pitting or ridges in the nails or places where the nail is coming away from the nail bed.

Patient: Actually, yes, look at my hand here. [depending on the actor, we can show her/his hand or show a photo.]

Nurse: Just a couple more questions and we can wrap this up today. Do you have pain in your joints when walking up and down stairs?

Patient: Sometimes in my knees, but not all the time.

Nurse: Have you been taking any medications for your stiffness and pain, or does it seem like you've been taking more medication recently?

Patient: Well, for this, I take ibuprofen for it and that helps a bit. Now that you've brought it up, I realize that I have been reaching for it more frequently lately.

Nurse: OK, [patient name], I am going to go consult with our nurse practitioner and be back in just a moment.

Part III: Diagnosis

(NP looks at the intake file & then addresses the audience)

OL NP: **[Nurse Name]** As you saw, with just a few questions, critical PsA symptoms can be easily revealed. Incorporating these questions into your practice, or into your collaborative care practice with a dermatologist, may help you screen for PsA. Even just a few of these symptoms together would be enough for us to consider the possibility of PsA, and it looks clear from the constellation of symptoms that [patient name] has, that a tentative diagnosis of PsA can be made. **[Mease P, Goffe BS. *J Am Acad Dermatol*. 2005;52:5, A,1, 2]**

Patients like [patient name] might not make the connection between their psoriatic lesions and their joint stiffness, joint pain, nail pitting and digit swelling—which makes screening for it in your dermatology practice so critical.

Screening is important enough that the American Academy of Dermatology guidelines state “because PsA can be a very severe disease with significant functional impairment, early diagnosis is critical... therefore we strongly encourage dermatologists to actively seek signs and symptoms of PsA at every patient visit.” [\[Gottlieb A, et al. *J Am Acad Dermatol.* 2008;58:862, A,2\]](#)

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