

# 9<sup>TH</sup> CLINICAL DERMATOLOGY CONGRESS & 2<sup>nd</sup> International Conference on PSORIASIS, PSORIATIC ARTHRITIS & SKIN INFECTIONS

October 16-18, 2017 New York, USA

## The early psoriasis arthritis screening questionnaires in patients with severe psoriasis: A hospital-based study

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There are several questionnaires to screen for psoriatic arthritis (PsA), but none of them are informative enough. In practice dermatologists usually see patients with psoriasis before arthritis develops. This study aimed to develop a rapid and optimal screening questionnaire to diagnose early PsA (ePsA) in patients with severe psoriasis (PsO). Objective of this study is to evaluate and to compare effectiveness, sensitivity, specificity of two PsA screening questionnaires by Psoriasis Epidemiology Screening Tool (PEST), Early arthritis for psoriatic patients (EARP)) in hospital-based cohort of patients (pts) with severe PsO. 40 pts (19 Male (M.)/21 Female (F.)), mean age  $50.3 \pm 29$  years accordingly, mean PASI  $>10$ , PsO duration  $8 \pm 2.8$ . 7 PsO pts with clinically diagnosed PsA (L 40.5). To diagnose ePsA we have used PEST and EARP questionnaires in cohort of pts with severe PsO in the Dermatological hospital "Clinica Korolenko" in 2016 year.  $M \pm m$ , t-test, (%) were calculated ( $55.5 \pm 7.7$ ). The diagnostic accuracy of the two questionnaires for the diagnosis of ePsA was compared by receiving operating characteristics curves. In total, 40 patients (100%) with psoriasis were invited to participate and none of them returned the questionnaires. Of these, 7 pts (%) were diagnosed with PsA earlier. and 33 PsO (%) pts who earlier were not diagnosed PsA, of which 11 pts increased with the number of positive questionnaires. Of these, 10 pts responded positively to the EARP questionnaire, as for PEST only 7 pts responded positively. 6 pts of those 11pts responded positively to both EARP and PEST questionnaires thus they have not been previously diagnosed with PsA. The majority of patients with a false positive response had degenerative or osteoarthritis. At the same time in the group of pts who earlier were diagnosed PsA (7pts) we have 3 pts who didn't respond positively to the PEST and only 2 pts to the EARP of the same group. Although the EARP questionnaire performed better than the PEST questionnaire at identifying PsA, there is a little difference between these instruments. These screening tools identify many cases of musculoskeletal disease other than PsA. Both the PEST and the EARP questionnaires presented similar receiving operating characteristics curves at identifying PsA it shows that a rapid and optimal screening questionnaire has to be developed.

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