Rehabilitation in Psoriatic Arthritis

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ABSTRACT. This article summarizes the state of the art of rehabilitation in psoriatic arthritis (PsA). Very little evidence was available to assess the efficacy of rehabilitation. Some data were borrowed from studies on ankylosing spondylitis. Covering certain aspects of the disease by the standard measure of functioning was difficult. However, rehabilitation was considered by the GRAPPA Group (Group for Research and Assessment of Psoriasis and Psoriatic Arthritis), as part of treatment of axial PsA. (J Rheumatol 2009;36 Suppl 83:81-82; doi:10.3899/jrheum.09235)

Key Indexing Terms:
REHABILITATION PSORIATIC ARTHRITIS

Psoriatic arthritis (PsA) is a chronic inflammatory disease characterized by the association of arthritis and psoriasis and with a variable clinical course. Some patients have mild disease that may be responsive to therapeutic intervention, while others have erosive arthritis that is often refractory to several treatments and potentially associated to functional disability and poor quality of life[1]. The role of disability in PsA was compared to that of patients with rheumatoid arthritis (RA) by Sokoll and Helliwell, and results showed that function and quality were similar for both groups[2].

Different therapies have been proposed and adopted for the various manifestations of PsA; some were borrowed from other types of inflammatory arthritis, i.e., RA and ankylosing spondylitis (AS). Recently the GRAPPA group (Group for Research and Assessment of Psoriasis and Psoriatic Arthritis) proposed an evidence-based approach and basis for treatment guidelines[1]. In particular, in the axial subset of the disease, rehabilitation plays an important role in the management of the PsA, even if very little study evidence is available on this disease and although a majority of the data were "imported" from AS. However, Nash proposed, after a systematic review of the literature, a treatment algorithm in which physiotherapy was the second-line therapy in axial PsA[3].

Rehabilitation in rheumatology includes a group of assessments and treatments to improve function, favor return to work, and improve quality of life. In the last 10 years interest and expertise in rehabilitation in the area of rheumatology have grown considerably. This is a brief summary of our recent presentation on rehabilitation in PsA.

Our review of the literature consisted of systematic reviews as identified on Medline, EMBASE, CINAHL, and the Cochrane Library from 1996 to 2007, using key MeSH terms psoriatic arthritis, axial disease, ankylosing spondylitis, psoriasis, seronegative sponyloarthropathies, spondylitis, peripheral arthritis, physiotherapy, and rehabilitation. All articles that included data related to the topic were taken into account, as well as any abstracts of the American College of Rheumatology and the European Congress of Rheumatology.

Our search did not show any studies in patients with PsA, with level of evidence 1a, grade A; we found only minor studies on the role of physical therapies such as interferential current[4], beneficial effects of climatic therapy on inflammatory arthritis at Tiberias Hot Springs[5], and the effect of balneotherapy in the Dead Sea area for patients with PsA and concomitant fibromyalgia[6].

However, as mentioned above, a systematic review on the role of physiotherapy in patients with AS[7] indicated these studies were considered suitable for proposal of an algorithm for therapy of axial involvement in PsA[3]. In particular, supervised group physical therapy improved function, pain, and global health, compared with home-based individual exercise[7].

In contrast, as part of the rehabilitation program, patient education was assessed in a group of PsA patients by a self-administered questionnaire assessing their level of knowledge, and results showed that exercise was considered an important part of the treatment plan and a good approach to reduce the chance of joint deformity[8].

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Table 1. Proposal for a rehabilitation program for patients with psoiatic arthritis (PsA).

Predominant Peripheral Disease	Predominant Axial Involvement
Muscle-strengthening exercises	Muscle-strengthening exercises
General fitness exercises	General fitness exercises
Stretching exercises	Stretching exercises
Physical therapy (when necessary)	Physical therapy (when necessary)
Occupational therapy	Occupational therapy
Patient education	Patient education
	Postural exercises
	Breathing exercises

More recently, it has been shown that some aspects of the disease are not easily covered by standard measures of functioning[9]; and problems related to patient perspectives on the impact of psoriasis have been identified[10]. A synergistic effect of the combination of anti-tumor necrosis factor–α agents and rehabilitation was observed in 2 open studies on patients with AS, some of whom had psoriatic spondylitis[11,12]. A proposed rehabilitation program for PsA is shown in Table 1.

CONCLUSION

The main results on rehabilitation in PsA are summarized as follows: (1) very little evidence is available to assess the efficacy of rehabilitation; (2) some data have been borrowed from studies on AS[7]; and (3) covering aspects of the disease by the standard measures of functioning presents difficulties. However, consensus was obtained at the OMERACT 8 meeting to measure physical function as a core domain[13], which could be considered an important achievement for future studies on the role of rehabilitation in PsA, even combined with newer therapies (i.e., biological agents).

Finally, in a pre-biologic era, in patients in the mutilans arthritis disease subset, Wright suggested that "the emphasis at this stage must be on rehabilitation. Physiotherapy teaching is required to maintain muscle strength. Splints will provide stability for lax joints. An occupational therapist should do a full assessment of the activities of daily living"[14]. His statement should be considered valid even in the early stages of disease.

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