

**Video abstract transcript****Women With Psoriatic Arthritis Experience Higher Disease Burden Than Men: Findings From a Real-World Survey in the United States and Europe**

[doi.org/10.3899/jrheum.220154](https://doi.org/10.3899/jrheum.220154)

**Slide 1:**

Hello, I'm Laure Gossec, a rheumatologist from Paris, France, and it's a pleasure to discuss with you today our paper on the differences between women and men who have psoriatic arthritis (PsA) and specifically our paper is entitled "Women with Psoriatic Arthritis Experience Higher Disease Burden Than Men."

**Slide 2:**

So, as you know psoriatic arthritis is a chronic, inflammatory disease and it associates both skin disease psoriasis and joint and other structural disease including peripheral arthritis, joint pain, joint stiffness, but also dactylitis and enthesitis. All of these aspects have a considerable impact on the patient and his or her quality of life and ability to work. Now we know that the sex of a patient may play a role in driving the mechanisms of PsA, and also in driving differences in the clinical manifestations but also the impact of patients who have a chronic disease such as PsA. So it appears that in PsA and spondyloarthritis overall, men are more affected by axial disease and women suffer more from peripheral polyarticular disease. So the objective of this research was to assess the differences in the clinical characteristics and in the impact, including on quality of life (QOL) and work productivity, of sex in psoriatic arthritis in real-world practice.

**Slide 3:**

So we used data from the Adelphi PsA disease specific programme and this was a survey of rheumatologists, dermatologists, and their patients with PsA. This is a large, non-interventional, cross-sectional survey that collected data about both disease management, treatment history, clinical features & manifestations, and outcome measures. Both patients and physicians filled in data for this survey.

**Slide 4:**

We collected these data in 2018, both in European countries: France, Germany, Italy, Spain, the UK and in the United States.

So patients had a physician-confirmed diagnosis of PsA, of course they provided their informed consent and we performed some statistics to compare men and women.

**Slide 5:**

So, what we're going to report are some of the patient quality of life measures.

These include the EuroQol 5 Dimension (EQ-5D) Utility, which assesses general quality of life and assesses: mobility, self-care, usual activities, pain and discomfort as well as anxiety and depression and the score goes 0 to 1.

The HAQ-DI as you know is a questionnaire for function and it goes from 0 to 3.

The WPAI or work productivity and activity impairment assesses a percentage of overall work impairment and the Psoriatic Arthritis Impact of Disease (PsAID12) is a questionnaire for impact in PsA.

So, as we can see women have a statistically significant lower score for the EQ5D than men. As regards the HAQ we found that women reported an overall higher functional disability of 0.56, whereas men were at 0.41, suggesting women have more difficulties completing their daily activities. When we look now at the WPAI, we can see that the work impairment was quite in a close range though a bit higher for women with 27.9% compared to men 24.6%. For the PsAID 12 where higher scores indicate worse conditions, we can see that women were much higher than men at 2.66 compared to 2.27. Finally, the Charlson comorbidity index is a simple way to estimate the risk of death from co-morbidities and the higher the score, the higher the risk. We can see that here men have a higher score compared to women, though the difference is not huge.

**Slide 6:**

When we look now at joint counts, we can see that women report a lower number of affected joints, at 3.2 tender joints and 4.1 swollen joints compared to 3.5 and 4.5 for men. And we can see from the graph that men's joint count favours extreme categories, with a higher proportion of male patients with less than one joint or more than 10 joints compared to women. We would need to go further on this aspect.

**Slide 7:**

So we can conclude that although the levels of physician assessed disease activity were quite similar and the treatment regimens were quite similar, women reported a reduced QOL and greater levels of disability and work impairment than men, although they had a lower comorbidity burden.

We feel that further research is needed to explore this additional burden experienced by women with PsA, and see also if this would warrant changing the treatments.

Thank you very much for listening to this video abstract.