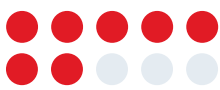


Comorbidities and Treatment Recommendations in PsA and axSpA

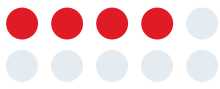
Single vs. Multiple Comorbidities



Up to **70%** of PsA patients have **at least one** comorbidity^{1,a}



83% of axSpA patients have **at least one** comorbidity²



42% of PsA patients have **3 or more** comorbidities³



42% of axSpA patients have **3 or more** comorbidities²

Prevalence of Comorbidities

Cardiovascular Disease: **PsA: 19%⁴ axSpA: 12%⁵**

Metabolic Syndrome: **PsA: 29%⁴ axSpA: 33%⁶**

Hypertension: **PsA: 34%⁴ axSpA: 23%⁵**

Obesity: **PsA: up to 48%^{7,8,b} axSpA: 14%⁵**

Liver Disease: **PsA: 3%⁴ axSpA: 3%⁵**

Type 2 Diabetes: **PsA: 13%⁴ axSpA: 6%⁵**

Depression: **PsA: 17%⁹ axSpA: 11%⁵**

Hyperlipidemia: **PsA: 24%⁴ axSpA: 17%⁵**

^a55.4% of patients with peripheral PsA, 70.7% of patients with axial PsA. ^bThe National Health and Nutrition Examination Survey (NHANES) is a nationally representative survey of the US civilian, non-institutionalized population conducted by the CDC National Center for Health Statistics (NCHS). The cross-sectional survey includes an in-home interview to obtain sociodemographic characteristics and medical history, and a physical examination and laboratory measures, including BMI, taken at a mobile examination center. Patients self-reported being diagnosed with psoriatic arthritis. ASAS=Assessment of Spondyloarthritis International Society; axSpA=Axial Spondyloarthritis; CVD=Cardiovascular Disease; EULAR=European Alliance of Associations for Rheumatology; GC=Glucocorticoid; GRAPPA=Group for Research and Assessment of Psoriasis and Psoriatic Arthritis; HIV=Human Immunodeficiency Virus; IL-12/23i=Interleukin 12/23 Inhibitor; IL-17i=Interleukin 17A Inhibitor; IL-23i=Interleukin 23 Inhibitor; JAKi=Janus Kinase Inhibitor; LEF=Leflunomide; MS=Multiple Sclerosis; MTX=Methotrexate; NSAID=Non-Steroidal Anti-Inflammatory Drug; PDE4i=Phosphodiesterase 4 Inhibitor; PsA=Psoriatic Arthritis; TNFi=Tumor Necrosis Factor Inhibitor; VTE=Venous Thromboembolism.
1. Salafati F, et al. *Health Qual Life Outcomes*. 2009;7:25; 2. Redeker I, et al. *Arthritis Res Ther*. 2020;22(1):210; 3. Husted JA, et al. *J Rheumatol*. 2013;40(8):1349-1356; 4. Gupta S, et al. *Rheumatol Int*. 2021;41(2):275-284; 5. Zhao SS, et al. *Rheumatology (Oxford)*. 2020;59(Suppl4):iv47-iv57; 6. Slouma M, et al. *Clin Investig Arterioscler*. 2022;34(5):261-268; 7. CDC NHANES Questionnaires, Datasets, and Related Documentation. <https://www.cdc.gov/nchs/nhanes/Default.aspx> (2009-2020). Accessed July 19, 2024; 8. Data on file. Lilly USA, LLC. DOF-IX-US-0341; 9. Zusman EZ, et al. *Semin Arthritis Rheum*. 2020;50(6):1481-1488; 10. Coates LC, et al. *Nat Rev Rheumatol*. 2022;18(8):465-479 (Updated 2022:18(12):734); 11. Ramiro S, et al. *Ann Rheum Dis*. 2023;82(1):19-34.

Select GRAPPA Treatment Recommendations for PsA in the Case of Comorbidities (2021)¹⁰

Comorbidities	NSAIDs	GCs	MTX and/or LEF	TNFi	IL-17i	IL-12/23i, IL-23i	JAKi	PDE4i
Elevated risk of CVD	⚠						⚠	
Congestive heart failure [†]		⚠		⊘				
Elevated risk for VTE							⚠	
Obesity			⚠					
Fatty liver disease			⊘					
History of recent malignancy				⚠	⚠	⚠	⚠	⚠
MS and/or demyelinating disease				⊘				
Depression and/or anxiety								⚠

Data from Table 4 in Coates et al. 2022. Please refer to GRAPPA guidelines for the treatment of PsA in patients with concurrent infectious diseases (eg, HIV, hepatitis B or C, tuberculosis).

[†]Severe or advanced; class III or IV according to the New York Heart Association Functional Classification.

⚠ = Caution; ⊘ = Avoid.

ASAS-EULAR Recommendations for the Management of axSpA (2022)¹¹

- The treatment of patients with axSpA should be individualized according to the current signs and symptoms of the disease (axial, peripheral, extra-musculoskeletal manifestations) and the patient characteristics including **comorbidities** and psychosocial factors
- Absence of response to treatment should prompt re-evaluation of the diagnosis and consideration of the presence of **comorbidities**

axSpA



PsA

