

EXPERT COMMENTARY: **SHARED DECISION MAKING IN PSORIATIC ARTHRITIS** PART I

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DISCLOSURE

Richard Martin, MD, MA, has contracted research for Amgen clinical trials



WHAT IS A “GOOD DECISION”?

INFORMED

CONSISTENT WITH PATIENT VALUES

ACTED ON



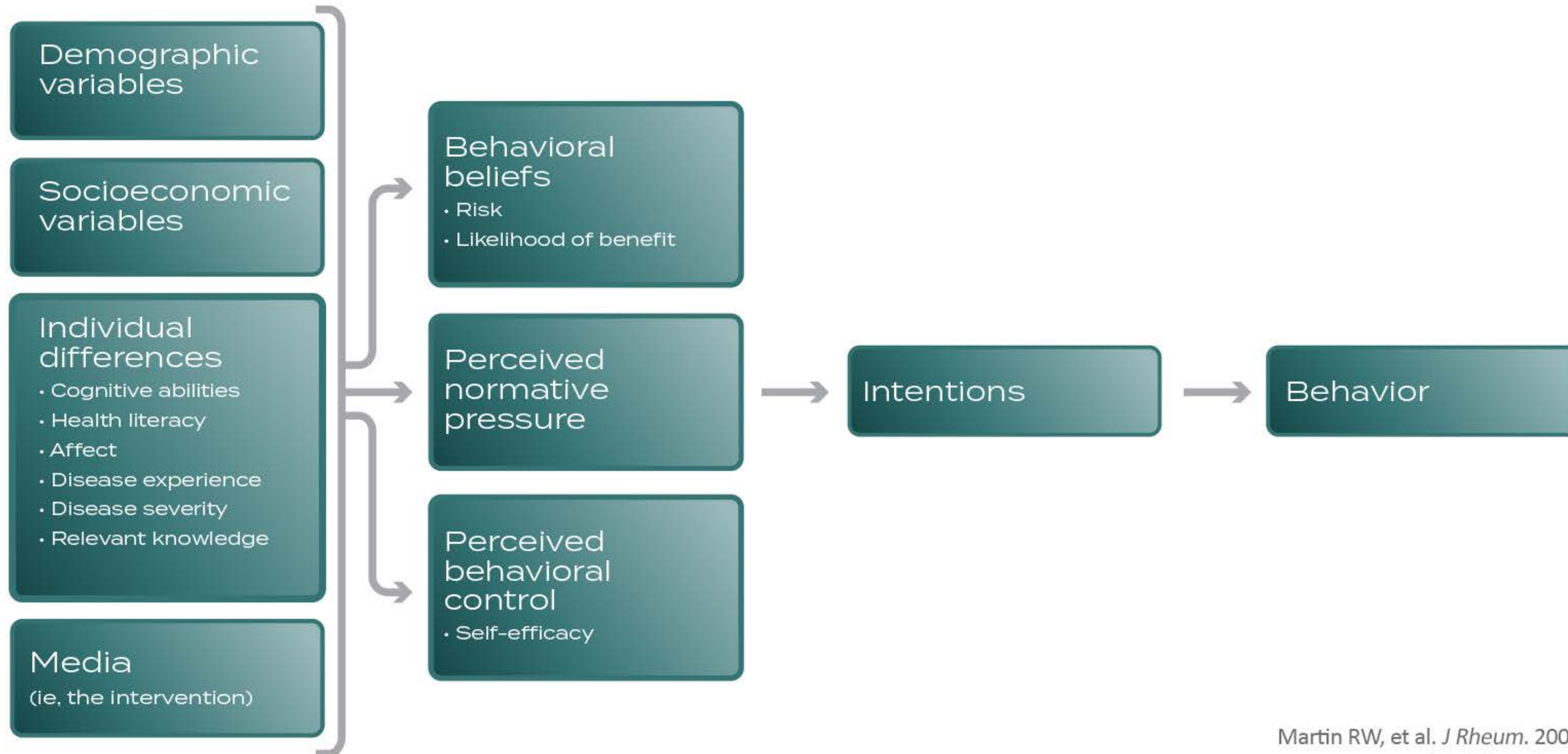
WHAT PATIENTS **NEED TO KNOW**

- The decision to be made
- The options to consider
- Attributes and outcomes of those options
- How they value or prioritize those attributes and outcomes
- What support and resources they will need to act on their decision



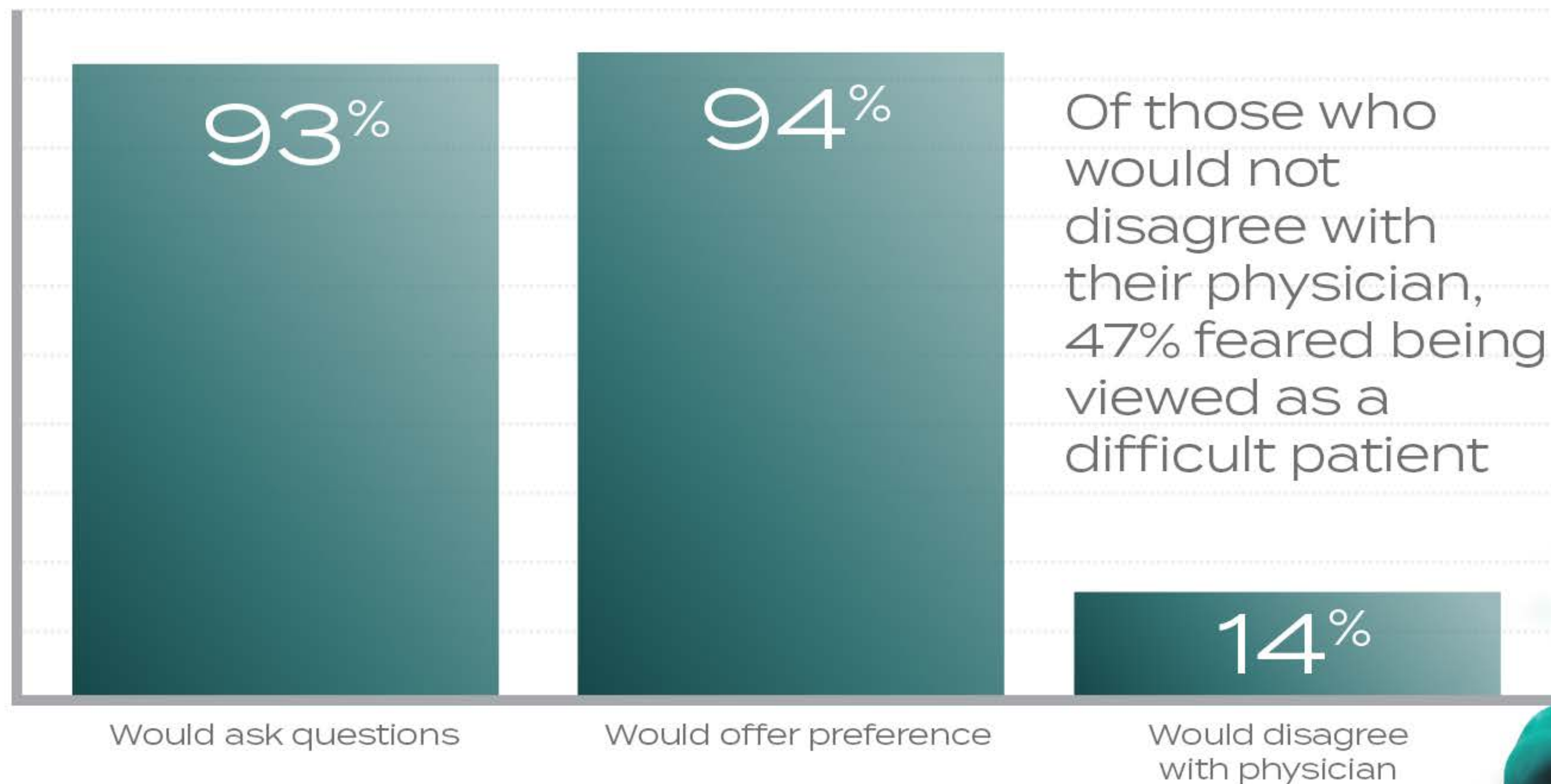
MANY FACTORS INFLUENCE **MEDICATION BELIEF AND CHOICE**

Background Variables → Immediate Determinants → Intentions → Behavior



Martin RW, et al. *J Rheum*. 2008;35(4):618-624.
Martin RW, et al. *BMC Med Inform Decis Mak*. 2013;13:89.
Martin RW. *Med Decis Making*. 2017;37 in press.

INCREASING PATIENT **PARTICIPATION IN DECISIONS**



INCREASING PATIENT
PARTICIPATION IN DECISIONS

HOW DO WE TURN THE CHAIR?

A photograph of a doctor and a patient sitting at a table, looking at a document together. The doctor is on the right, wearing a light blue shirt and a stethoscope, and is pointing at the document with a pen. The patient is on the left, wearing a light blue t-shirt, and is looking at the document. The image is overlaid with a semi-transparent teal filter.

SHARED **DECISION MAKING** (SDM)

An interviewing technique

- Involves at least 2 parties (physician, patient, and, if needed, a support person)
- Both patient and physician actively participate
- An invitation is made to share information
 - **Physician shares** facts about treatment procedures, benefits, harms, costs
 - **Patient shares** values and preferences about treatment attributes
- A decision is mutually agreed upon



NEW AND EMERGING THERAPIES FOR PSORIATIC ARTHRITIS

Early treatment of psoriatic arthritis reduces symptoms and slows joint damage.

A treat-to-target approach with frequent medication adjustments to maintain low disease activity and improve long-term outcomes.

Targeted biological and other therapies

- TNF-alpha inhibitors: etanercept, infliximab, adalimumab, golimumab, and certolizumab
- IL-12/IL-23 inhibitor: ustekinumab
- IL-17A inhibitor: secukinumab
- PDE4 inhibitor: apremilast

TNF=tumor necrosis factor

IL=interleukin

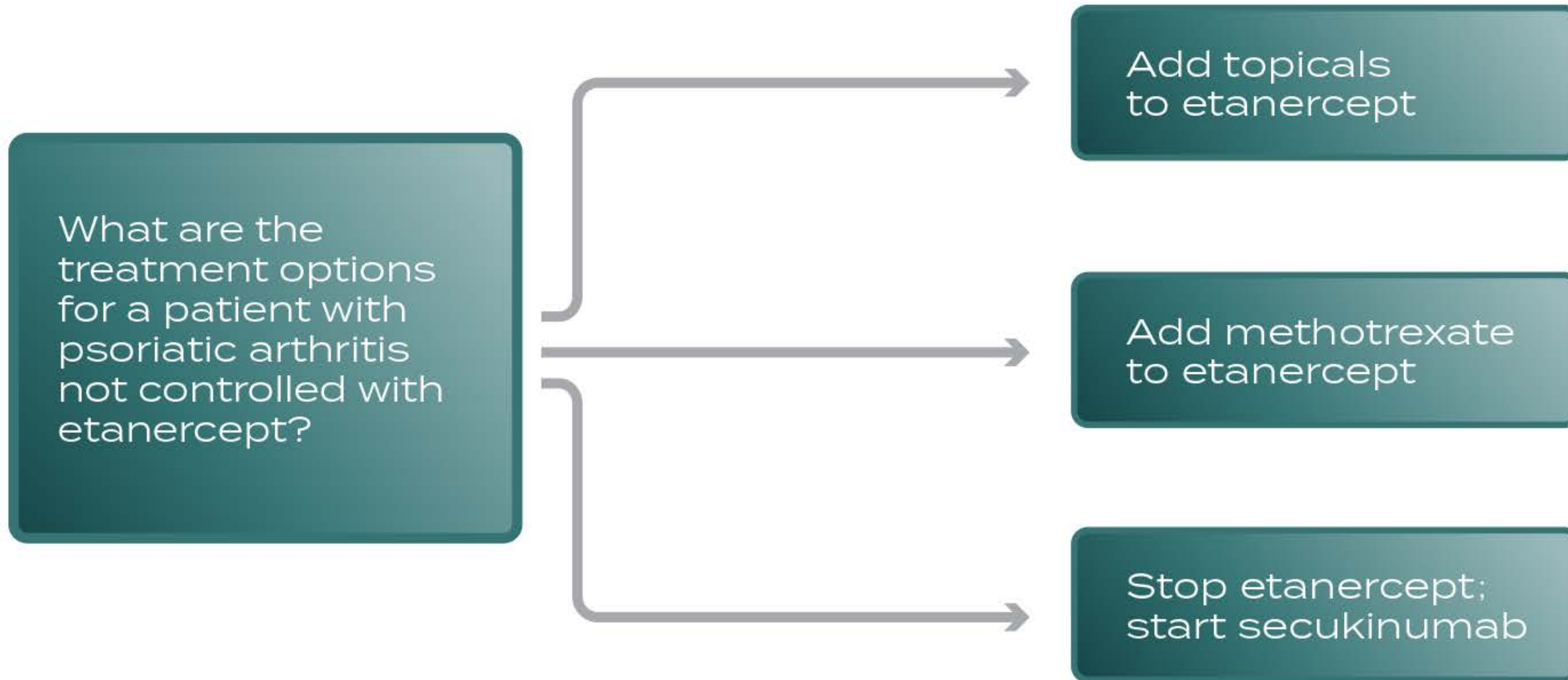
PDE4=phosphodiesterase 4

Boyd T, Kavanaugh A. *Rheum Dis Clin North Am.* 2015;41:739-754.

Boyd T, Kavanaugh A. *Expert Opin Biol Ther.* 2016;16:173-186.



PSORIATIC ARTHRITIS TREATMENT OPTIONS



PSORIATIC ARTHRITIS TREATMENT **OPTION ATTRIBUTES**

	Add Topical	Add Methotrexate	Change to Secukinumab
Year FDA approved	Varies; most prior to 1995	RA 1988 PsA not approved	2016
How given?	Topical	Oral	SQ shot
How often?	Twice daily	Once a week	Once a week x5, then once a month
Structure	Drug	Drug	Biologic
Can combine with etanercept?	Yes	Yes	No
Cost/year	Varies	\$500	\$40,000

PsA=psoriatic arthritis

RA=rheumatoid arthritis

PROBABILITIES OF OUTCOMES

Probability	Add Topical	Add Methotrexate	Change to Secukinumab
Improve arthritis	+	+++	+++
Improve psoriasis	++	+++	++++
Worsen arthritis	○	○	++
Serious infection	++	++	++
TB reactivation	+	+	+
Liver scarring	○	++	○
Immune reaction	+	+	+
Teratogenesis	+	+	+

TB=tuberculosis

RATING PREFERENCE OF **TREATMENT OUTCOMES**

Probability	Most Important	Somewhat Important	Less Important
Improve arthritis			
Improve psoriasis			
Worsen arthritis			
Serious infection			
TB reactivation			
Liver scarring			
Immune reaction			
Teratogenesis			
Inconvenience			
Out-of-pocket cost			