

## Lay Summary: The MONITOR-PsA Study

### **What is psoriatic arthritis?**

Psoriatic arthritis (PsA) is a type of arthritis that affects some people with psoriasis. It causes joint pain, swelling, stiffness, and tiredness. For some people, it can also affect tendons, the spine, and cause swelling of whole fingers or toes (dactylitis). PsA can have a big impact on everyday life and long-term health.

### **Why was this study done?**

Doctors are encouraged to use a “treat-to-target” (T2T) approach for PsA. This means checking the disease regularly and adjusting treatment until the patient reaches a target such as **low disease activity** or **remission**.

A previous clinical trial (TICOPA) showed that T2T works well, but it involved appointments every 4 weeks, which is difficult to achieve in busy real-world clinics. The MONITOR-PsA study wanted to see whether a more **practical and realistic version** of T2T—checking patients every **12 weeks** instead of every 4—could still help people achieve good results.

### **Who took part?**

The study included **300 adults** across 11 UK hospitals. Everyone had:

- A confirmed diagnosis of PsA
- At least 1 swollen or tender joint (or enthesitis)
- No previous treatment with disease-modifying drugs for their arthritis

Most people had moderate disease activity when they joined the study.

### **How were people treated?**

Everyone received usual NHS “step-up” care, which normally starts with **methotrexate**. If symptoms did not improve enough, doctors could:

- Increase the methotrexate dose
- Add or switch to other DMARD tablets
- Move to biologic medicines (such as anti-TNF drugs), following NHS guidelines

People were reviewed every **12 weeks**, and treatment was adjusted only if they were still not improving enough.

### **What did the study find?**

#### **At 24 weeks (6 months):**

- Around **30%** achieved a *good* improvement in their PsA (based on the PASDAS score).

- About **35%** reached **minimal disease activity (MDA)**.
- Most people had less dactylitis and enthesitis.
- About **66%** reached a **PSAID score  $\leq 4$** , meaning their symptoms were at an acceptable level.

#### **At 48 weeks (1 year):**

- Results stayed strong: about one-third achieved **good** response, and over one-third reached **MDA**.
- **70%** of patients reached a PSAID acceptable symptom state.
- Many had major reductions in swollen joints, pain, skin symptoms, and tendon problems.
- Only about **20%** needed biologic treatment by one year, and **most patients improved on tablets alone**.
- Joint X-rays showed **no meaningful worsening** in most people.

#### **Did people respond differently based on their disease type?**

Yes. People with **oligoarticular PsA** (fewer than 4 swollen joints) were more likely to reach remission or low disease activity than those with many swollen joints.

People with **polyarticular PsA** (many swollen joints) improved too, but needed stronger medicines more often.

#### **What does this mean for patients?**

- A realistic 12-weekly **treat-to-target strategy** works well in real-life NHS clinics—not just in clinical trials.
- Many patients can reach low disease activity or remission without needing biologic drugs.
- Regular check-ins and adjusting treatment when needed help prevent long-term damage.
- Most people felt their symptoms and quality of life improved over the year.

#### **In summary:**

The MONITOR-PsA study shows that a practical, NHS-friendly treat-to-target approach can lead to **good health outcomes, better quality of life, and less long-term damage**, even without very frequent appointments. It provides strong evidence that treat-to-target can and should be used widely in everyday PsA care.