

## Lay Summary of the SPEED Study

### What is psoriatic arthritis?

Psoriatic arthritis (PsA) is a type of arthritis that can affect people who have psoriasis. It causes painful, swollen joints and can make everyday activities harder. Some people have a more severe form of PsA, especially if they have many swollen joints, high levels of inflammation in blood tests, or early signs of joint damage. These are called **poor prognostic factors**, meaning the disease is more likely to get worse.

### What was this study trying to find out?

Doctors usually start treatment with one medicine and increase it slowly if needed (“step-up care”). But for people with more severe PsA, guidelines suggest using stronger treatment earlier—although until now, this advice was not supported by clear evidence.

The SPEED study wanted to find out whether **starting stronger treatment earlier** helps people with severe PsA get better faster, compared with standard step-up care.

### Who took part?

The study included **192 adults** who had been recently diagnosed with PsA and had at least one poor prognostic factor. They were placed into one of three groups:

1. **Standard step-up care** – usually starting methotrexate alone.
2. **Combination DMARD therapy** – methotrexate plus another drug (sulfasalazine or leflunomide).
3. **Early biologic therapy** – methotrexate plus a biologic medicine called adalimumab (a TNF inhibitor).

Everyone was followed for **48 weeks** (almost one year).

### What did the study find?

After **24 weeks** (about 6 months):

- Both **combination therapy** and **early biologic therapy** helped patients get their PsA under much better control than standard step-up care.
- There was **no major difference** between the two intensive treatments.
- People on combination therapy had more side effects like stomach upset or headaches.
- People on early biologic therapy had slightly more infections, but overall side effects were not serious.

After **48 weeks**:

- Only the group that started on early biologic therapy continued to show better disease control, even though the biologic medicine had been reduced and then stopped by week 32.
- Most people in all groups were satisfied with their treatment, but satisfaction was highest in the early biologic group.

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

For people with early PsA who have signs that their disease may get worse, starting stronger treatment early—either with combined DMARDs or with a biologic—can help them feel better faster.

The biologic treatment also showed lasting benefits, even after it was stopped, which may make it a cost-effective option in the long run.

### **Why is this important?**

This study provides the first strong evidence that people with more severe PsA may benefit from early intensive treatment instead of the usual step-by-step approach. It supports the idea of **personalised treatment**, giving stronger treatment early to those who need it most.