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** comorbidity[2]

42% of PsA patients have **3 or more** comorbidities[3]

42% of axSpA patients have **3 or more** comorbidities[2]

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 52%[7] axSpA: 14%[5]
- Liver Disease: PsA: 3%[4] axSpA: 3%[5]
- Type 2 Diabetes: PsA: 13%[4] axSpA: 6%[5]
- Depression: PsA: 17%[8] axSpA: 11%[5]
- Hyperlipidemia: PsA: 24%[4] axSpA: 17%[5]

Select GRAPPA Treatment Recommendations for PsA in the Case of Comorbidities (2021)[9]

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)[10]

- 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**

[a]55.4% of patients with peripheral PsA, 70.7% of patients with axial PsA. 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. Salaffi 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.Curtis JR, et al. Presented at: *Rheumatology Winter Clinical Symposium*; February 11–14, 2026; Maui, USA 8. Zusman EZ, et al. *Semin Arthritis Rheum*. 2020;50(6):1481-1488; 9. Coates LC, et al. *Nat Rev Rheumatol*. 2022;18(8):465-479 (Updated 2022;18(12):734); 10. Ramiro S, et al. *Ann Rheum Dis*. 2023;82(1):19-34.

axSpA PsA

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