
Psoriatic arthritis

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The editor and guest editors are pleased to present the 16th annual Supplement of *Clinical and Experimental Rheumatology* concerning Contemporary Topics in Rheumatic Diseases.

The 15 previous volumes are available at the Journal website:

- 1999 – Combination DMARD therapy in rheumatoid arthritis
- 2000 – Bone mass in the rheumatic diseases
- 2001 – Controversies in COX-2 inhibitor therapy
- 2002 – Innovative therapies for spondyloarthritides
- 2003 – Early arthritis
- 2004 – Benefit/risk of new drugs for rheumatoid arthritis
- 2005 – Quantitative clinical assessment of rheumatic diseases
- 2006 – Remission in rheumatic diseases
- 2007 – Quality of care in rheumatology:
opportunities and challenges
- 2008 – Mortality in rheumatic diseases
- 2009 – Rheumatoid arthritis and ankylosing spondylitis:
similarities and differences
- 2010 – Methotrexate in rheumatic diseases
- 2011 – Low-dose glucocorticoids in rheumatic diseases
- 2012 – Treat to target in rheumatic diseases
- 2013 – Possible discontinuation of therapies in rheumatic
diseases
- 2014 – Optimising assessment in clinical trials, clinical
research and clinical care

The theme of this year's Supplement is psoriatic arthritis (PsA). Several highlights include several articles from the Dermatology community, new information concerning assessment and imaging, and new therapies for PsA.

The first section concerns skin and nail manifestations of PsA, including an overview of pathogenesis and implications

for treatment, and specific articles on clinical manifestations in skin and nails.

The second section concerns musculoskeletal manifestations of PsA including discussion including articles an overview of the joint in PsA, and specific articles concerning peripheral joints, the spine, the entheses, and paediatric PsA.

The third section concerns assessment, including assessment of disease activity, responses to therapy, and description of remission.

The fourth next section concerns imaging, using classical radiographs, ultrasound, and magnetic resonance imaging (MRI).

The fifth section concerns approach to therapy, including an overview of the strategy in therapy, management recommendations, skin therapies from a dermatologic perspective, and limits of clinical trials to direct management.

The sixth section concerns oral small-molecule therapies, including methotrexate, apremilast, and cyclosporine.

The seventh section concerns biologic therapies, including an overview of development of biological therapies, and specific articles on anti-tumor necrosis factor α (TNF), interleukin 12 (IL-12/23 inhibition), and interleukin 17 inhibition.

The major goal of these Supplements is to optimise and to enhance patient care and outcomes. We hope readers of the Supplement will find the articles intellectually interesting and relevant toward patient care and better outcomes for people with PsA.

CME credit is available through Rush University by forwarding answers to questions at the end of the Supplement. Comments from readers are welcomed by the editor and guest editors.