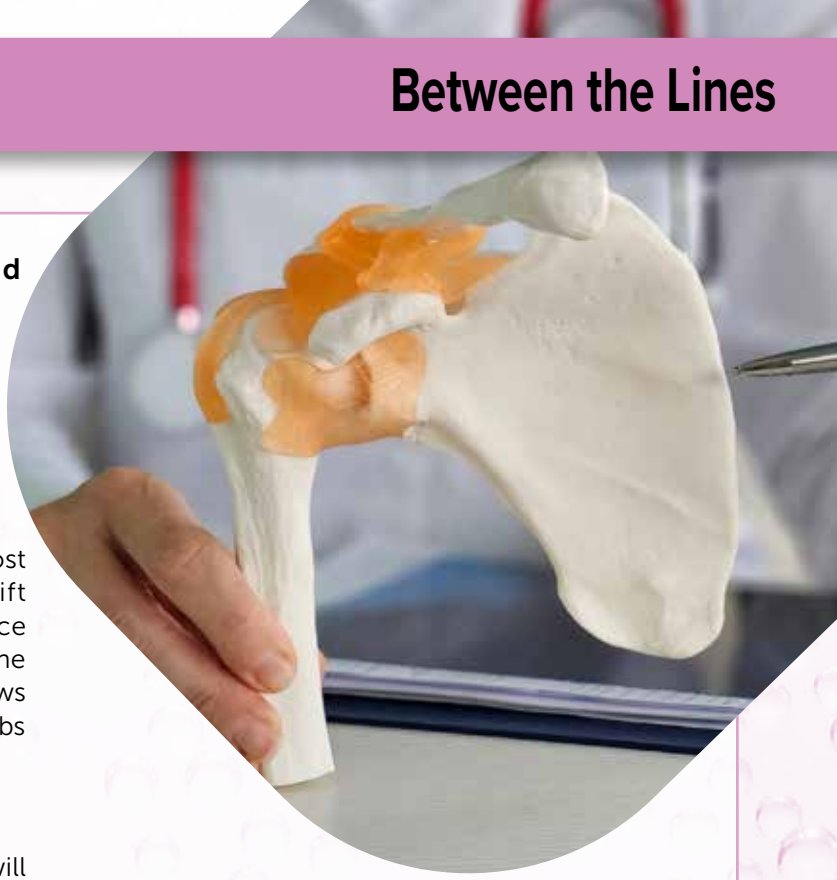

Over the past year, specialists from around the world continue to meet to share new research on psoriasis and psoriatic arthritis, these conferences are mainly aimed at doctors and researchers, but much of what is discussed has real-life implications for people living with these conditions.

Behind the scenes, large professional bodies host these meetings and education groups then sift through hundreds of talks. The European Alliance of Associations for Rheumatology (EULAR) runs the major European rheumatology congress, while news services such as RheumNow and online psoriatic hubs highlight what is most useful for everyday care.

Skin to joints

One major theme has been who with psoriasis will go on to develop psoriatic arthritis, and when that happens. At meetings such as the EULAR congress in London, researchers have shown scan images and, in some studies, tiny samples from the lining of joints that suggest inflammation can be present before joints look obviously swollen or damaged.

In everyday terms, this supports what many patients have been saying for years: there is often a "grey zone" where the skin is flaring and the joints are starting to complain, but the diagnosis is not yet clear. The message for anyone with psoriasis is to take ongoing stiffness, puffy fingers or toes, heel pain or a sore back seriously and to mention these early to a GP or dermatologist. The aim of the research in the background is to give doctors better tools to spot psoriatic arthritis before permanent damage is done.

Rethinking treatment

Another important discussion has been around when to move on from first-line drugs. For many years the usual pattern has been to start with painkillers and simple anti-inflammatory tablets, then try older disease-modifying drugs such as methotrexate, and only later consider biologics or newer targeted tablets. Recent trial results shared at international rheumatology meetings are prompting doctors to ask whether this "slow and steady" approach is always right, especially in more active disease.

Some studies suggest that, for certain people, bringing in stronger medicines earlier can reduce inflammation more effectively and protect joints in the long term. In very difficult, long-standing cases, researchers are even looking at carefully combining advanced treatments in clinical trials. This work is still being weighed up by expert groups and is not a blanket recommendation, but it is shaping the conversations that happen in clinic. For patients, it means that if symptoms remain active despite treatment, it is reasonable to ask whether there are other options and what the realistic goals of treatment should be.

Why weight?

Lifestyle topics can sound like the dull part of a medical conference, but they are getting more attention. Analyses presented at EULAR and reported through rheumatology news channels suggest that body weight can have a big effect on how well treatments work, and in some situations may influence outcomes as much as the choice of biologic.

This does not mean that weight is the cause of psoriatic disease, or that people should be blamed for their condition. Instead, it is leading clinics to build more support for weight management, physical activity and stopping smoking into routine care, rather than treating these as optional extras. Research is also looking closely at heart and circulation problems, because we now know that psoriasis and psoriatic arthritis are linked with higher risks of heart disease, stroke and, in some studies, abnormal heart rhythms. Behind the scenes, this is encouraging closer teamwork between rheumatologists, dermatologists, cardiologists and GPs.

Safety

Another area where background work really matters is vaccination. Since the COVID-19 pandemic, professional societies such as EULAR have been reviewing the evidence and updating advice on vaccines for people on immune-modifying treatments. Recent sessions have discussed newer shingles vaccines, pneumonia vaccines and how best to time doses around biologics and targeted tablets.