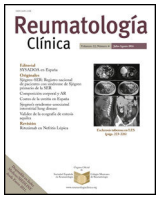
Reumatol Clin. 21 (2025) 501892

Sociedad Española de Reumatología - Colegio Mexicano de Reumatología

Reumatología Clínica

www.reumatologiaclinica.org



Special Article

Clinical practice guideline on the treatment of axial spondyloarthritis and psoriatic arthritis. ESPOGUÍA 2024

Juan D. Cañete,[a] Petra Díaz del Campo Fontecha[b,*], on behalf of the ESPOGUÍA Development Group[1]

[a] *Hospital Clínic de Barcelona e IDIBAPS, Barcelona, Spain*
[b] *Unidad de Investigación, Sociedad Española de Reumatología (SER), Madrid, Spain*

ARTICLE INFO

Article history:
Received 11 April 2025
Accepted 24 April 2025
Available online 5 August 2025

Keywords:
Clinical practice guideline
Axial spondyloarthritis
Psoriatic arthritis

ABSTRACT

The important advances in the area of therapeutic interventions and the time elapsed have justified the complete update of the Clinical practice guideline on the treatment of axial spondyloarthritis and psoriatic arthritis (ESPOGUIA2017). Methodologically, the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system has been incorporated, which allows the quality or certainty of the evidence to be assessed for each outcome of interest, previously prioritized by the drafting group and which structures the process of formulating recommendations explicitly. Thus, an updated clinical practice guideline has been developed to serve as a reference in the management of spondyloarthritis, to contribute to reduce unjustified variability, and to reinforce the importance of bringing clinical practice closer to the best available scientific evidence.

Guía de práctica clínica para el tratamiento de la espondiloartritis axial y la artritis psoriásica. ESPOGUÍA 2024

Palabras clave:
Guía de práctica clínica
Espondiloartritis axial
Artritis psoriásica

RESUMEN

Los avances importantes en el área de intervenciones terapéuticas y el tiempo transcurrido han justificado la actualización completa de la Guía de Práctica Clínica para el Tratamiento de la Espondiloartritis Axial y la Artritis Psoriásica (ESPOGUÍA2017). Metodológicamente se ha incorporado el sistema *Grading of Recommendations Assessment, Development, and Evaluation* (GRADE), que permite evaluar la calidad o certeza de la evidencia para cada desenlace de interés, priorizado previamente por el grupo elaborador y que estructura el proceso de formulación de recomendaciones de manera explícita. Se ha elaborado pues una Guía de Práctica Clínica actualizada para que sirva de referencia en el manejo de las espondiloartritis, contribuya a disminuir variabilidad no justificada, y que refuerce la importancia de acercar la práctica clínica a la mejor evidencia científica disponible.

Spondyloarthritis (SpA) is a group of chronic inflammatory diseases affecting the musculoskeletal system. These diseases are mediated by the immune system and share epidemiological, genetic, immunopathological, clinical, radiographic, and therapeutic response characteristics. This group includes axial spondyloarthritis (axSpA) and psoriatic arthritis (PsA). AxSpA is characterised by involvement of the sacroiliac joints and the spine, as well as the sites where ligaments attach to bone (entheses), and it may also affect peripheral joints.[1,2] PsA is a chronic inflammatory disease affecting the skin and musculoskeletal system. It usually

* Corresponding author.
E-mail address: petra.diaz@ser.es (P. Díaz del Campo Fontecha).
[1] The names of the members of the ESPOGUÍA Development Group are listed in Appendix A.

affects the peripheral joints and around 30% of patients also have axial skeletal involvement. Enthesitis and dactylitis (inflammation of the tendon sheaths causing the finger to swell like a sausage) are also common. Both diseases can be associated with inflammation of the eyes (uveitis) and the intestines (Crohn's disease and ulcerative colitis).[3,4]

A clinical practice guideline (CPG) is a document presenting a set of recommendations based on a systematic review of the evidence and an assessment of the risks and benefits of different alternatives, with the goal of improving patient care.[5] The recommendations of the European League Against Rheumatism (EULAR) and the American College of Rheumatology (ACR) for diagnosing and treating these rheumatic diseases are the most widely used internationally. In Spain, the ESPOGUIA guideline has been produced by the Spanish Society of Rheumatology (SER) since 2009[3] and updated twice, in 2015 and 2018.[6,7]

Given the time that has elapsed since the publication of the previous CPG,[6] and the significant advances that have emerged in recent years, mainly in the area of therapeutic innovations and new treatment strategies, the SER decided on an update and the new "Guideline for the treatment of axial spondyloarthritis and psoriatic arthritis" was published in December 2024.[8] The aim was to establish current recommendations, based on the best available evidence, aimed at improving the quality of care and quality of life of people with axSpA and PsA, and to assist rheumatology specialists in therapeutic decision-making in this group of diseases.

The 2024 CPG is the result of the work of a large group of healthcare professionals (drafting group [DG]) from different autonomous communities who are involved in managing patients with axSpA and PsA. This group includes specialists in rheumatology, dermatology, ophthalmology, gastroenterology, and nursing, as well as representatives of patient associations. Specialists in methodology, technicians from the SER Research Unit, and several rheumatologists from the SER working group of reviewers, as well as other external reviewers, were also involved in systematically reviewing the available scientific evidence. For the first time, ESPOGUÍA has incorporated the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) methodology,[9] both to determine the quality or certainty of the evidence and to grade the strength and direction of the recommendations.

The CPG incorporates new biological therapies for the treatment of PsA, including IL-23 and IL-17A/F inhibitors, as well as JAK1,3 and JAK1 inhibitors. It also includes new therapies for axSpA, such as IL-17A and IL-17A/F inhibitors, and new data on the efficacy and safety of IL-17A inhibition in axial PsA. Results from head-to-head studies comparing IL-17A and TNF-alpha inhibitors in PsA, as well as results from a clinical trial indicating that methotrexate could be an effective treatment for enthesitis and dactylitis in PsA (SEAM-PsA), have also been incorporated.[10] Evidence from current retrospective studies suggesting that treating psoriasis, particularly with biological therapy, may prevent or delay the onset of PsA has also been included. Another new addition is an update on the debate as to whether axial spondyloarthritis and axial psoriatic arthritis are the same disease.

Several important topics are addressed in ESPOGUÍA 2024, including the disease burden of spondyloarthritis in Spain and the importance of patient empowerment in decision-making regarding their diagnosis and treatment. Thanks to patient involvement, systems have been developed to assess the impact of the disease on patients with PsA, such as PsAID. This allows us to identify which of the 12 physical, psychological, and sociological variables that make up their disease are having the greatest impact on their quality of life. These and other measures are also useful for improving treatment adherence. This is why the opinions of patients and nursing professionals are included in ESPOGUÍA.

The SER's ESPOGUÍA 2024 presents some key differences when compared to the EULAR recommendations for axSpA and also for PsA, since the ESPOGUÍA is a document that extensively develops aspects related to epidemiology and disease burden, the importance of dietary habits, toxin avoidance (e.g. tobacco and alcohol), and physical activity. These topics are not usually included in the EULAR[11,12] or ACR recommendations.[13,14] The final recommendations on disease management and treatment are essentially similar in ESPOGUÍA and EULAR, although the methodologies used to develop them are different: GRADE[9] and OXFORD,[15] respectively. The GRADE methodology explicitly structures the process of formulating recommendations. Among its novelties and strengths, it is worth highlighting that it evaluates the quality or certainty of the evidence for each outcome of interest; outcomes that have been previously prioritised by the DG; that the quality assessment goes far beyond the usual risk of bias, extending to factors such as the consistency or inconsistency of results or their imprecision. It also explicitly separates the quality of the evidence (confidence in the estimation of an effect to support a recommendation) from the strength of the recommendations (the extent to which we can trust that implementing a recommendation will result in more benefits than risks). Other relevant factors incorporated into the development of recommendations include patient values and preferences, the balance between the desirable and undesirable effects of interventions, and aspects such as equity, acceptability, feasibility of implementation, and resource use and costs. After summarising the evidence for each clinical question, the DG proceeded to formulate specific recommendations based on a "formal assessment" or "reasoned judgement".

One of the most notable aspects is that ESPOGUÍA 2024 issues new recommendations for changing treatment following failure or intolerance to TNF-alpha inhibitors in axSpA and PsA. These recommendations depend on the extra-musculoskeletal manifestations of the disease, such as psoriasis, uveitis, or inflammatory bowel disease, as well as the patient's comorbidities (cardiovascular risk and obesity, etc.). The recommendation on reducing or withdrawing treatment for patients in remission has also been updated.

One of the most important conclusions of drafting ESPOGUÍA 2024, albeit a predictable one, is that new studies are needed to provide sufficient evidence to enable more robust recommendations to be made regarding prognostic factors and biomarkers of response to different targeted therapies, as well as studies comparing axSpA with axPsA. The future of treatment lies in personalised medicine, meaning providing patients with the right treatment for their disease and its status. However, achieving this goal is extremely challenging given that spondyloarthritis, including PsA, is a disease with many clinical phenotypes affecting various tissues (e.g., entheses, synovium, bone, and skin), with significant heterogeneity in response to treatment. These and other unmet needs are included in the ESPOGUÍA 2024 research agenda.

In summary, the ESPOGUÍA 2024 guideline for the treatment of axial spondyloarthritis (axSpA) and psoriatic arthritis (PsA) was developed using a rigorous, evidence-based methodology. They aim to promote effective, safe, and coordinated decision-making among healthcare professionals regarding therapeutic interventions for axSpA and PsA, with a focus on the patients that suffer from them.

CRediT authorship contribution statement

The authors have made substantial contributions to the analysis of the data, the drafting of the article, and the final approval of the version presented.

Funding

Fundación Española de Reumatología (Spanish Rheumatology Foundation).

Declaration of competing interest

Juan D. Cañete has received funding from AbbVie, Janssen, and UCB to attend courses/conferences, and fees from Nordic for lectures and from IMIDomics for scientific advice.

Petra Díaz del Campo Fontecha has no conflict of interest to declare.

Acknowledgements

The authors would like to thank Dr José Luis Pablos, Director of the SER Research Unit, for helping to ensure this document's independence.

Appendix A. List of members of the ESPOGUÍA Drafting Group

Juan D. Cañete, David Díaz Valle, Agnès Fernández Clotet, Amparo López Esteban, Clementina López Medina, Carlos Montilla Morales, Mireia Moreno Martínez-Losa, Manuel José Moreno Ramos, Victoria Navarro Compán, Ruben Queiro Silva, Julio Ramírez García, and Josep Riera Monroig. The complete declarations of interests of all members of the drafting group, as well as ESPOGUÍA 2024, can be consulted at the following link: https://www.ser.es/guia-de-practica-clinica-para-el-tratamiento-de-la-espondiloartritis-axial-y-la-artritis-psoriasica/

References

1. Sieper J, Rudwaleit M, Baraliakos X, Brandt J, Braun J, Burgos-Vargas R, et al. The assessment of SpondyloArthritis international Society (ASAS) handbook: a guide to assess spondyloarthritis. Ann Rheum Dis. 2009;68 Suppl 2:ii1–44.
2. Rudwaleit M, van der Heijde D, Landewé R, Listing J, Akkoc N, Brandt J, et al. The development of assessment of SpondyloArthritis international Society classification criteria for axial spondyloarthritis (part II): validation and final selection. Ann Rheum Dis. 2009;68:777–83.
3. Sociedad Española de Reumatología. In: ESPOGUÍA: guía de práctica clínica sobre el manejo de los pacientes con Espondiloartritis. Madrid: Sociedad Española de Reumatología; 2009 [accessed 31 Mar 2025]. Available from: https://www.ser.es/wp-content/uploads/2016/03/Espogu%C3%ADa-completa_1_def-1.pdf
4. Catanoso M, Pipitone N, Salvarani C. Epidemiology of psoriatic arthritis. Reumatismo. 2012;64:66–70.
5. Grupo de trabajo para la actualización del Manual de Elaboración de GPC. Elaboración de Guías de Práctica Clínica en el Sistema Nacional de Salud. Actualización del manual Metodológico. Madrid: Ministerio de sanidad. Servicios Sociales e Igualdad; Zaragoza: Instituto Aragonés de Ciencias de la Salud (IACS); 2016 [accessed 10 Feb 2025]. Available from: https://portal.guiasalud.es/wp-content/uploads/2023/01/manual_elaboracion_gpc_man_0.pdf.
6. Sociedad Española de Reumatología. In: Grupo de trabajo ESPOGUIA. Guía de Práctica Clínica para el Tratamiento de la Espondiloartritis Axial y la Artritis Psoriásica. Actualización. Madrid: Sociedad Española de Reumatología; 2017 [accessed 31 Mar 2025]. Available from: https://www.ser.es/wp-content/uploads/2016/03/ESPOGUIA-actualizaci%C3%B3n-2017_DEF_web.pdf
7. Sociedad Española de Reumatología. In: Grupo de trabajo ESPOGUIA. Guía de Práctica Clínica para el Tratamiento de la Espondiloartritis Axial y la Artritis Psoriásica. Madrid: Sociedad Española de Reumatología; 2015 [accessed 31 Mar 2025]. Available from: https://www.ser.es/wp-content/uploads/2016/04/GPC_-Tratamiento_EspAax_APs_DEF.pdf
8. Sociedad Española de Reumatología. In: Grupo de trabajo ESPOGUIA. Guía de Práctica Clínica para el Tratamiento de la Espondiloartritis Axial y la Artritis Psoriásica. Actualización. Madrid: Sociedad Española de Reumatología; 2024.
9. Atkins D, Best D, Briss PA, Eccles M, Falck-Ytter Y, Flottorp S, et al. Grading quality of evidence and strength of recommendations. BMJ. 2004;328:1490.
10. Mease PJ, Gladman DD, Collier DH, Ritchlin CT, Helliwell PS, Liu L, et al. Etanercept and methotrexate as monotherapy or in combination for psoriatic arthritis: primary results from a randomized, controlled phase III trial. Arthritis Rheumatol. 2019;71:1112–24.
11. Gossec L, Kerschbaumer A, Ferreira RJO, Aletaha D, Baraliakos X, Bertheussen H, et al. EULAR recommendations for the management of psoriatic arthritis with pharmacological therapies: 2023 update. Ann Rheum Dis. 2024;83:706–19.
12. Ramiro S, Nikiphorou E, Sepriano A, Ortolan A, Webers C, Baraliakos X, et al. ASAS-EULAR recommendations for the management of axial spondyloarthritis: 2022 update. Ann Rheum Dis. 2023;82:19–34.
13. Ward MM, Deodhar A, Gensler LS, Dubreuil M, Yu D, Khan MA, et al. 2019 update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network Recommendations for the Treatment of Ankylosing Spondylitis and Nonradiographic Axial Spondyloarthritis. Arthritis Care Res (Hoboken). 2019;71:1285–99.
14. Singh JA, Guyatt G, Ogdie A, Gladman DD, Deal C, Deodhar A, et al. Special article: 2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the Treatment of Psoriatic Arthritis. Arthritis Rheumatol. 2019;71:5–32.
15. Centro Oxford de Medicina basada en la evidencia CEBM [accessed 31 Mar 2025]. Available from: http://www.cebm.net/oxford-centre-evidence-based-medicine-levels-evidence-march-2009.