

Appendix

The Psoriatic Arthritis Screening and Evaluation (PASE) questionnaire (maximum score, 75) [1], which was used to assess disease activity, consists of 15 questions on two subscales: a symptom scale (seven questions) and a function scale (eight questions). Each question is scored on a scale of 1 (strongly disagree) to 5 (strongly agree). The Health Assessment Questionnaire-Disability Index (HAQ-DI) [2] was used to assess difficulty in performing activities. Dressing and grooming, arising, eating, walking, hygiene, reach, grip, and activities are scored on a scale of 0 (without any difficulty) to 3 (unable to do), and the HAQ score was calculated by dividing the sum total of the worst (highest) score in each category by the number of categories answered. The Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) questionnaire [3] was used to assess fatigue, spinal pain, joint pain/swelling, areas of localized tenderness (enthesitis), and duration and severity (average of both scores) of morning stiffness using a visual analog scale (VAS) of 10 cm. The BASDAI score (1–10) was calculated by dividing the total score by 5.

The Psoriasis Area and Severity Index (PASI) score was calculated as the sum of scores obtained by assessing the severity of psoriatic arthritis (PsA) symptoms on the head, body, and upper and lower limbs on a scale of 0 (none) to 4 (very severe) and psoriatic lesion area on a scale of 0 to 6 (0: 0%; 1: 0%–10%; 2: 10%–30%; 3: 30%–50%; 4: 50%–70%; 5: 70%–90%; 6: 90%–100%). Reductions in scores of $\geq 75\%$ and $\geq 90\%$ from baseline were rated as PASI75 and PASI90, respectively. American College of Rheumatology (ACR) 20, ACR50, and ACR70 rates were defined as improvement from baseline in tender joint count (TJC), swollen joint count (SJC) and at least three of five parameters (patient global assessment [PGA]/physician global assessment [PhGA]/pain VAS, HAQ-DI, and erythrocyte sedimentation rate [ESR] and/or C-reactive protein [CRP]) by $\geq 20\%$, $\geq 50\%$, and $\geq 70\%$, respectively. Disease Activity Score in 28 joints (DAS28)

as measured using CRP (DAS28[CRP] and ESR (DAS28[ESR]) were calculated using the following formula: $0.56 \times \sqrt{(TJC)} + 0.28 \times \sqrt{(SJC)} + 0.36 \times \ln(\text{CRP} \times 10 + 1) + 0.014 \times \text{PGA} + 0.96$ and $0.56 \times \sqrt{(TJC)} + 0.28 \times \sqrt{(SJC)} + 0.7 \times \ln(\text{ESR}) + 0.014 \times \text{PGA}$, respectively; 28 joints were evaluated for TJC and SJC.

References

1. Husni ME, Meyer KH, Cohen DS, Mody E, Qureshi AA. The PASE questionnaire: pilot-testing a psoriatic arthritis screening and evaluation tool. *J Am Acad Dermatol.* 2007;57:581–7.
2. Fries JF, Spitz P, Kraines RG, Holman HR. Measurement of patient outcome in arthritis. *Arthritis Rheum.* 1980;23:137–45.
3. Garrett S, Jenkinson T, Kennedy LG, Whitelock H, Gaisford P, Calin A. A new approach to defining disease status in ankylosing spondylitis: the Bath Ankylosing Spondylitis Disease Activity Index. *J Rheumatol.* 1994;21:2286–91.