Optimising PsA and axSpA Treatment: EULAR 2026 Focuses on Early Intervention

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Achieving optimal treatment success in psoriatic arthritis (PsA) and axial spondyloarthritis (axSpA) clinics remains a challenge, often due to delayed diagnosis and suboptimal treatment escalation.1 EULAR 2026 will highlight the imperative of translating evidence into practice, focusing on early, aggressive therapeutic strategies to mitigate disease progression and improve long-term patient function.

KEY TAKEAWAYS

- The Pivot: EULAR 2026 will underscore the shift towards earlier, more aggressive therapeutic intervention in PsA and axSpA.
- The Data: Early initiation of targeted therapies, particularly biologics or JAK inhibitors, has demonstrated superior outcomes in preventing irreversible structural damage and improving functional status compared to delayed treatment.
- The Action: Clinicians should prioritise timely diagnosis and consider rapid escalation to advanced therapies in patients with active disease, moving beyond a step-wise approach when indicated.

Psoriatic arthritis (PsA) and axial spondyloarthritis (axSpA) are chronic inflammatory conditions that can lead to irreversible structural damage and significant functional impairment if not managed effectively. The clinical dilemma lies in the variability of disease presentation and the often-delayed initiation of effective therapies, which can result in poorer long-term outcomes. Evidence consistently demonstrates that a 'treat-to-target' approach, coupled with early intervention, is critical for achieving disease control and preventing radiographic progression.1 However, the practical implementation of these strategies in routine clinical settings can be inconsistent.2 Both PsA and axSpA affect a significant portion of the population, with PsA prevalence estimated to be around 0.3% to 1% in the general population and up to 30% in individuals with psoriasis. AxSpA, including its most severe form, ankylosing spondylitis, affects approximately 0.5% to 1% of the adult population, often presenting in young adults. These conditions are characterized by chronic inflammation of the joints, entheses, and spine, driven by complex immune pathways involving cytokines such as TNF-alpha, IL-17, and IL-23.

Translating Evidence into Practice: EULAR 2026 Focus

The EULAR 2026 session, 'Translating Evidence into Practice: Achieving Treatment Success in PsA and axSpA Clinics,' will address key aspects of optimising patient management. A central theme will be the importance of early diagnosis. For PsA, the average delay from symptom onset to diagnosis can be 7 years, while for axSpA, it can extend to 5-10 years.3,4 This diagnostic delay is a significant barrier to effective treatment, as early inflammatory changes can lead to

permanent joint damage within the first few years of disease onset.5 The session will also highlight the importance of recognizing subtle symptoms and utilizing validated screening tools to identify patients at risk, thereby shortening the diagnostic window and facilitating prompt referral to rheumatology specialists.

The session will review the current understanding of disease pathogenesis and the rationale for early therapeutic intervention. Data from observational cohorts and randomised controlled trials consistently show that initiating disease-modifying antirheumatic drugs (DMARDs), particularly biologics or targeted synthetic DMARDs (tsDMARDs) such as JAK inhibitors, earlier in the disease course leads to superior outcomes. For instance, in early PsA, patients treated with biologics within 6 months of diagnosis demonstrated significantly lower rates of radiographic progression compared to those with delayed initiation.6 Similarly, in axSpA, early treatment with TNF inhibitors has been associated with better spinal mobility and reduced radiographic progression over 2 years, with a hazard ratio (HR) for progression of 0.65 (95% CI 0.48-0.88, P=0.005) compared to conventional therapy.7 These advanced therapies target specific inflammatory pathways, offering more precise disease control compared to broad immunosuppressants.

A key focus will be on the 'treat-to-target' strategy, which involves setting specific, measurable treatment goals, such as minimal disease activity (MDA) in PsA or Ankylosing Spondylitis Disease Activity Score (ASDAS) remission in axSpA, and adjusting therapy until these targets are met.8 This approach has been shown to improve clinical outcomes, including functional status and quality of life, more effectively than standard care. For example, a study in PsA demonstrated that a treat-to-target strategy achieved MDA in 59% of patients at 12 months, compared to 35% in the standard care group (P0.001).9 The session will detail practical aspects of implementing treat-to-target, including appropriate outcome measures and frequency of monitoring.

The session will also explore the role of multidisciplinary care and patient education in achieving treatment success. Effective management of PsA and axSpA requires collaboration between rheumatologists, dermatologists, physiotherapists, and other healthcare professionals. Patient engagement in treatment decisions and adherence to therapy are critical, with studies indicating that poor adherence can lead to suboptimal disease control in up to 50% of patients.10 Limitations in current practice often include a reliance on a step-wise approach to therapy, where conventional synthetic DMARDs (csDMARDs) are used for extended periods before escalating to advanced therapies, even in patients with high disease activity or poor prognostic factors. This can delay access to more effective treatments. The EULAR 2026 discussion will advocate for a more individualised approach, considering patient-specific factors and disease severity to guide early therapeutic choices. While no specific new trials will be presented, the session will synthesise existing evidence to provide practical guidance for clinicians, aiming to bridge the gap between research findings and routine clinical application. The discussion will also address challenges in resource allocation and access to advanced therapies, which can vary significantly across different healthcare systems, further contributing to delays in optimal treatment.

> **CLINICAL IMPLICATIONS**
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> The EULAR 2026 focus on early intervention in PsA and axSpA is a necessary recalibration of clinical priorities. For too long, the default has been a cautious, step-wise approach, often delaying effective therapies until irreversible damage has occurred. Clinicians must internalise that a 7-year diagnostic delay in PsA or a 10-year delay in axSpA is not merely an inconvenience; it is a direct contributor to permanent disability. The evidence is clear: early, aggressive treatment with biologics or JAK inhibitors, when indicated, is not an

optional extra but a fundamental requirement for preserving joint function and improving patient quality of life. Waiting for csDMARDs to fail for an arbitrary period in a patient with high disease activity is no longer defensible.

This shift has significant implications for pharmaceutical companies. The emphasis on early intervention will likely increase the demand for advanced therapies in newly diagnosed patients, rather than reserving them solely for those who have failed multiple lines of conventional treatment. Companies producing TNF inhibitors, IL-17 inhibitors, IL-23 inhibitors, and JAK inhibitors should anticipate this change in prescribing patterns and ensure their educational materials and market access strategies align with the imperative for earlier use. The market will reward therapies that demonstrate clear benefits in preventing long-term damage, not just symptom control.

Ultimately, the patient experience stands to benefit most. Reducing the diagnostic delay and accelerating access to effective treatments means fewer years lived with debilitating pain, less irreversible joint damage, and a greater chance of maintaining functional independence. This is not about prescribing expensive drugs for the sake of it, but about delivering evidence-based care that prevents long-term suffering. The challenge for healthcare systems will be to support this paradigm shift, ensuring that access to specialist care and advanced therapies is not hampered by bureaucratic hurdles or cost-containment measures that contradict the clinical evidence.

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