

Appendix S1

SUPPLEMENTARY MATERIALS AND METHODS

Parameters

The screening included oral history-taking about skin and joint complaints, as well as parameters, such as family history, that could possibly be used to identify patients with concomitant arthritis. Comorbidity was assessed using the Functional Comorbidity Index (0–18) (28). Current and previous treatment for PsO and/or PsA were recorded. Patient-perceived burden of skin and joint involvement was measured with a visual analogue scale (VAS; 0–100 mm); a score of >50 mm corresponds to an unacceptable symptom state, and was considered a high burden (29). Also, the current study used 3 existing screening questionnaires (PEST, Toronto Psoriatic Arthritis Screen – ToPAS, Early Arthritis for Psoriatic Patients – EARP) to collect clinical characteristics that have previously been linked to a higher risk of concomitant arthritis (7, 9, 10).

Physical examination entailed a 68 tender joint count, 66 swollen joint count, dactylitis count, and Leeds enthesitis index (0–6) (30). Skin disease was assessed using the Psoriasis Area and Severity Index (PASI; 0–72) and body surface amount (BSA; 0–100) (31). Nail disease was assessed using the Nail Psoriasis Severity Index (NAPSI; 0–80) and the Nijmegen Nail Psoriasis Activity Index (N-NAIL; 0–150) (32, 33).

Disease activity at the rheumatology department was assessed via the modified Psoriatic Arthritis Disease Activity Score (PAS-DAS), a PsA-specific composite disease activity score, and its subscales (17). A higher PASDAS equals higher disease activity, with predefined cut-offs of ≤ 3.2 , $>3.2 - <5.4$ and ≥ 5.4 for low, moderate, and high disease activity, respectively (34). HR-QoL were assessed via the Dermatological Life Quality Index (DLQI) and Psoriatic Arthritis Impact of Disease (PsAID) (18, 19). While DLQI measures only skin-related issues and is not specific for PsO, the PsAID is developed to assess the impact of both joint and skin issues as a consequence of PsA. In both questionnaires, a higher score indicates a greater disease burden. A score of >4 on the PsAID, or a score of >5 on the DLQI, is considered a high impact on the QoL of the patient (18, 29, 35).