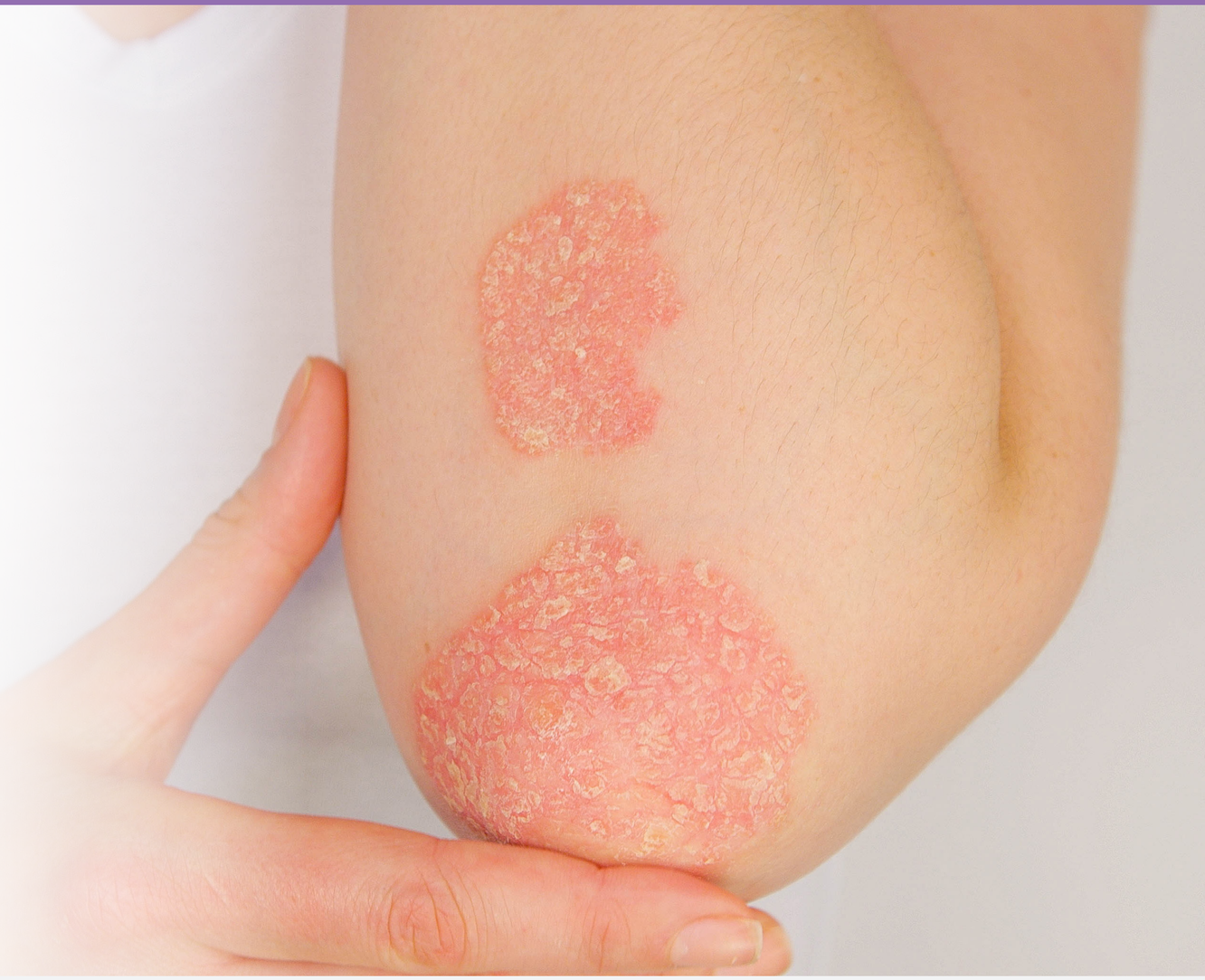
PSORIATIC ARTHRITIS (PSA)

What is Psoriatic Arthritis?

Psoriatic arthritis (PsA) is a chronic autoimmune disease associated with psoriasis that affects the joints, causing pain, swelling, and stiffness. It occurs when the immune system attacks healthy joint tissue, causing inflammation and damage.

What causes Psoriatic Arthritis?

The exact cause of PsA is unclear to researchers. About 20% of patients with psoriasis will develop PsA, and those with a first or second degree relative have a higher risk of PsA. Patients with psoriasis affecting their scalp, nails, and the folds of the skin (inverse psoriasis) are more likely to develop PsA. Environmental factors like smoking, infections, and trauma may also play a role in its development.



PSORIATIC ARTHRITIS (PSA)

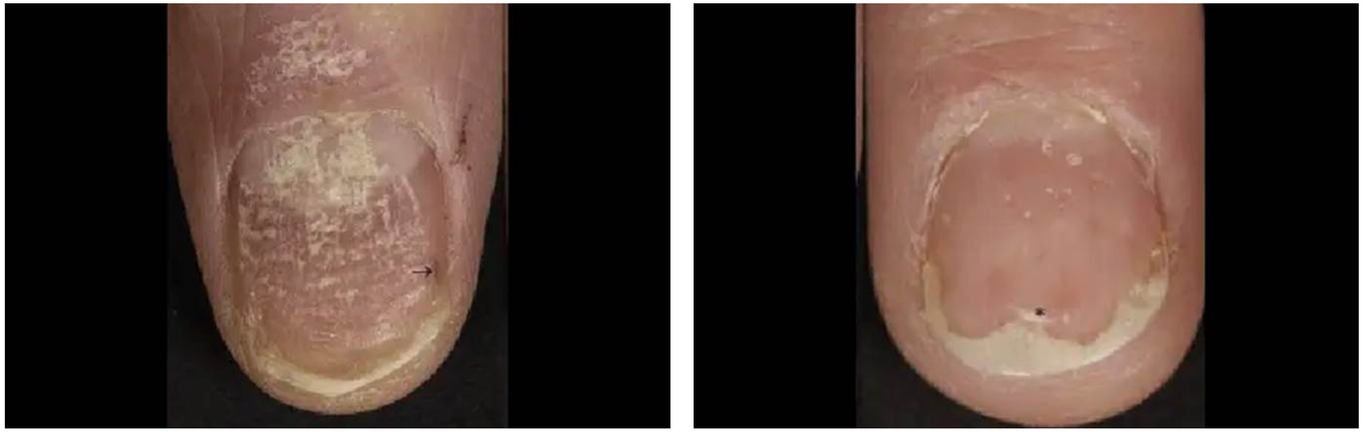
What are Signs and Symptoms?

- Joint pain in small or large joints
- Neck, lower back, buttock pain
- Prolonged morning stiffness
- Joint or tendon swelling
- Unusual fatigue
- Psoriasis (dry flaking patches of skin and/or nail changes)

PSORIATIC ARTHRITIS (PSA)

Signs and Symptoms

Patients with psoriatic arthritis may develop nail changes including crumbling, tiny dents (pitting), white discoloration, and separation from the nail bed.

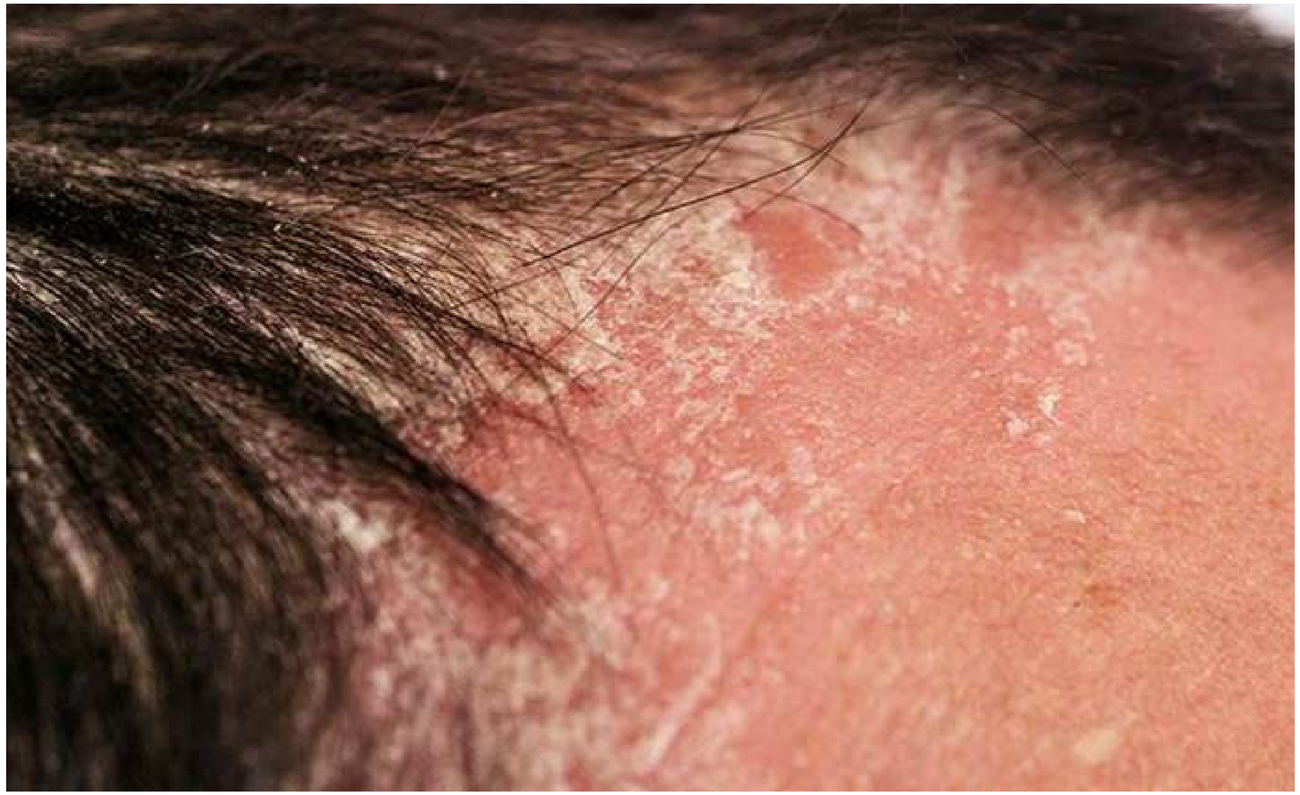


(Ludmann, 2023)

PSORIATIC ARTHRITIS (PSA)

Signs and Symptoms

Other typical skin changes involved in psoriasis include red scaling patches that may itch and flake.

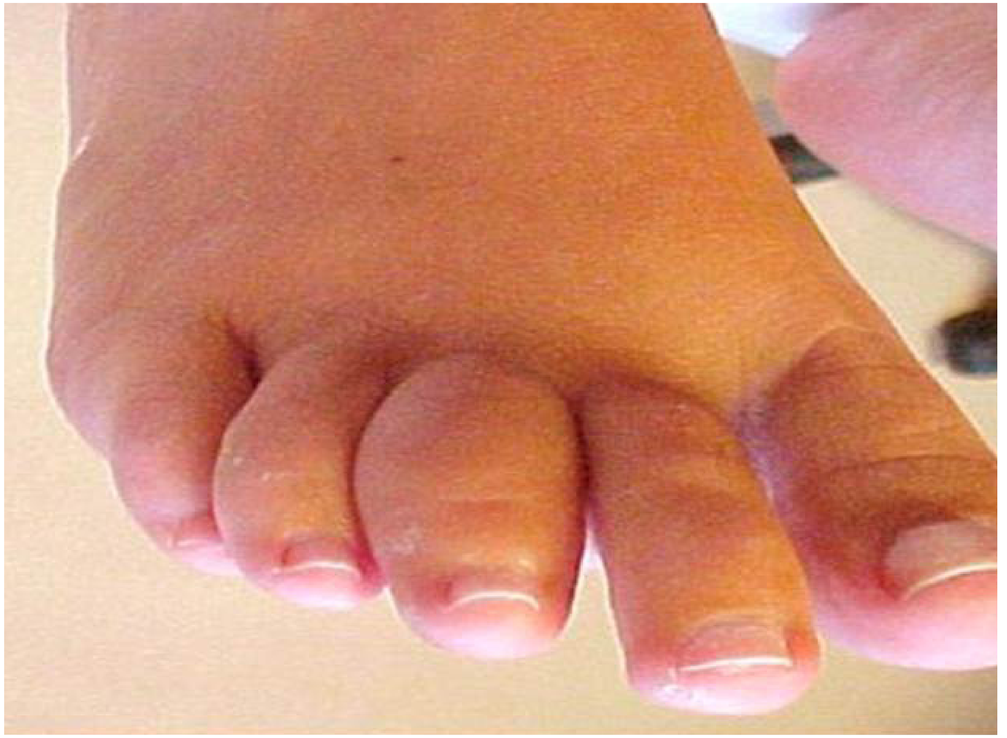


(Cleveland Clinic, 2023)

PSORIATIC ARTHRITIS (PSA)

Signs and Symptoms

Joint and tendon swelling can cause what rheumatologists sometimes call sausage finger or toe, otherwise known as dactylitis.



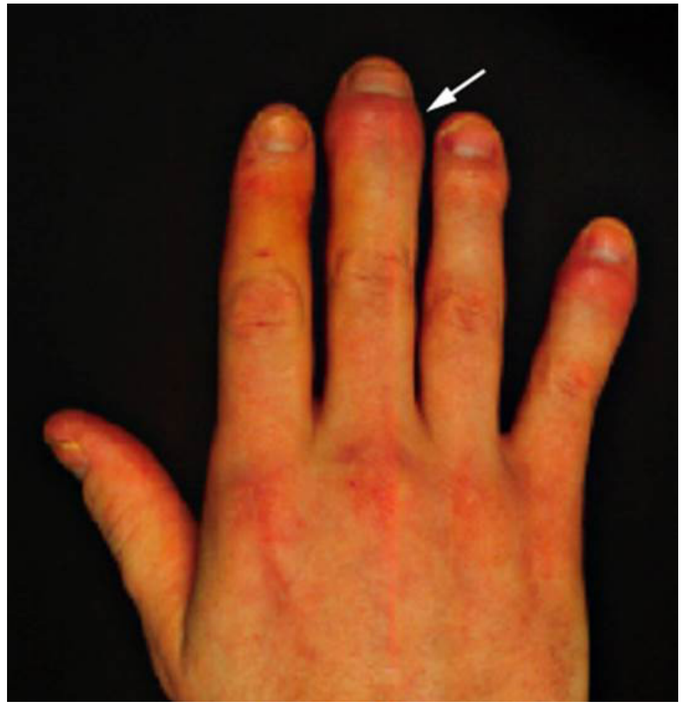
(Balton, 2020)

PSORIATIC ARTHRITIS (PSA)

Signs and Symptoms

Psoriatic arthritis may cause swelling and pain in the joints furthest from the hand as seen in the long finger and pinky finger in the photo on the left.

Right: Some patients with psoriatic arthritis also develop tendon swelling in their Achilles' tendon as seen in this patient's left ankle.



(UpToDate, 2017)

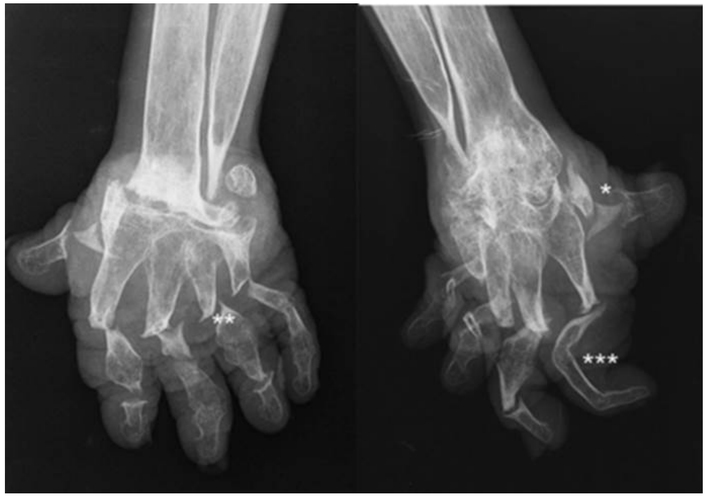
(Cush, 2017)

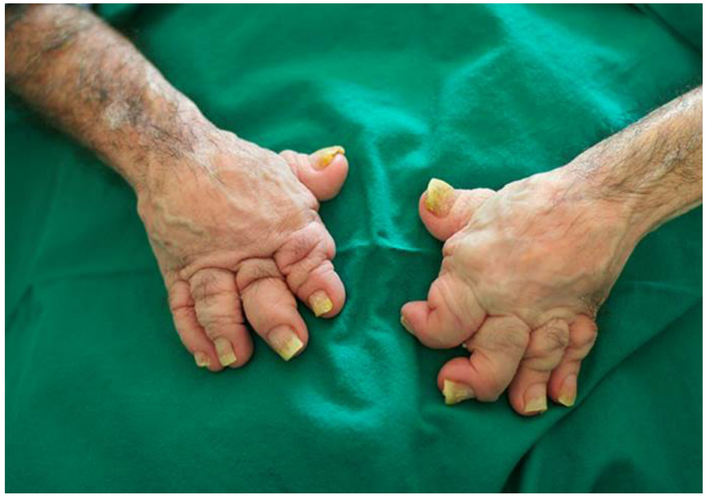
PSORIATIC ARTHRITIS (PSA)

Signs and Symptoms

Left: Findings typical for PsA include erosive changes with new bone formation occurring in the same joint or different joints within the same digit.

Right: This is an example of **arthritis mutilans**, the most severe and destructive form of psoriatic arthritis–***RARE now because of the treatment options now available.***





(Ferreira MB, Sá N, Rocha SM, et al, 2013)

PSORIATIC ARTHRITIS (PSA)

How is this Diagnosed?

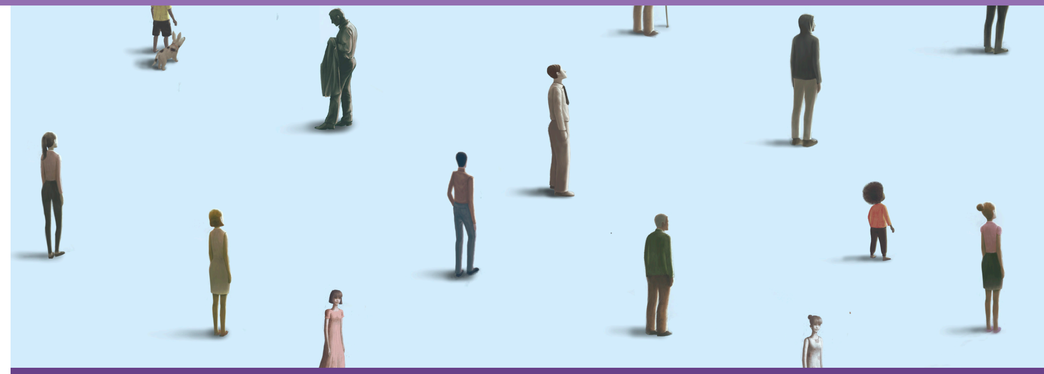
There is not one specific test or symptom that diagnoses PsA. Rheumatologists use various pieces of information when diagnosing PsA.

A rheumatologist diagnoses PsA by evaluating your symptoms, asking your history, performing a physical exam, including a joint exam, and obtaining blood work and x-rays.

Some blood tests associated with the development of PsA include the HLA-B27 antigen.

Erythrocyte sedimentation rate (ESR) and c-reactive protein (CRP) are additional blood tests that may help detect active inflammation in the body.

Your rheumatologist may withdraw fluid from a swollen joint to also help diagnose psoriatic arthritis.



Am I Alone in This?

PsA affects men and women **equally**

Diagnosed between **ages 30-50** and can **also be seen in children**

Prevalence is **1-2 per 1000** of the general population

20-25% of patients with psoriasis develop PsA

PSORIATIC ARTHRITIS (PSA)

How is Psoriatic Arthritis Treated?

Controlling inflammation caused by PsA is the primary goal of treatment. While there is no cure for PsA, treatments options have increased significantly since the 1990s. Nowadays, patients can go into remission, meaning their symptoms are controlled completely!

This allows patients with PsA to continue their day-to-day activities undisrupted. It's important to start medication for PsA as soon as possible in order to prevent long-lasting or permanent damage.

If symptoms are mild in the small joints, patients can take NSAIDs like ibuprofen, naproxen, celecoxib, and meloxicam. Topical steroid creams are commonly used for skin symptoms in this case.

If your rheumatologist identifies a risk for potential joint damage, disease-modifying anti-rheumatic drugs (DMARDs) like methotrexate or sulfasalazine can be helpful to control inflammation over time.

DMARDs help block the dysregulated part of the immune system. By blocking the source of inflammation, DMARDs help reduce pain, swelling, and prevent damage from occurring in the joints.

Patients with PsA affecting the spine require medications called biologics.

"Nowadays, with the right medications, patients can go into remission, meaning their symptoms are controlled completely!"

PSORIATIC ARTHRITIS (PSA)

What else can we do in addition to medications?

Along with medication therapy, patients with PsA benefit from lifestyle interventions including:

- Maintaining a healthy weight
- Incorporating a low-impact exercise routine
- Quitting smoking
- Eating well-balanced anti-inflammatory diet
- Getting adequate sleep
- Managing stress levels
- Cultivating a support system

PSORIATIC ARTHRITIS (PSA)

Are there other Healthcare Professionals I Should See?

- Patients work closely with their **rheumatologists** to manage their PsA and monitor treatments.
- **Physical therapists** and **occupational therapists** work with patients to improve muscle strength and range of motion of joints.
- If joint damage from uncontrolled PsA causes limitations, patients may also consult with an **orthopedist** to evaluate whether surgical intervention should be considered.
- PsA can affect other organs such as the eyes, cardiovascular system, or gastrointestinal system, so patients may also require close monitoring by an **ophthalmologist, cardiologist**, and/or **gastroenterologist**.

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