

# PSORIATIC ARTHRITIS

Understanding  
your condition



# What is Psoriatic Arthritis?

**Psoriatic arthritis (PsA)** is a type of arthritis that causes joint pain, swelling, and stiffness in some people who have psoriasis. Psoriasis is a skin condition that causes flak patches of skin which form scales. About 30% of people with psoriasis also develop PsA<sup>1,2,3</sup>.

## Psoriatic arthritis (PsA)

Psoriasis

Arthritis



PsA affects men and women equally. Prevalence of PsA ranges from 0.1% to 1% in the general population around the world<sup>4,5</sup>.

# Types of Psoriatic Arthritis

The clinical presentation of PsA is varied. The earliest classification of PsA by Moll and Wright included five subtypes<sup>6</sup>:



**Oligoarticular arthritis**  
Affects few joints with asymmetrical pattern

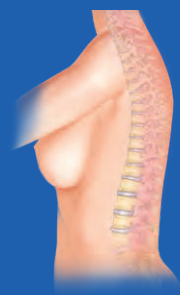
**Polyarticular arthritis**  
Affects multiple joints with symmetrical pattern



**Distal arthritis**  
Affects the distal joints of the fingers and toes



**Arthritis mutilans**  
Involves small joints, especially in hands and feet



**Spondyloarthritis pattern with sacroiliitis and spondylitis**

# What causes Psoriatic Arthritis?

Researchers do not yet fully understand the causes of PsA. However, they believe that the disease develops due to a combination of genetic, immunologic, and environmental factors<sup>4,7</sup>.

## Genetic factors

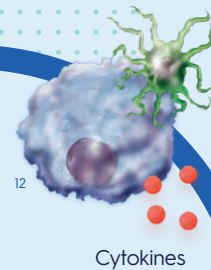
People with a **family history** of psoriasis or PsA are more likely to develop the conditions than those without<sup>5</sup>.

More than 40% of people with psoriasis or PsA have family members with psoriasis or PsA<sup>7</sup>.



## Immunologic factors

Both psoriasis and PsA are immunologically mediated and are autoimmune diseases, which means the immune system mistakenly attacks healthy tissue<sup>4,7</sup>.



## Environmental triggers

Certain **infections** (human immunodeficiency virus, streptococcal infection) may also contribute to the development of PsA<sup>5,7</sup>.



## Mechanical/emotional stress

or a physical trauma in genetically predisposed individuals have been identified as risk factors for developing PsA too<sup>5,6</sup>.



## 30-50



People between the ages of 30-50 years are most likely to develop PsA. However, it may occur at any age<sup>3</sup>.

# What are the articular and extra-articular manifestations of PsA?

Patients with PsA present with **pain and stiffness** in the affected joints. **Fatigue** is also common<sup>3</sup>. The clinical features of PsA are described in terms of articular and extra-articular manifestations<sup>6</sup>:

## Articular manifestations<sup>6,12</sup>

## Extra-articular manifestations<sup>6,12</sup>

### Axial disease

Spondylitis



Sacroiliitis



### Periarticular disease



Dactylitis

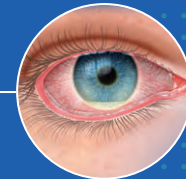


Enthesitis

### Peripheral arthritis



### Ocular disease



Uveitis

### Psoriatic skin disease



Psoriasis

### Nail disease



Nail abnormalities



# How will my doctor diagnose my disease?

Doctors diagnose PsA by obtaining the **medical history**, performing a **physical examination**, and taking **x-rays of the joints** to check for inflammation and joint damage. **Blood tests or joint fluid tests** may be done to rule out other diseases, such as rheumatoid arthritis and gout<sup>4</sup>.



## Medical history



## Physical examination



## X-rays of the joints



## Blood or joint fluid tests



## X-rays in PsA

Radiographic changes show some **characteristic patterns in PsA**, consisting of **erosive changes, gross joint destruction, joint space narrowing, and "pencil-in-cup" deformity**. These findings are driven by bone destruction and pathologic new bone formation often in the same digit or even the same joint, which is a characteristic feature of PsA; **bone destruction with bone production**<sup>6</sup>.

## Radiological features



# What are the treatment options?

Treatment of PsA aims at **relieving the symptoms such as joint inflammation and pain** and **slowing progression of the disease**. The main medicines used to treat PsA are non steroidal anti-inflammatory drugs (NSAIDs), disease-modifying antirheumatic drugs (DMARDs), and biologics<sup>1,4,7</sup>.

## NSAIDs

NSAIDs are generally useful for symptoms of **mild PsA**<sup>6</sup>.

## DMARDs

Conventional synthetic DMARDs such as methotrexate, or occasionally sulfasalazine, are useful to treat **mild to moderate PsA**<sup>6</sup>.

## Biologics

Biologics function by inhibiting particular chemicals in the blood from activating the immune system attack on the lining of joints in the body. **Severe peripheral arthritis** usually receives treatment with biologics, especially tumor necrosis factor (TNF) inhibitors, which are particularly effective in PsA<sup>1,6</sup>.



**Prognosis of PsA varies from mild joint disease to severe and deforming joint damage. Early treatment of PsA is associated with improved patient-reported outcomes<sup>8,9</sup>.**

# What can I do to manage my disease?

**Non-pharmacological therapies**, including physical therapy, occupational therapy, exercise program, and smoking cessation, should be strongly encouraged and incorporated in the treatment plan<sup>6</sup>.

## Pain and mobility

### ✓ Hot and cold therapies

Heat reduces joint stiffness and muscle spasms. Cold decreases swelling<sup>4</sup>

### ✓ Physical and occupational therapy

Physical and occupational therapists will establish a therapeutic home program and educate you about the disease and its management<sup>10</sup>

## Lifestyle

### ✓ Weight control

Can improve response to medical treatments for PsA<sup>11</sup>

### ✓ Exercise

Strengthening and flexibility exercises can help ease pain<sup>4</sup>

### ✓ Smoking and alcohol cessation

Smoking and drinking too much alcohol can affect how medications for PsA work<sup>4</sup>



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