Diagnosis of Psoriatic Arthritis

Psoriatic arthritis (often referred to as PsA) is an inflammatory form of arthritis which affects the joints and tendons. It is closely associated with psoriasis and up to 30% of people with PsA will also have psoriasis and psoriatic nail problems.

'Inflammatory arthritis' means that there is inflammation present in the affected joints, rather than just wear and tear. It can be difficult to diagnose, as symptoms can be similar to other types of arthritis, and people do not necessarily have to have psoriasis to develop it.

It is also possible for people with psoriasis to develop a different type of arthritis (such as rheumatoid arthritis or osteoarthritis); having psoriasis does not mean that you will definitely develop psoriatic arthritis or if you do experience arthritis that it is automatically going to be psoriatic arthritis.

Symptoms

The severity of the condition can vary considerably from person to person. Some people may experience psoriatic arthritis affecting many joints, whereas others will have symptoms in 1 or 2 joints. Some people only notice mild symptoms whereas for others it can be more severe. Symptoms can include stiffness, pain, swelling and tenderness of the joints as well as the surrounding ligaments and tendons. It affects men and women equally and symptoms usually appear between the ages of 30 and 50. Symptoms can often develop slowly and be worse first thing in the morning and later in the evening.

There may be times when your symptoms improve (known as remission) and periods when they get worse (known as flare-ups or relapses).

Up to one third of people with psoriasis go on to develop psoriatic arthritis.

How is it diagnosed?

At present there are no definitive guidelines for diagnosing psoriatic arthritis and there is no single test that can confirm it. If you think you may have psoriatic arthritis, it is important that you discuss this with your GP (or Dermatologist if you are seeing one for your skin psoriasis). They can then refer you to a Rheumatologist (a specialist in joint conditions) for an assessment.

A diagnosis will then be made based on your symptoms, your medical history, and by ruling out other conditions. Several blood tests may be carried out to confirm a diagnosis including blood tests to check for signs of inflammation in your body as well as the presence of certain antibodies found in other types of arthritis.

A doctor may also use x-rays, ultrasounds, or other scans, such as an MRI to look at your joints. These scans can often show inflammation or areas of new bone growth with poorly defined edges in people with psoriatic arthritis.

PEST – (Psoriasis Epidemiology Screening Tool)

Receiving an early diagnosis for PsA is important and since 2012, the National Institute for Health and Clinical Excellence (NICE) has recommended that all those with psoriasis who do not currently have a diagnosis of PsA, should be screened annually for it, ideally with an agreed method.

This is currently the PEST (psoriatic arthritis epidemiology screening tool) questionnaire, a short and easy survey with five questions and an outline drawing of the body to mark areas of pain which can be carried out by your GP. If a score of 3 or more is recorded, a referral to a Rheumatologist or further investigation should be considered.

Misdiagnosis of symptoms

Due to the similarity of symptoms, psoriatic arthritis could be mistaken for another type of arthritis, causing confusion when blood tests are negative for rheumatoid factor.
People who are young or fairly active may have tenderness or swelling put down to sports injuries, similarly, back pain is often dismissed in people of all ages as a part of general wear and tear.

Nail changes such as pitting, discolouration or the formation of ridges is particularly common in people with PsA and can occur even when there is no psoriasis on the skin. Without psoriasis of the skin, nail changes can be misdiagnosed as fungal infections or vitamin deficiencies. Pain or swelling in the feet, heels and toes can also be misdiagnosed as gout.

Anybody with current psoriasis or a family history of the condition should request to see a Rheumatologist if they experience a swollen finger or toe with no explanation, pain or tenderness in the joints (especially of the hands and feet), recurring injuries or pain where tendons join to bone (such as tennis elbow or Achilles tendonitis), uveitis or iritis (inflammatory eye conditions).
Pain or stiffness in the neck, back or lower back that improves with movement and is not relieved by rest can also be a sign of psoriatic arthritis.

For further information regarding the types and treatment of psoriatic arthritis, or for a list of resources used in the production of this information sheet, please contact the Psoriasis Association.

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