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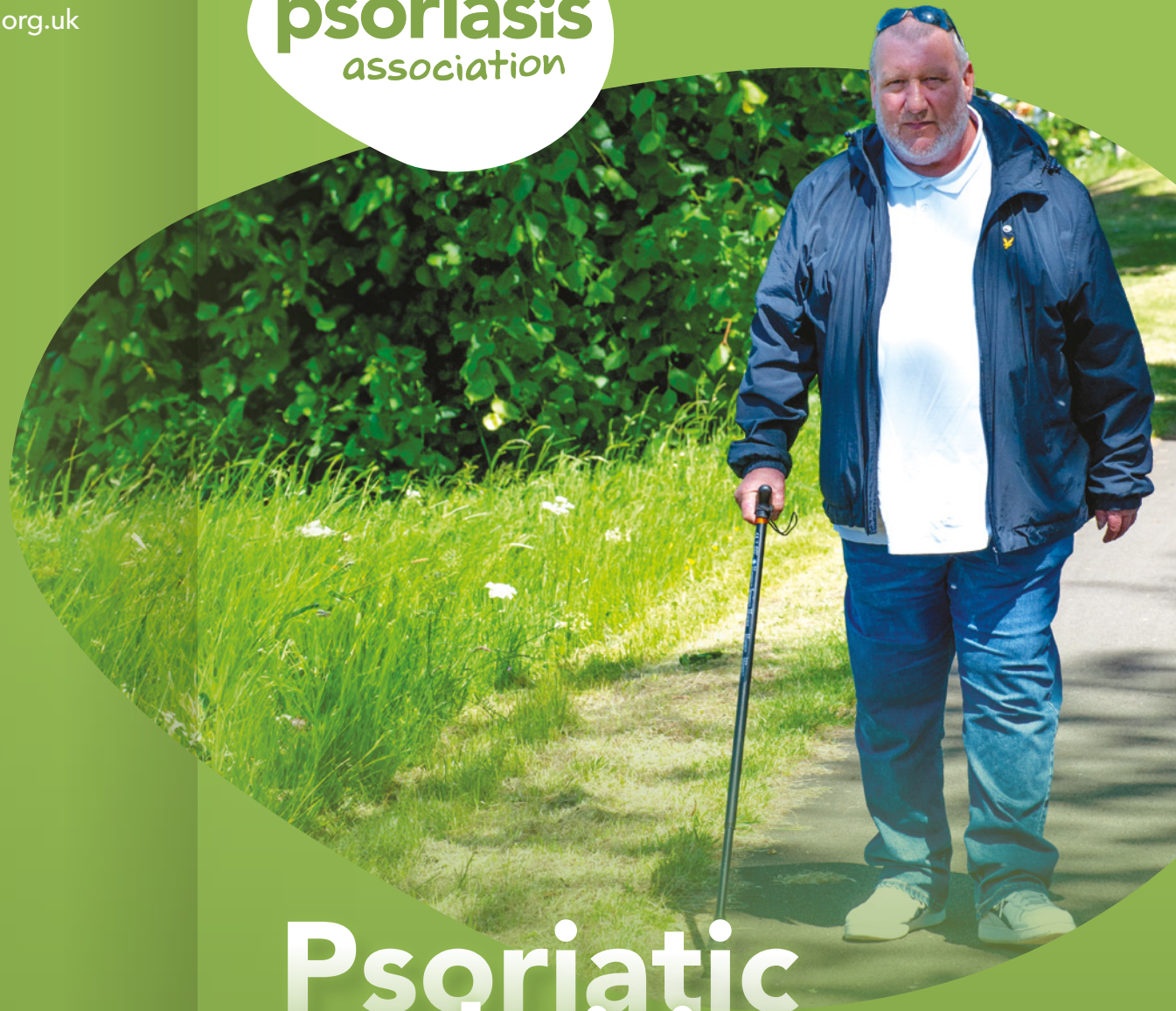


Psoriatic arthritis

WHAT IS 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 approximately a quarter of people with psoriasis will get PsA. Like many types of arthritis, psoriatic arthritis can cause stiffness, pain, swelling and damage to the structure of affected joints. It most commonly affects the joints in the hands and feet, but it can also affect larger joints including the hips, knees and spine. The inflammation caused by psoriatic arthritis can also affect areas where tendons and ligaments join to bone (these sites are called entheses or it is called enthesitis when inflamed) meaning symptoms might also occur in areas such as the heels, elbows and neck, back and hips.

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

WHAT ARE THE SYMPTOMS?

Symptoms of psoriatic arthritis range from mild to severe and can ebb and flow in a similar way to skin psoriasis. They often develop slowly, and many people don't realise they are developing PsA.

The following symptoms are common:

- Stiffness, pain, throbbing, swelling and tenderness in one or more joints
- Swollen sausage-like finger(s) or toe(s) (this is called dactylitis)
- Nail changes (such as holes or pits on the surface of the nail, discolouration or lifting from the nail bed)
- Tenderness, pain and swelling over tendons and ligaments (this is called enthesitis)
- A reduced range of movement
- General tiredness

Some people with PsA may also experience back pain in any part of the spine, which is known as axial involvement. This may involve back pain that wakes you up in the night, pain that gets better with exercise and worse when relaxing or back stiffness lasting longer than 30 minutes in the morning. It is important that if you have been diagnosed with PsA and you start to experience back pain, that you let your healthcare professional know straight away.

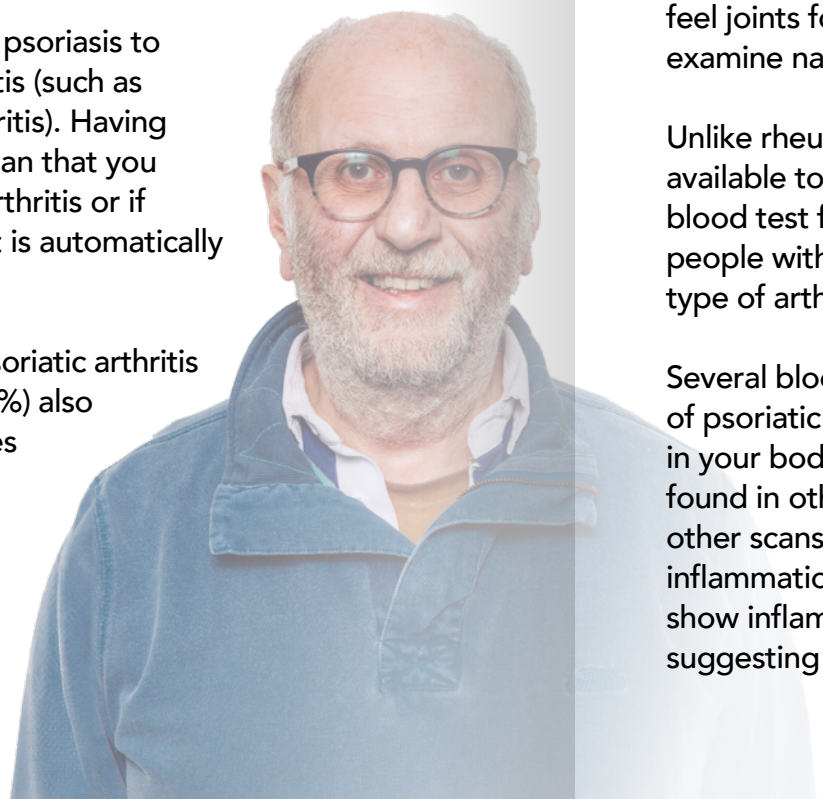
WHO GETS PSORIATIC ARTHRITIS?

Psoriasis is a common skin condition affecting 2-3% of the population of the UK and Ireland. It is thought that around one quarter of people with psoriasis will develop psoriatic arthritis. However, a large number of people with psoriatic arthritis will have psoriasis to some extent.

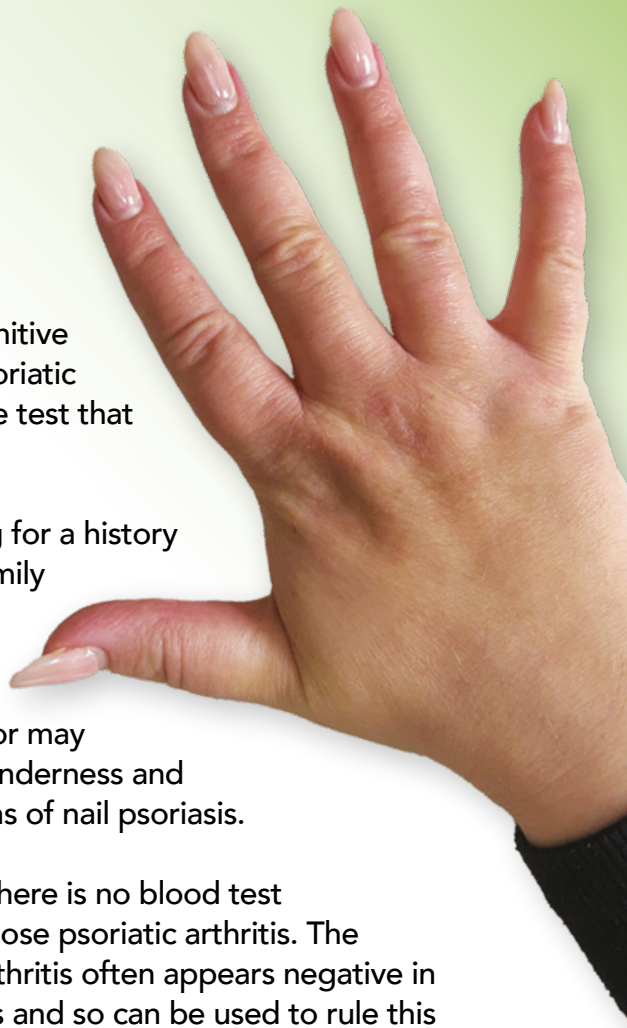
Men and women are equally likely to develop psoriatic arthritis and, although it can occur at any age, it is most common in the first 10 years of being diagnosed with psoriasis or between the ages of 30-50. In line with this, most people have psoriasis on their skin before they notice symptoms of psoriatic arthritis. However, in some cases the skin and joint conditions occur at the same time, and sometimes psoriatic arthritis is present before the skin condition psoriasis appears.

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 necessarily mean that you will definitely develop psoriatic arthritis or if you do experience arthritis that it is automatically going to be psoriatic arthritis.

A large number of people with psoriatic arthritis (estimated as between 50 and 80%) also have nail psoriasis. It can and does occur in people who do not have psoriatic arthritis, but, because of the large amount of people who have both conditions, it can be an important indicator of possible psoriatic arthritis.



HOW IS PSORIATIC ARTHRITIS DIAGNOSED?



At present, there are no definitive guidelines for diagnosing psoriatic arthritis and there is no single test that can confirm it.

Diagnosis is made by looking for a history of psoriasis in you or your family and taking into account the number of psoriatic arthritis symptoms you may have or have had in the past. A doctor may feel joints for swelling and tenderness and examine nails to look for signs of nail psoriasis.

Unlike rheumatoid arthritis, there is no blood test available to specifically diagnose psoriatic arthritis. The blood test for rheumatoid arthritis often appears negative in people with psoriatic arthritis and so can be used to rule this type of arthritis out.

Several blood tests may be carried out to confirm a diagnosis of psoriatic arthritis. The tests check for signs of inflammation in your body as well as the presence of certain antibodies found in other types of arthritis. X rays, ultrasounds, and other scans such as an MRI can be used to see signs of inflammation or destruction in the joints. These scans often show inflammation in the joints or areas of bony change suggesting previous inflammation.

WHEN SHOULD I SEE A RHEUMATOLOGIST?

If you already have psoriasis, you should tell your Dermatologist or GP:

- As soon as a swollen finger or toe occurs
- If you have pain or swelling in other joints such as hips, knees and elbows
- If you experience recurring problems where tendons join bone, e.g. tennis elbow or achilles tendonitis
- If you have any back pain
- If you have a history or occurrence of iritis or uveitis (inflammatory eye conditions that can also be common in people with psoriatic arthritis)

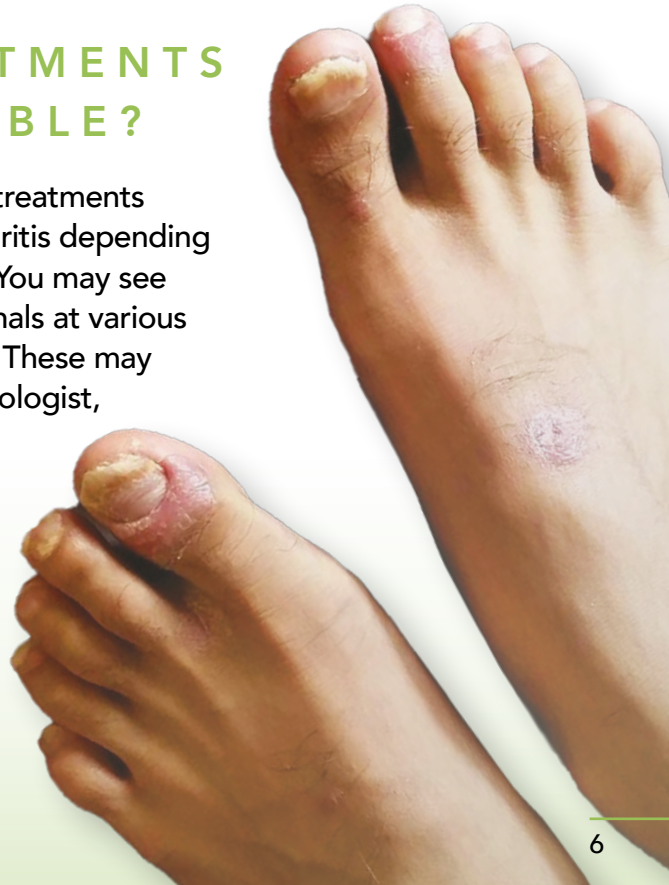
If you do not already have psoriasis of the skin, you should still see a doctor if you develop any of the above symptoms, especially if you experience unexplained swelling of the fingers or toes.

Receiving an early diagnosis for PsA is very important and since 2012, The National Institute for Health and Care Excellence (NICE) has recommended that all those with psoriasis who do not currently have a diagnosis of PsA should be screened for it annually. Your GP or Dermatologist should refer you to a Rheumatologist as soon as psoriatic arthritis is suspected.

The NICE Quality Standard on psoriasis (QS40) states that people having treatment for their psoriasis should be offered an annual assessment for psoriatic arthritis. This recommendation was also made in the NICE guideline for the assessment and management of psoriasis (CG153). Psoriatic arthritis can be effectively managed, however without treatment it can cause irreversible destruction to joints. Speedy referral to a Rheumatologist can lead to timely and effective treatment that can reduce or prevent joint destruction.

WHAT TREATMENTS ARE AVAILABLE?

There are many different treatments available for psoriatic arthritis depending on the type and severity. You may see different health professionals at various stages of your treatment. These may include your GP, Rheumatologist, Nurse, Physiotherapist, Occupational Therapist and Podiatrist.



FIRST LINE TREATMENTS

As with treatments for psoriasis, first line treatments can be prescribed by a GP without the need for specialist advice. These treatments can relieve symptoms such as pain and swelling, but do not treat the underlying condition. A Rheumatologist or Rheumatology specialist may also prescribe these treatments as part of a treatment plan.

First line treatments include:

- Physiotherapy
- Non-steroidal Anti-Inflammatory Drugs (NSAIDs) and painkillers
- Steroid injections

First-line treatments ranging from exercises to physical supports through to tablet and injection medications help to reduce the pain and inflammation as well as slow down the progression of the arthritis.

Most people with psoriasis should be referred to a Rheumatologist (a hospital consultant that specialises in arthritis). As well as the first-line treatments listed above, they can also prescribe some second-line treatments.

SECOND LINE TREATMENTS

Second-line treatments cannot be prescribed by a GP, and are usually prescribed by a Rheumatologist, Dermatologist, or in a combined clinic where both the Dermatologist and Rheumatologist are present.

Second-line treatments include:

- **Conventional Disease-Modifying Anti-Rheumatic Drugs (DMARDs)** (if there is inflammation in several joints). These include: Methotrexate, Sulfasalazine, Leflunomide
- **Biologic Treatments** (If there are 3 or more joints that are tender to touch). These include: Adalimumab (Humira, Amgevita, Hulio, Hyrimoz, Idacio, Imraldi, Yuflyma), Bimekizumab (Bimzelx), Certolizumab pegol (Cimzia), Etanercept (Enbrel), Infliximab (Remicade), Ixekizumab (Taltz), Guselkumab (Tremfya), Golimumab (Simponi), Risankizumab (Skyrizi), Secukinumab (Cosentyx), Ustekinumab (Stelara, Uzpruvo, Wezenla, Pyzchiva)
- **Targeted Therapies -** These include small molecule treatments such as Apremilast (Otezla), JAK inhibitors such as Tofacitinib (Xeljanz) and Upadacitinib (Rinvoq) and biologic treatments.

Your Rheumatologist will discuss with you the treatment options that are the most appropriate with you depending on the nature of your psoriatic arthritis.

Many people with PsA who have been referred to a Rheumatologist, will require treatments with DMARDs. These are treatments that alter the condition itself, rather than just treat the symptoms. They work by targeting the causes of inflammation in the joints. They lessen the activity of arthritis by reducing swelling and stiffness and reducing the pain as well. These treatments are different to anti-inflammatory medications, as they can help to stop the arthritis from getting any worse.

It can take a number of months for a DMARD to reach its full effect. However, they can often be taken at the same time as other first line medications and painkillers, to help ease symptoms whilst the DMARD begins to work. Most DMARDs work on the immune system and are designed to be taken long-term, and therefore there is a possibility of more significant side effects than with painkillers and first line treatments alone.

As with psoriasis, it can often be a process of trial and error to find a treatment or combination of treatments that work well for each person with psoriatic arthritis. If the psoriatic arthritis does not show an acceptable response after a minimum of 12-24 weeks (depending on the specific treatment) it is recommended that the treatment is discontinued and treatment with a different drug may be started.

LIFESTYLE

Psoriatic arthritis is a long-term condition and while regular treatment is likely to be needed, making improvements to your lifestyle can also help. Smoking has long been associated with psoriasis and psoriatic arthritis and recent studies have shown smoking can make PsA worse.

Maintaining a healthy weight, eating a balanced diet and trying to stay gently active with a good balance between rest and regular physical activity may also help to ease the strain on the joints. Speak to your GP for help and support on how to make beneficial lifestyle changes.

MORE INFORMATION

Further information on the diagnosis of psoriatic arthritis and its treatments is available from the Psoriasis Association. The information in this resource is not intended to replace that of a healthcare professional. If you have any concerns or questions about your treatment, do discuss this with your doctor. Always read the instructions that come with a treatment or medication to ensure you are using it correctly.

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WE RELY ON THE GENEROSITY OF PEOPLE LIKE YOU...

Each year The Psoriasis Association helps thousands of people whose lives have been affected by psoriasis via our website, helplines, our information resources and by raising awareness amongst the general public, healthcare professionals and parliamentarians. We invest in research to improve diagnosis, treatment and management for all types of psoriasis.

We do not receive any government funding and so rely entirely on your generosity to help us continue our vital work in supporting people, raising awareness and funding research.

MORE INFORMATION

If you would like more information, or a list of resources used in the production of this leaflet, please contact The Psoriasis Association.

The information in this resource is not intended to replace that of a healthcare professional. If you have any concerns or questions about your treatment, do discuss this with your doctor. If you are buying products over the counter, discuss them with the pharmacist and always read the label to make sure you are using them correctly.