



# PATIENT FACT SHEET

## Psoriatic Arthritis



### CONDITION DESCRIPTION

**Psoriatic arthritis (PsA) is a chronic joint and skin disease.** Some people have mild, occasional flare-ups. Others may have ongoing inflammation that can cause joint damage if it's not diagnosed early and treated.

Psoriatic arthritis often, but not always, happens to people who also have psoriasis, a skin disease. It often

affects large joints in the lower extremities, but may also occur in joints like the fingers, toes, back or pelvis.

It usually starts between ages 30 and 50. Men and women are equally at risk. Children with psoriatic arthritis have a higher risk of uveitis, an eye inflammation. Treatments aim to ease pain, protect joints and maintain mobility. Physical activity is also helpful.



### SIGNS/ SYMPTOMS

**Psoriasis causes scaly, red and white skin rashes.** The body's immune system is out of control and attacks the skin. Some people with psoriasis also develop arthritis with stiff, swollen joints.

Psoriatic arthritis may affect one or many different joints. Your fingers and toes may swell and look like sausages, called dactylitis. Fingernails and toenails may become pitted.

Other signs and symptoms of psoriatic arthritis include:

- Spine inflammation called spondylitis. You may have a stiff back or neck and trouble bending over.
- Enthesitis, or tender spots where ligaments and tendons go into bones.
- Anemia, which can cause fatigue.



### COMMON TREATMENTS

**Diagnosing psoriatic arthritis starts with a physical exam** to look for swollen or painful joints, and nail and skin changes. X-rays or scans like ultrasound, MRI or CT can show joint damage. Blood tests may help rule out other diseases, and a skin biopsy can confirm psoriasis.

Treatments depend on your level of pain, swelling or stiffness. Mild arthritis flares may be treated with nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen (Advil or Motrin) or naproxen sodium (Aleve). Corticosteroid shots may ease pain and swelling in an affected joint.

If NSAIDs don't ease arthritis symptoms, your rheumatologist may prescribe disease-modifying antirheumatic drugs (DMARDs), such as sulfasalazine

[Azulfidine], methotrexate (Rheumatrex, Trexall, Otrexup, Rasuvo), cyclosporine (Neoral, Sandimmune) or leflunomide (Arava). Hydroxychloroquine (Plaquenil) may be used, but could cause a skin flare. People with severe arthritis may try azathioprine (Imuran).

Other treatments include biologics, typically starting with TNF inhibitors, such as adalimumab (Humira), certolizumab pegol (Cimzia), etanercept (Enbrel), golimumab (Simponi), infliximab (Remicade). Other biologics used for psoriatic arthritis include the IL-17 inhibitors secukinumab (Cosentyx) and ixekizumab (Taltz), or others classes as ustekinumab (Stelara) and abatacept (Orencia). Newer oral medications, such as tofacitinib (Xeljanz) have also been shown to be effective.



### CARE/ MANAGEMENT TIPS

**People with psoriatic arthritis can do a lot to manage their symptoms** and maintain their quality of life. Here are some tips to manage psoriatic arthritis:

- Exercise improves health, keeps muscles strong and joints flexible. Try simple activities like walking, riding an exercise bike, yoga, warm-water pool exercises or stretching.

- Psoriatic arthritis is associated with high blood pressure, obesity, type-2 diabetes and high cholesterol. Maintain a healthy weight and get treatment for any of these conditions.
- Learn how to protect joints from injury, strengthen muscles and stay flexible with the help of a physical therapist (PT) or occupational therapist (OT). They can also show you how to use assistive devices to do your daily tasks.