

PSORIATIC ARTHRITIS

Overview

Psoriatic Arthritis is an autoimmune disease which causes pain, swelling and stiffness to the joints. It can occur at any age and is seen equally in men and women. If not promptly treated, it can cause permanent damage to the bones surrounding the joints, which leads to pain, deformity, and loss of function. While we do not yet have a permanent cure, we are fortunate today to have many good options to treat psoriatic arthritis.

Anti-inflammatories, or NSAIDS, act quickly to try to decrease pain and swelling, but they do not treat the underlying disease. Examples include aspirin, ibuprofen, naprosyn, and diclofenac. Corticosteroids (cortisone), such as prednisone, are more powerful anti-inflammatories that are very effective, but can have severe side effects and their use should be limited in consultation with your doctor. A cortisone joint injection is a safe alternative to pills.

Disease Modifying Anti-Rheumatic Agents, or DMARDS, act slowly but treat the underlying cause of rheumatoid arthritis and in time, improve pain, swelling, stiffness and function. Biologic DMARDs are a new class which target specific inflammatory proteins in the body.

Patients with psoriatic arthritis often need a combination of different medications to treat their condition. Over time, many people with psoriatic arthritis only know they have it because of the medications they require. Unfortunately, the arthritis can return if the medications are stopped.

Exercise, a good diet, and education remain crucial elements in the treatment of psoriatic arthritis.

Frequently Asked Questions

What is Psoriatic Arthritis?

- Psoriatic Arthritis, or PsA, is an autoimmune disease where your immune system causes inflammation in your joints.

Why does PsA happen?

- No one really knows. There is as of yet an unidentified trigger which causes your immune system not to recognize the cells in your joint as belonging to you. Because of this, they attack these cells, causing the clinical symptoms.

Is there something I could have done to prevent PsA?

- Because we do not fully understand why PsA happens, we do not know if anything could prevent it. We do know there is a genetic predisposition for some patients for PsA, meaning it may be inherited.

Who gets PsA?

- Anyone can get PsA, although the majority also have psoriasis or an immediate family member with psoriasis. While psoriasis affects about 3% of the population, psoriatic arthritis affects under 1% of the population.
- In two-thirds of patients, psoriasis precedes the onset of psoriatic arthritis.
- Both men and women develop PsA equally. It is not related to age, although the peak age to develop PsA is in the fifth decade.

What are the symptoms in PsA?

- PsA starts slowly in most people, developing over weeks. However, it can develop suddenly too. Most people notice joints becoming increasingly stiff, worse in the morning and better with activity.
- There can also be joint pain, decreased range of motion in the joints, inability to do some activities (E.g. turning door knobs, difficulty with keys, etc.), swelling around joints and fatigue. [Related Links](#)

Which joints are commonly involved?

- Almost any joint can be affected by PsA, with the most common ones are the small joints in the hands and feet. Wrists, elbows, shoulders, neck, hips, knees, ankle and lower back can also all be involved.

What is the difference between psoriatic arthritis and rheumatoid arthritis (RA)?

- Both RA and PsA are autoimmune diseases causing an inflammatory arthritis.
- The differences between PsA and RA can sometimes be subtle, particularly if the patient does not have psoriasis.

- While the not case for every patient, possible differences include:
- Skin and nail changes in PsA
- Joints affected: PsA may affect the joints at the distal end of the fingers and lower back, while RA typically does not
- “Sausage Digits” – Inflammation of an entire finger or toe in PsA
- Blood tests more common in RA than PsA
- Different x-ray changes between Ra and PsA

How do you diagnose Psoriatic Arthritis?

- PsA is a clinical diagnosis made by your rheumatologist based on your medical history and the findings on your physical examination.

Is there a blood test which can confirm the diagnosis?

- There are a number of blood tests which can be and are performed by your rheumatologist to help make the diagnosis of PsA. They may look for signs of inflammation, or antibodies which if positive are associated more with RA than PsA. However, these tests do not diagnose PsA.
- Many patients are diagnosed with PsA with completely normal blood tests. PsA is diagnosed based on your medical history and physical exam findings.

How about x-rays?

- There are typical findings on x-rays in patients with psoriatic arthritis. However, we hope never to see them! The goal of treatment is not only to prevent pain, stiffness, swelling and loss of function, but also to prevent bone changes. If PsA is diagnosed early enough and treated properly, the chance of bone changes is reduced. Hopefully, your x-rays are still normal when diagnosed with PsA.

Can PsA affect more than just joints?

- Unfortunately, PsA is not always just limited to joints. As we have discussed, a majority of patients also have psoriasis affecting the skin and nails. Less commonly, certain eye diseases including conjunctivitis and iritis can occur.

Is there a cure for PsA?

- No, there is currently no cure for psoriatic arthritis. However, there are a growing number of medications which have been shown to be very effective in treating PsA, reducing patient symptoms and slowing bone changes.

DMARDs sound dangerous. What can happen if I don't want to use them?

- DMARDs, or Disease Modifying Anti-Rheumatic Drugs, are the medication class of choice to treat PsA. While many of them do have the risk of side effects, which can particularly sound scary for patients who have never required medications before, their benefit outweighs the risk. Your rheumatologist has training and experience with these medications, and would only prescribe a DMARD if it was appropriate, if it was thought to be helpful in treatment, and the benefit outweighed any risk. Keep in mind, it is likely more dangerous to let PsA continue without treatment. As well, it may treat your psoriasis too.

Are there any natural treatments that have been proven to be helpful?

- There are many different products patients use in the hope it would help treat their RA. Unfortunately, there has been little research in this area to recommend anything specific. However, if you do want to try a natural treatment, please be sure to discuss it with your rheumatologist to ensure its safety with your other medications.
- Other suggestions include:
- There is some evidence that Omega-3 supplementation may help reduce joint swelling, although not in place of other treatment.
- Maintaining joint mobility and strength with regular exercise is not only safe, but encouraged and beneficial.
- Arthritis Education is important. Please feel free to read more about PsA at your leisure. If you have questions for your rheumatologist, remember to bring them with you to your next appointment. Some centres offer comprehensive educational programs for patients and their families.

What is the prognosis for psoriatic arthritis?

- Older data suggests patient with PsA may die younger than those without PsA as well as develop disabilities. However, this appears directly related to your disease activity, with this risk dramatically reduced with less severe and well controlled PsA. Over the last few years, with appropriate DMARD therapy and newer medications now available, the prognosis for PsA is becoming brighter.