What is this booklet about and who is it for?

The *Psoriatic Arthritis* booklet is part of a series of educational materials for people with psoriasis and psoriatic arthritis (together called psoriatic disease). The series is also for their friends, family members and caregivers.

This booklet gives an overview of psoriasis and psoriatic arthritis and answers questions about psoriatic arthritis such as:

- What are the symptoms and how is it diagnosed?
- What are the different treatment options?
- How can you manage flares?
- How can you manage pain?

Health care providers who have experience treating psoriatic disease have reviewed this booklet and feel it is correct, safe and helpful.

However, people with psoriasis and psoriatic arthritis are not all alike. They have different backgrounds, habits and medical histories. Each person may respond to treatments differently and at different times.

If you have questions or concerns about this booklet, talk with your health care provider. Or contact our Patient Navigation Center:

- Phone: **800-723-9166**
- Email: **education@psoriasis.org**
- Website: **psoriasis.org/navigationcenter**
What is psoriasis (sore-EYE-ah-sis)?

Psoriasis is a chronic (lifelong) disease. It is related to the immune system. This means that immune system activity plays a role in causing the disease. When you have psoriasis, your immune system becomes overactive. The overactive immune system causes inflammation (swelling and redness) of the skin and speeds up skin cell growth. This results in itchy or painful, scaly, inflamed plaques (patches) on your skin.

Psoriasis is not contagious. You can’t catch it from anyone. It tends to run in families, so it is linked to genes you inherit. The link between genes and psoriasis is not yet fully understood.

Psoriasis affects over 8 million people in the United States. Symptoms often start between ages 15 and 25. But they can start at any age. Men, women and children of all skin colors and income levels can have psoriasis.

Psoriasis varies from person to person. It can be mild, moderate or severe, and easy or hard to treat. It affects your quality of life. It can limit your activities, cause constant pain and itch, lead to depression, and raise your risk for diabetes and heart disease. You may be self-conscious about how you look when you have a flare (sudden outbreak of symptoms).

There is no cure for psoriasis. But there are many ways to treat it and manage symptoms. Treatment is the best way to improve your quality of life and lower your risk of related diseases.

To treat your psoriasis, talk with a health care provider. Your health care provider can be a doctor, nurse or other medical professional. It’s best to talk with someone who specializes in psoriasis. This can be a dermatologist (skin doctor) or a medical professional who has experience treating people with psoriasis.
Psoriatic Arthritis

What is psoriatic arthritis?

Psoriatic arthritis is a chronic disease. Like psoriasis, it is also related to the immune system. This means that immune system activity plays a role in causing the disease. Psoriatic arthritis causes swelling, pain, and stiffness in your joints and in areas where your tendons and ligaments connect to bone. It is not contagious. This means you can’t catch it from or spread it to other people.

About 1 in 3 people with psoriasis develop psoriatic arthritis. It can start at any age, but often appears between ages 30 and 50. Psoriatic arthritis can start any time after skin psoriasis. For most people, it starts about 10 years after psoriasis begins. But it can also start before skin symptoms develop. If you have psoriasis and want to know if you show the signs of psoriatic arthritis, visit psoriasis.org/psa-screening/quiz.

To treat your psoriatic arthritis, talk with a health care provider. It’s best to talk with someone who specializes in psoriatic arthritis. This can be a rheumatologist (arthritis doctor) or a medical professional who has experience treating people with psoriatic arthritis.

What causes psoriatic arthritis?

No one is sure what causes psoriatic arthritis. Normally, your immune system fights illnesses and infections. When you have psoriatic arthritis, your immune system is overactive. This causes inflammation in the joints and tendons.

Genes also play a role. But even though psoriatic arthritis runs in families, people with no family history can also have it. And people with a family history may never get the disease.

Most of the time, it is found in people who already have psoriasis. However, people without psoriasis may also develop psoriatic arthritis.
How do you know you have psoriatic arthritis?

There is no single test that can diagnose psoriatic arthritis. Sometimes, psoriatic arthritis may be incorrectly diagnosed as other types of arthritis or another condition. However, psoriatic arthritis has unique characteristics and symptoms that can help with getting the correct diagnosis.

Your health care provider will examine your symptoms:
- Stiffness, pain, swelling and tenderness in joints
- Stiffness of joints, tendons or ligaments when waking up or after being at rest
- Reduced range of motion in joints
- Tendon tenderness, pain and swelling in areas such as the bottoms of the feet, heels, hips or spine
- Fatigue (tiredness or exhaustion)
- Swollen fingers and toes
- Asymmetric joint symptoms (not the same on the right and left sides of the body)
- Nail changes like separation from nail bed, pitting or the appearance of a fungal infection
- Uveitis (inflammation of the eye that causes swelling, pain and redness)

Talk with your health care provider about your symptoms, especially if you have a family history of psoriatic disease. Your health care provider will look at your skin, nails and joints. You may have X-rays, an MRI, an ultrasound and blood tests to rule out other diseases.

When should you get treatment for your psoriatic arthritis?

Untreated psoriatic arthritis can cause permanent joint damage. It is important to start treatment of psoriatic arthritis as soon as possible. Early diagnosis and treatment can help slow the disease and control symptoms. It can help keep your joints healthy, improve your range of movement, lessen your pain and tiredness and prevent permanent joint damage.
Is psoriatic arthritis the same for everyone?

Psoriatic arthritis can range from mild to severe. It can develop slowly or progress quickly and severely. Your health care provider can help you find the best treatment plan based on your severity.

Psoriatic arthritis causes pain, swelling and stiffness in joints. It can involve the peripheral joints (arm and leg joints such as elbows, wrists, hands, feet, fingers and toes). Or, less often, it affects the spine, hips and shoulders.

The following are medical terms describing when psoriatic arthritis affects specific areas of the body:

1. **Spondylitis** [spon-duh-LIE-tis] is inflammation of the spine that causes pain or stiffness of the neck, lower back and hips.
2. **Enthesitis** [en-thi-SIGH-tis] is inflammation of the entheses (places where tendons and ligaments connect to bone) that commonly affects areas such as the bottoms of the feet, heels, hips, elbows, knees, ribs and spine.
3. **Dactylitis** [dak-tuh-LIE-tis], also called “sausage digits,” is inflammation of an entire finger or toe rather than just knuckles.
What are psoriatic arthritis triggers?

Psoriasis triggers may also affect psoriatic arthritis. Understanding what triggers your flares can help you manage your disease. Speak with your health care provider about ways to avoid or reduce your triggers.

Psoriasis triggers vary. For some people, stress, infections, tobacco or alcohol use may cause flares. Starting or stopping some medicines may also cause flares. Allergies, diet and changes in the weather may cause flares for some, but this is not scientifically proven.

Injuries may also cause flares. This is called the Koebner [KEB-ner] phenomenon. For psoriasis, this could happen with a bug bite, sunburn, scratch or even a needle puncture. For psoriatic arthritis, this could happen with trauma to a joint, tendon or ligament.
Is there a cure for psoriatic arthritis?

There is no cure right now. Researchers are trying to learn how the risk for psoriasis and psoriatic arthritis is inherited and how it affects the immune system. This may someday lead to a cure.

However, there are many safe and effective treatments to lessen your symptoms and lower your risk for joint damage and disability. How psoriatic arthritis responds to treatment differs from person to person. Finding the treatment that gives you the most relief from symptoms may take time.

Speak with your health care provider about your treatment goals.
Is psoriatic arthritis linked to other diseases?

Researchers are still working to answer this question. Because so many people who have psoriatic arthritis also have psoriasis, people with either condition may be at risk for the same diseases.

The following are comorbidities (other related health conditions) that have been linked with psoriasis:

- Certain types of cancer, such as lymphoma and non-melanoma skin cancer
- Depression
- Heart disease including heart attack and stroke
- Inflammatory arthritis such as psoriatic arthritis, rheumatoid arthritis or others
- Inflammatory bowel disease
- Inflammatory eye disease
- Metabolic syndrome, which includes high blood pressure and high blood sugar level, extra body fat around the waist and high cholesterol
- Obesity
- Other immune-related conditions such as celiac disease
- Type 2 diabetes
- Vitamin D deficiency

Psoriasis severity is not linked to psoriatic arthritis severity. You may have mild psoriasis and severe psoriatic arthritis or the opposite.

Having a primary care physician (also called PCP or general practitioner) is necessary for your overall health.

Your PCP plays an important role in:

- Treatment of acute (short-term) illnesses
- Regular check-ups for signs or symptoms of comorbidities
- Referring you to specialists

This booklet introduces you to psoriasis. To learn more, read our About Psoriasis and Psoriatic Arthritis booklet.
There are safe and effective treatment options for psoriatic arthritis. Treatments for psoriatic arthritis can reduce joint pain, keep your joints working well and prevent future joint damage. It is best to talk with a rheumatologist. Your rheumatologist will recommend treatments based on the severity of your psoriatic disease and your reaction to treatment.

Speak with your health care provider about setting personal goals for managing your psoriatic arthritis. Other organizations have developed treatment targets for psoriatic arthritis. These treatment targets can help you to know what to expect from your treatments.

You and your health care provider can use these treatment targets to decide if a treatment is working well for you. If your treatment is not meeting your goals, speak with your health care provider about other treatment options. This might mean increasing your treatment dosage, adding another treatment or switching treatments.

Finding the treatment that gives the most relief from symptoms may take time. No one treatment works for everyone. Some treatments work for a while and then stop. Some treatments work better combined. Speak with your health care provider about potential benefits, side effects or risks of your treatments.

Treatments for psoriatic arthritis can be categorized by how they work. Some medicines work to reduce inflammation linked with psoriatic arthritis (these are often called disease-modifying anti-rheumatic drugs or DMARDs). Others work to reduce or manage pain.

The pages that follow list treatment options for psoriatic arthritis that work to reduce inflammation. For treatment options that work to reduce or manage pain, go to page 12.
Biologics and biosimilars

Biologics are medicines made from living sources such as human, animal or bacteria cells. The first biologic used for treating psoriatic disease was approved in 2002 by the U.S. Food and Drug Administration (FDA).

Biologics, including biosimilars, target specific parts of the immune system that play a role in psoriatic disease. They suppress (lower) the part of the immune system that is overactive. Some target cytokines (a type of protein that acts as a chemical messenger). Others target cells, such as T cells (a type of white blood cell). They are given as an injection (shot) or by IV infusion (slow drip of medicine into your vein).

There are currently 5 types of biologics for treating psoriatic disease. They are categorized after the specific parts of the immune system that they target.

This section discusses the biologics used for treating psoriatic arthritis. The trade name is listed first, followed by the name of the biologic in parenthesis.

Tumor necrosis factor-alpha (TNF-alpha) inhibitors

- Cimzia (certolizumab pegol)
- Enbrel (etanercept)
- Humira (adalimumab)
- Remicade (infliximab)
- Simponi (golimumab)

There are now 5 approved biosimilars. They may be available for health care providers to prescribe:

- Amjevita and Cyltezo are biosimilars to Humira
- Erelzi is a biosimilar to Enbrel
- Inflectra and Renflexis are biosimilars to Remicade

Biosimilars are a type of biologic medicine. Like biologics, biosimilars are medicines made from living sources. Biosimilars are modeled after an already approved biologic (also called the “reference product”). They are highly similar to biologics in how they treat psoriasis and psoriatic arthritis. There is a different approval process for biosimilars compared to other medicines. However, FDA standards ensure that approved biosimilars are just as safe and effective as their biologic reference products. Researchers will learn more about their safety and efficacy as they are used.
Interleukin 12 and 23 (IL-12/23) inhibitors

- Stelara (ustekinumab)

Interleukin 17 (IL-17) inhibitors

- Cosentyx (secukinumab)

Interleukin 23 (IL-23) inhibitors

There are no IL-23 inhibitors currently approved for treating psoriatic arthritis. However, there is one approved for treating psoriasis. There may be others approved for psoriatic arthritis in the future.

T cell inhibitors

- Orencia (abatacept)

Biologics, including biosimilars, are among the most effective treatments if you have psoriatic arthritis. Your psoriatic symptoms will show greatest improvement by 3 to 4 months. For some people, it may take longer for symptoms to reduce or clear. Ask your health care provider if biologics will help your psoriatic disease.

Biologics that you take by injection can be given in different areas of your body. Each biologic has specific instructions for where on the body it should be used. Before starting a biologic, you will receive training from a health care provider on how to give yourself an injection.
Oral treatments
Taken by mouth, oral treatments can affect your whole body. They treat the body from the inside out.

Some of the following oral treatments list the brand name first, followed by the generic form in parenthesis. Some of the treatments listed here may also be available as injections.

- Methotrexate suppresses parts of the immune system to reduce inflammation.
- Otezla (apremilast) acts on specific immune cells to reduce the overactive response that causes inflammation.

Off-label systemic treatments
If you’re using a medicine off-label, that means you’re using it for a disease or health condition other than the one it was approved for by the FDA. FDA standards ensure that medicines are safe and effective. A medicine the FDA has approved for other diseases or health conditions can sometimes be used for treating psoriatic disease. Your health care provider may prescribe these medicines for the treatment of your psoriatic arthritis.

- Anti-malarial treatments are sometimes used to treat psoriatic arthritis. In some people, anti-malarial medicines may trigger psoriasis symptoms.
- Non-steroidal anti-inflammatory drugs (NSAIDs) can help relieve pain, swelling and stiffness. They are available in over-the-counter (OTC) and prescription strength options.
- Systemic steroids are anti-inflammatory medicines that act on your whole body. They are not recommended for long-term treatment for psoriatic arthritis. This is due to possible side effects and risks of long-term use.
Other approaches

The use of splints or surgery may also be considered for managing or treating psoriatic arthritis.

- Splints are used to help support a joint, improve function and reduce pain and swelling. How long you will wear a splint may vary depending on the joint that is affected and how you respond.
- Surgery, such as joint replacement, may help if there has been permanent joint damage or if your range of motion does not improve with other treatment options. The type of surgery will depend on the severity and the joints or areas affected.
Managing Pain and Flares

Different people may experience flares differently. Generally, it involves a sudden outbreak or worsening of symptoms. This may include skin symptoms, joint symptoms of increased stiffness or pain and fatigue. Flares may also have an impact on your mental and emotional health, including anxiety, depression and stress.

Flares are part of the disease. They may last a few hours, days or weeks. But they should not happen frequently when you are following an effective treatment plan.

We recommend speaking with your health care provider about your treatment goals and current treatment plan if you are experiencing regular or worsening flares. There are effective ways to manage occasional flares and psoriatic arthritis pain.

Assistive devices

Using assistive devices or self-help devices can help make daily activities easier on your joints and reduce pain. There are many different types of assistive devices for different activities and tasks.

For home:
- Gardening tools or kitchen utensils with special grips
- Products to help with bathing, dressing and grooming
- Shoe inserts or more supportive footwear
- Walking devices such as a cane or walker

For work:
- Chairs, tables and other work surfaces that are designed for more support or to reduce stress on body
- Technology-assistive devices can include mice, keyboards, voice recognition programs and hands-free headsets for phones
Diet and nutrition

A balanced diet is an important part of a disease management plan and for your overall health. Maintaining a healthy weight can make your treatment more effective and help to reduce your risk for comorbidities.

There is no scientific evidence that any specific diet can improve psoriatic symptoms for everyone. The addition or removal of one substance from the diet may be helpful for one person and may cause a flare in another person. You may want to pay close attention to what helps or triggers your psoriatic disease.

General diet recommendations include:

- Add fish
- Add probiotics (live microorganisms or bacteria that are the same or similar to those naturally found in your body and are beneficial to your health)
- Eat whole and unprocessed foods
- Increase fruits and vegetables
- Reduce alcohol
- Reduce fatty foods

Speak with your health care provider before making any changes to your diet or adding vitamins or minerals to your diet. You may also want to speak with a registered dietitian, certified nutrition specialist or other medical professional with experience in diet and nutrition.

Hot and cold therapy

Using hot or cold therapy can be helpful to relieve pain in different situations. Warmth from a heating pad or warm bath can help to soothe muscles and reduce pain and stiffness. Cold from an ice pack can help to reduce inflammation in joints, pain and stiffness.

Be sure to follow safety instructions from your health care provider about using hot or cold therapy.
Physical activity

Regular physical activity may help to improve your overall health and decrease pain, stress and fatigue. It can also help improve strength, mobility and flexibility.

General physical activity recommendations include:

- **Listen to your body** when starting physical activity and as you make progress. This may mean that you might have to slow down or rest a few days between physical activities. Or you may increase your physical activity when your body is getting stronger.

- **Start slow** with low intensity and short amounts of time and slowly work up to moderate activities and longer duration.

- **Stay hydrated** during the day and during your physical activity.

- **Stretch** before and after your physical activity. Dynamic stretches (movements that improve range of motion) before physical activity can help to warm up your muscles. Static stretches (stretching and holding a muscle for short periods of time) after physical activity can help relieve tightened muscles and improve flexibility.

- **Try low-impact activities** such as bicycling, swimming, tai chi, walking or yoga.

As with dietary changes, speak with your health care provider before starting a new physical activity program.

You may want to speak with a physical therapist. A physical therapist can help you with correct body movements, exercises and stretches that are safe and effective for your psoriatic arthritis.
Sleep hygiene

The amount and quality of sleep that you get can have an effect on your health and on the pain linked to your psoriatic disease. What you do during the day and close to bedtime play a role in the quality of sleep that you have and how much energy you have during the day.

Good sleep hygiene recommendations include:

- **Be mindful of foods and drinks**, especially before bedtime. Try limiting or avoiding anything that may cause stomach upset, such as caffeinated drinks or heavy foods.

- **Create and follow a routine** before bedtime that is relaxing. Consider limiting electronics, such as smartphones, tablets, computers or television.

- **Make comfort a priority** when it comes to where you sleep, such as a comfortable mattress and pillow. Try using a sleep mask or blackout curtains to reduce light. Ear plugs or white noise machines can also help.
Stress management

Psoriatic arthritis can have an impact on your emotional and mental health. Stress is a trigger for many people with psoriasis and psoriatic arthritis. Unfortunately, living with a chronic disease can lead to anxiety and depression that continues the cycle. Studies have also found that anxiety, depression and stress may worsen pain.

There are many different ways to help reduce stress:

- Acupuncture
- Deep-breathing exercises
- Guided imagery
- Meditation or mindfulness practice
- Tai chi or yoga

Coping with stress and the emotional impact of a chronic disease can be difficult. Speaking with a mental health professional may be helpful. These may include a counselor, social worker, therapist, psychologist or psychiatrist.
Treatments for pain

Pain may be effectively managed with physical and behavioral therapy and other complementary and integrative health approaches.

However, there are medicines that you may use to help manage pain in addition to your psoriatic arthritis treatment plan and lifestyle changes. If you experience pain from your psoriatic arthritis regularly, speak with your health care provider about a pain management plan that would be most appropriate for you. Pain management treatments may require seeing a pain specialist or a pain management center.
The following are some treatment options for managing pain:

- **Non-opioid analgesics** [non-oh-pe-oid a-nuhl-JEE-ziks] are given orally or as topicals. These include acetaminophen (such as Tylenol) and NSAIDs (such as Advil, Aleve and Motrin). There are also prescription strength options for non-opioid analgesics.

- **Opioid analgesics** [oh-pe-oid a-nuhl-JEE-ziks] are available by prescription and may also be called narcotic analgesics. They can be taken orally, as an injection or as an IV infusion.

- **Co-analgesics** [coh-a-nuhl-JEE-ziks] include many different types of medicines that are able to reduce pain. These include anticonvulsants, local anesthetics and muscle relaxants.

- **Tricyclic antidepressants** (TCAs) are prescription medicines generally used to treat depression. But they may be effective in treating chronic pain and other conditions.

- **Selective serotonin-norepinephrine reuptake inhibitors** (SSNRIs) are often used to treat fibromyalgia (a chronic pain disorder) and other types of pain.

- **Calcium Channel Alpha-2-delta ligands** have been found to be effective in treating certain pain conditions.

Your health care provider will recommend a treatment depending on the severity of your psoriatic arthritis, level of pain and your reaction to treatment. General guidelines for treating chronic pain aim to reduce and manage pain with the lowest possible dosage.

To learn more about chronic pain and treatment options, go to [psoriasis.org/chronic-pain-hub](http://psoriasis.org/chronic-pain-hub).
Talk with your health care provider

Psoriatic arthritis is a chronic condition that needs lifelong treatment. The good news is that there are many treatments to help you manage your psoriatic disease.

Contact our Patient Navigation Center

Have a question about psoriasis or psoriatic arthritis? The Patient Navigation Center provides free guidance to all people impacted by psoriatic disease.

We can help you:

- Find a health care provider
- Learn about new treatments
- Deal with insurance issues
- Find financial help for treatments
- Connect with others living with psoriatic disease

You can reach our navigators by phone, email, text and instant chat. They will give you one-on-one support on your journey to better health!

Go to psoriasis.org/navigationcenter.
Want more information?

Learn about the following topics in the other booklets in this series:

- Psoriatic arthritis, including how to manage flares and chronic pain
- Psoriatic disease in children and young adults
- Treatment options, including biologics and oral treatments, phototherapy and topicals
- Working with your health care providers, including how to find specialists and preparing for appointments

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NPF’s educational materials are reviewed by members of our Medical Board and are not intended to replace the counsel of a physician.

NPF does not endorse any medicines, products or treatments for psoriasis or psoriatic arthritis and advises you to consult a physician before initiating any treatment.