Psoriatic arthritis

Psoriatic (sore-ee-AT-ic) arthritis is a chronic inflammatory disease that causes pain, stiffness and swelling in and around joints. Up to 30 percent of people with psoriasis develop psoriatic arthritis. Psoriatic arthritis can affect anyone at any age, including children. In 85 percent of individuals, skin disease comes before joint disease.

As with psoriasis, psoriatic arthritis varies from person to person. It can develop slowly with mild symptoms or come on quickly and be severe. Symptoms of psoriatic arthritis may come and go but the disease is lifelong.

If you suffer from joint and/or tendon pain, contact your primary care provider and your dermatologist. They can refer you to a rheumatologist who specializes in arthritis. Early recognition, diagnosis and treatment can help relieve pain and inflammation, and may help prevent progressive joint damage.

Diagnosis

There is no definitive test for diagnosing psoriatic arthritis. A diagnosis is made using a combination of factors—symptoms, pattern of joint involvement, medical history and results from MRIs and/or X-rays. A blood test to identify an antibody found in rheumatoid arthritis may help confirm the diagnosis because this antibody is not found in psoriatic arthritis. Sometimes other blood tests are done such as HLA-B27, which identifies a genetic marker or those that identify elevated ESR (Erythrocyte Sedimentation Rate) or CRP (C-reactive protein) levels, which indicate how much inflammation is occurring in the body.

Classification of psoriatic arthritis

Just like psoriasis, psoriatic arthritis ranges from mild to severe. The number of joints affected will have a large impact on the particular treatment plan a rheumatologist will recommend, and the prognosis for an individual. Even a small number of inflamed joints, however, can have a profound impact on pain and function and factors into the treatment decisions.

Psoriatic arthritis of a mild form is sometimes referred to as oligoarticular, meaning it affects four or fewer joints in the body. Others may have a more severe polyarticular form (affecting five or more joints). All types of psoriatic arthritis (PsA) are characterized by pain, swelling, and stiffness in the joints.

Psoriatic arthritis can involve the peripheral joints (the joints of your arms and legs including the elbows, wrists, hands and feet) or less commonly, arthritis affecting the axial skeleton (primarily your spine).

Spondylitis is inflammation of the spinal column. It commonly occurs with other forms of psoriatic arthritis. The main symptoms are inflammation with stiffness of the neck, lower back and sacroiliac joints. It is worse in the morning and after rest, better with movement and activity. Spinal arthritis makes motion in these areas painful and difficult.

Enthesitis refers to inflammation of entheses, the site where ligaments or tendons insert into the bones. Common locations for enthesitis to occur include the bottoms of the feet (plantar fascia), the Achilles’ tendons, and the places where ligaments attach to the elbow, knee, ribs, spine, and pelvis.

Enthesitis is a distinctive feature of psoriatic arthritis and does not occur with other forms of arthritis like osteoarthritis. It can be a source of significant pain since muscle contraction pulls on the entheses with most daily activities.
Dactylitis, or “sausage digits,” refers to inflammation/swelling of an entire finger or toe. It occurs due to inflammation of the small joints and enthesitis of the surrounding tendons. Dactylitis is another distinguishing factor of psoriatic arthritis. Usually dactylitis involves a few fingers and/or toes asymmetrically.

**Treatment information**

Treatments are used to help relieve pain, reduce swelling, help keep joints working and possibly prevent further joint damage. Treatment recommendations are based on the type of psoriatic arthritis, severity and response to treatment.

Drugs for the treatment of psoriatic arthritis can be divided into several categories:

- **Nonsteroidal anti-inflammatory drugs** (NSAIDs) include over-the-counter medications such as aspirin and ibuprofen, as well as prescription-strength products with similar properties.

- **Disease-modifying antirheumatic drugs** (DMARDs) may relieve more severe symptoms and attempt to slow or stop joint damage and the progression of psoriatic arthritis.

- Biologic agents such as Enbrel, Humira, Remicade, Simponi, Stelara and Otezla are called “biologic” DMARDs. They are highly selective agents that target specific parts of the immune system that cause psoriasis and psoriatic arthritis.

For more information about these treatment options, visit [www.psoriasis.org/treatments](http://www.psoriasis.org/treatments).