Psoriasis and psoriatic arthritis (together called psoriatic disease) are chronic (lifelong) diseases. We recommend that you see specialists, such as a dermatologist (skin doctor) for your psoriasis and a rheumatologist (joint and arthritis doctor) for your psoriatic arthritis. However, it is important to also have a primary care provider (also called PCP, primary care physician or general practitioner) as part of your health care team to manage your overall health. There may also be the possibility that your PCP can help to manage your psoriatic disease (discussed on page 5).

What is the role of a PCP?

A PCP is a doctor who has training in fields such as family medicine, pediatrics or internal medicine.

Your PCP plays an important role in:

- Treating acute (short-term) and chronic (lifelong) illnesses
- Good health management through regular check-ups, screenings for comorbidities (related health conditions) and preventative care
- Referring you to specialists

What is this booklet about and who is it for?

The Working with Your Primary Care Provider booklet is for people with psoriasis and psoriatic arthritis (together called psoriatic disease). It is also for their friends, family members and caregivers.

This booklet helps you to prepare for your appointment with your primary care provider with information about:

- The role of a primary care provider (also called PCP, primary care physician or general practitioner) in managing your overall health
- How your PCP can assist you with getting to a specialist in psoriatic disease
- Helpful tips and questions to ask your PCP

There is also a section you can complete to keep track of important contact information and treatments.

The NPF Patient Navigation Center provides personalized support to individuals living with disease. Whether you are looking for information on your psoriasis and psoriatic arthritis, help finding a health care provider, or assistance in preparing for your appointments, our specially trained navigators are here to assist. Better management of your psoriatic disease is possible.

Contact the Patient Navigation Center by:

- Phone: 800-723-9166
- Email: education@psoriasis.org
- Website: psoriasis.org/navigationcenter
How should you work with your PCP to manage your overall health?

When you have psoriatic disease, your immune system is overactive and causes inflammation in your body. This results in skin and joint symptoms and can increase your risk for comorbidities. It is important to continue seeing your PCP for overall health maintenance and disease prevention (including vaccines) even if you are seeing specialists for other conditions.

Screening for comorbidities

The combination of having a comorbidity and the inflammation from psoriatic disease add up to increase your risk of heart disease (including heart attack and stroke). Certain comorbidities can also affect other organs of the body and lead to additional health concerns or impact your quality of life.

Your PCP may be able to test for, diagnose and manage some comorbidities:

- Metabolic syndrome, which includes high blood pressure and high blood sugar level, extra body fat around the waist and high cholesterol
- Obesity
- Type 2 diabetes

At regular health check-ups, your PCP will often:

- Measure your vitals, including height, weight, blood pressure and heart rate
- Perform a routine physical exam
- Order blood tests

All of these will help your PCP ensure that you are in good health or identify signs of symptoms of other condition. Speak with your PCP about how to lower your risk for comorbidities or provide referrals to specialists.

Screening for psoriatic arthritis

If you only have a diagnosis for psoriasis, your PCP plays a key role in identifying signs and symptoms of psoriatic arthritis. Your PCP will then refer you to a rheumatologist for diagnosis and treatment.

- 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 of the nail plate from the nail bed, pitting or the appearance of a fungal infection
- Uveitis

Use this diagram to mark places where your body feels tender or sore.
Psoriatic Treatments

What are treatment options for psoriatic disease?

There are many safe and effective treatment options for psoriatic disease. Choosing the right one for you is an individual decision with your health care provider based on your disease severity, treatment goals and overall health. Treatments for psoriasis can reduce symptoms due to inflammation and help you achieve clearance or remission. For psoriatic arthritis, treatments can reduce joint pain, keep your joints working well and prevent future joint damage.

**Biologics** are large molecules made from living sources such as human, animal or bacterial cells. They are given as an injection or as an intravenous (IV) infusion (slow drip of medicine into the vein). Some biologics are approved to treat psoriasis, psoriatic arthritis or both.

**Oral treatments** are small molecule medicines you take by mouth. Some oral treatments are approved to treat psoriasis, psoriatic arthritis or both.

**Phototherapy** (also called light therapy) uses ultraviolet light to treat psoriasis. Treatments can be given in a health care provider’s office, psoriasis clinic or at home with a prescription from your health care provider.

**Topical treatments** come in many forms, including over-the-counter and prescription-only, and are used to treat psoriasis directly on the skin.

How should you work with your PCP to treat your psoriatic disease?

Psoriasis and psoriatic arthritis are complex chronic conditions that require lifelong disease management. It is often necessary to work with a specialist to manage the challenging nature of psoriatic disease. This is because psoriasis and psoriatic arthritis may often require changes to a treatment plan to respond to flares.

We recommend that you see specialists, such as a dermatologist for your psoriasis and a rheumatologist for your psoriatic arthritis. However, there may be situations when seeing a specialist is difficult, such as having limited access to specialists in rural areas or in-network providers that accept your health insurance plan. In these limited situations, or if you have mild-to-moderate psoriasis, your PCP may be able to effectively manage your psoriatic disease.

The key steps to managing your psoriatic disease include:

- Getting the correct diagnosis
- Deciding on a treatment plan with your health care provider
- Accessing your treatment(s)
- Managing your overall health

It is important to learn about psoriatic disease and the possible treatment options whether you are working with your PCP or a specialist for your psoriatic disease. This will help you to play an active role in discussing treatment, setting personal treatment goals and making a treatment decision.

Your psoriatic disease should be treated in a way that is appropriate to the level of severity of your symptoms. You and your health care provider (either your specialist or PCP) should work together to decide on a treatment plan to help achieve your treatment goals.
Treating your psoriatic disease
Psoriasis treatments should be based on your severity.

- Mild psoriasis: Less than 3% of the body has psoriasis. May be effectively treated with topicals, phototherapy or a combination of the two. More aggressive treatment may be recommended if you have less than 3% of your body affected on sensitive areas. This includes the hands, feet, face or genital area.

- Moderate psoriasis: 3–10% of the body has psoriasis.

- Severe psoriasis: More than 10% of the body has psoriasis.

Psoriatic arthritis treatments should treat the inflammation in your joints and help manage pain.

- Treatments that help to reduce the inflammation caused by psoriatic arthritis and prevent permanent joint damage include biologics and oral treatments.

- Other treatments may be considered to help with reducing pain, swelling and stiffness. These may include nonsteroidal anti-inflammatory drugs (also called NSAIDs) like aspirin or ibuprofen or other stronger prescription medicines. Physical therapy and other complementary treatment options may also be considered to help with pain. These other treatment options should be used in combination with biologics or oral treatments that target the joints and reduce inflammation to prevent disease progression and irreversible joint damage.

When should you see a specialist?
Although it is possible to treat and manage your psoriatic disease with a PCP, you may want to see a specialist if:

- You have moderate-to-severe psoriasis or psoriatic arthritis
- If the treatment(s) recommended by your PCP are not working or you are interested in trying treatments that your PCP is not familiar with, such as biologics, oral treatments or phototherapy
- Your disease is flaring or you are experiencing worsening of your symptoms

Keep in mind that it is important to maintain a relationship with your PCP to manage your overall health and screen for comorbidities even if you do see a specialist for your psoriatic disease. Your dermatologist or rheumatologist may work together with your PCP to ensure that your overall health is well-managed.

A PCP generally has a broad understanding of a range of different health concerns. Each provider is different in what types of psoriatic treatments they are comfortable prescribing. This may be due to the monitoring or prior authorization process involved with biologics and oral treatments or access to equipment, such as phototherapy. In addition to specialized training in the care of psoriasis and psoriatic arthritis, specialists stay up-to-date in the latest developments in psoriatic disease treatments through continuing medical education.
Although time is limited during appointments with your PCP, keep in mind that you deserve to have productive discussions about your health care. Your appointment is your time to make sure that you:

- Understand your diagnosis and treatment options
- Ask questions or talk about any concerns that you might have
- Work with your PCP to decide on a treatment plan together

You can also help ensure that your medical appointments are as productive as possible by preparing in advance. You can do this by thinking about what are your most important concerns and questions.

**Questions to prioritize and ask your PCP:**

1. Do you have experience treating patients with psoriasis or psoriatic arthritis?
2. Can I get a referral to a dermatologist and/or rheumatologist?
3. I understand that I am at risk for comorbidities as a result of having psoriatic disease. What tests do I need to have done to measure my risk or diagnose these conditions? How often should I be tested?
4. Are there any additional steps I should take to reduce my risk of comorbidities? Is there anything we should do to monitor for symptoms of these conditions?
5. How could my current psoriatic treatment possibly interact with other medicines that you might want me to use?

**Communicating with your PCP:**

- Be open about your health concerns and treatment questions
- Clearly explain your symptoms, including areas affected or changes in severity
- Take notes or bring a friend or family member to your appointment to help you remember answers to your questions
- Keep your PCP informed about your discussions with other specialists so they can assist with coordinating care

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Tips and Common Questions to Ask

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Tips and Common Questions to Ask

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### Important contact information

Use this page to keep a record of the health care providers who are helping to manage your overall health: your PCP, dermatologist, rheumatologist or others on your health care team.

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<th>Pharmacy Information</th>
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<td><strong>Name of pharmacy and/or pharmacist:</strong></td>
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### Your treatment information

<table>
<thead>
<tr>
<th>Name of treatment and what it is for</th>
<th>Dosage and frequency</th>
<th>Prescribing provider and date prescribed (current or past treatment)</th>
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<tbody>
<tr>
<td>Example: Methotrexate: Psoriasis and Psoriatic Arthritis</td>
<td>1/week</td>
<td>Dr. Jones: June 2017- Nov. 2017 (past)</td>
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Next Steps

Talk with your health care provider

Psoriasis and psoriatic arthritis are chronic conditions that need lifelong treatment. The good news is there are many treatments to help you manage these conditions. Make an appointment to talk with your health care provider about your psoriatic symptoms, treatment options and risk for comorbidities.

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
- Prepare for appointments
- 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:
- Psoriasis and psoriatic arthritis, including diagnosis, symptoms, triggers and treatments
- 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

The National Psoriasis Foundation (NPF) is a 501 (c) (3) organization governed by a Board of Directors and advised on medical issues by a Medical Board.

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.