

PSORIATIC ARTHRITIS **Media Backgrounder**

PSORIATIC ARTHRITIS

Psoriatic arthritis is a painful, chronic inflammatory disease characterised by pain, stiffness, swelling and tenderness of the joints, inflammation of specific ligaments and tendons, and decrease in physical functioning.¹

Psoriatic arthritis has been recognised as entity distinct from rheumatoid arthritis, by the absence of rheumatoid factor, as well as the occurrence of certain clinical features. Up to 30 percent of people with psoriasis will also suffer from psoriatic arthritis, which can cause severe arthritic damage and an increased risk of cardiovascular disease.²

There are several types of psoriasis, the most common being plaque psoriasis which represents about 80 percent of all cases of psoriasis. Psoriasis vulgaris is the main form of psoriasis associated with psoriatic arthritis, but pustular psoriasis, flexural psoriasis, and guttate lesions can also cause psoriatic arthritis.²

CAUSES AND RISK FACTORS

The exact cause of psoriatic arthritis is unknown. While environmental factors likely play a part, there is also a strong genetic component to the disease; people with psoriatic arthritis have a close relative with either psoriasis or psoriatic arthritis.² Up to 40 percent of people with psoriatic arthritis have a close relative with either psoriasis or arthritis, suggesting a hereditary component to the disease.⁴ Psoriatic arthritis can also result from an infection that activates the immune system. While psoriasis itself is not infectious, the arthritis component might be triggered by a streptococcal throat infection for example.⁴ Psoriatic arthritis affects men and women equally and the average age of onset is between 30 and 50 years of age but it can appear as early as childhood.¹

CLINICAL PRESENTATION

There are five types of psoriatic arthritis:⁵

- **Symmetric** is similar to rheumatoid arthritis, although symptoms are often milder, and there is less deformity of the joints and it usually affects both sides of the body
- **Asymmetric** can involve a few or many joints, including those of the knees, hips, ankles and wrists. It does not affect both sides of the body and fingers and toes may take on a sausage-like appearance known as dactylitis
- **Distal interphalangeal predominant (DIP)** affects the joints of the fingers and toes closest to the nail. This type of psoriatic arthritis can be mistaken for osteoarthritis, but nail changes such as pitting or lifting set it apart
- **Spondylitis** is found in people with psoriatic arthritis. Inflammation and the resulting pain and stiffness affect the neck, back and pelvis. Patients may also experience peripheral disease in their hands, arms, legs and feet
- **Arthritis mutilans** is a severe, deforming and destructive form of psoriatic arthritis that affects fewer than five percent of people. The principle sites of inflammation are the small joints of the hands and feet, although neck and lower back symptoms are also frequently present

DIAGNOSIS

At present there are no definitive guidelines for diagnosing psoriatic arthritis; a doctor will make a diagnosis based on symptoms and medical history, and by ruling out other conditions. The original diagnostic criteria of Moll and Wright are the simplest and the most frequently used. The criteria are:

- An inflammatory arthritis (peripheral arthritis and/or sacroiliitis or spondylitis)
- The presence of psoriasis
- The absence of serological tests for rheumatoid factor.

A doctor may also use X Rays, ultrasounds or other scans, such as an MRI to look at the patient's joints. These scans often show inflammation or areas of new bone growth with poorly-defined edges in people with psoriatic arthritis.

CURRENT TREATMENTS

Treatment options for psoriatic arthritis aim to treat both the pain and inflammation of the joints and also the skin condition.

Non-steroidal anti-inflammatory drugs – NSAIDs: Currently regarded as the first line medical treatment of choice. They can relieve pain and stiffness rapidly. However, NSAIDs do not provide full relief for a large number of psoriatic arthritis patients, and they have no effect on the skin manifestations of the disease.⁶

Disease-modifying anti-rheumatic drugs – DMARDs: Are indicated for the treatment of moderate to severe or refractory cases of psoriatic arthritis. Patients with active disease, defined globally as one or more tender and swollen joints and poor prognostic factors, particularly those with elevated acute phase reactants, radiographical damage or clinically relevant extra-articular manifestations, who have failed to respond to NSAIDs within three months, should be treated with DMARDs.⁶

DMARDs – biologics: These are proteins that have been designed to block the activity of a chemical messenger in the body. Unlike traditional systemics that have a broad impact on immune function, biologics work by targeting specific parts of the immune system associated with the condition.⁶ Biologics are given as an injection or an intravenous infusion.

ADDITIONAL COMPLICATIONS ASSOCIATED WITH PSORIATIC ARTHRITIS

People with psoriatic arthritis are at increased risk for a variety of other health issues, including:

- **Severe arthritic damage:** Patients with psoriatic arthritis eventually develop destructive, disabling arthritis over time⁷
- **Fatigue:** The physical and emotional difficulties of psoriatic arthritis can cause people to feel exhausted interfering with their ability to work or take part in other activities.⁸ Psoriatic arthritis can also impact sleep, further causing fatigue⁹
- **Cardiovascular disease:** People with psoriatic arthritis have increased risk of heart attack and high blood pressure, due to the effects of chronic inflammation, contributing to atherosclerosis¹⁰
- **Obesity:** There is a strong correlation between psoriasis (found in most people with psoriatic arthritis) and obesity¹¹
- **Metabolic syndrome:** Has been found in 58% of patients with psoriatic arthritis.¹² Hypertension, and hyperlipidemia have been associated with psoriatic arthritis⁹

KEY FACTS

- Psoriatic arthritis can occur in people without skin psoriasis, particularly in those who have relatives with psoriasis
- Psoriatic arthritis can have a major impact on a person's quality of life. Many people with psoriatic arthritis report trouble using their hands, sleeping, walking and sitting or standing for long periods of time
- Left untreated, psoriatic arthritis can be disabling and cause irreversible joint damage, so early accurate diagnosis is essential

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