

# Psoriatic arthritis



ARTHRITIS CARE

*Empowering  
people with arthritis.*

## What is psoriatic arthritis?

Psoriatic arthritis (sometimes known as PsA) is a disease where joints around the body become inflamed and sore. It can make moving about difficult and painful. People who have psoriatic arthritis also have (or will develop) the skin condition psoriasis.

Psoriasis can develop in the teenage years, but psoriatic arthritis usually happens later, often around the age of 40. Psoriatic arthritis is quite unusual: about one in 50 people have psoriasis, and of these, only about one in 14 will develop psoriatic arthritis. Children can develop it, but this is very rare.

### Real life story

**I** I had a terrible six months when I was diagnosed, with regular severe flare ups, and pain in my chest, ribs and neck, which meant I could not turn over in bed without pain. I was unable to drive, bath myself or get myself dressed.

*I have no grip and my husband has to do lots of things for me. I sometimes kneel down and cannot get up.*

*Flare ups are getting less frequent although it still takes me approximately one hour to get moving in the morning, and sometimes I cannot walk at all as the pain in my feet is too bad. I am much more tired and often need to sleep during the day.*

## How will it affect me?

Psoriatic arthritis typically causes pain in the elbows, knees, hands, feet, and the base of the spine, but it can affect any of the joints in your body. It may affect just one or two joints, sometimes more. It can also affect tendons and ligaments around the joints.

You may have good days when the pain is gone or is not too bad, and bad days when the pain and stiffness are worse.

Other symptoms some people get are:

- stiffness in the morning, so you take a while to get moving
- a painful, stiff back and neck, caused by inflammation of the spine (this is called spondylitis)
- swollen and sore joints at the end of fingers or toes
- pitted or thickened nails

- sore and swollen heels
- pain in your jaw, and maybe headaches as a result
- conjunctivitis or painful, red eyes (this is called iritis or uveitis)
- constant tiredness and the need to rest.



Psoriasis causes red, raised patches of skin with silvery scales, known as plaques. Most often, these appear on elbows, knees, the head, between the buttocks and on scars. The plaques are itchy and may become sore if you scratch them. The psoriasis can affect anything from a tiny patch to a severe condition covering a lot of your body.

Most people develop psoriasis first, but a few develop arthritis before the skin problem. They tend to be independent of each other, though stress can cause both to flare up. It's possible that bacteria from the skin disease trigger the joint problems. However, more research is needed to confirm this link.

If you have a lot of pain or your psoriasis makes you feel very uncomfortable or embarrassed, you may feel depressed or have trouble sleeping. Make sure you mention this to your doctor.

## What is the treatment?

### Medicines

There are two main types of drugs to treat psoriatic arthritis.

- **Non-steroidal anti-inflammatory drugs (NSAIDs).** These help with pain in your joints by reducing inflammation. Their effect lasts a few hours, so you may need to take them several times a day. Some people find these drugs get less effective after a few weeks. If this happens, you can try a different NSAID – there are more than 40 types.

Examples of anti-inflammatory drugs are: ibuprofen (Nurofen or Advil), diclofenac, and indometacin. There are newer drugs called COX-2s, including celecoxib (Celebrex) and etoricoxib (Arcoxia).

NSAIDs can have many side effects. The main one is indigestion and even stomach ulcers – so you must always take them with food or straight after eating. If you get indigestion when you take them, tell your doctor because you can take another drug to protect your stomach.

If you have certain medical conditions, or take other medicines, you may not be able to take NSAIDs. This includes ones you can buy at the chemist, such as ibuprofen. For example, your doctor probably won't give you NSAIDs if you have asthma, high blood pressure, heart disease or kidney problems, or if you take warfarin. Always ask your doctor before taking any NSAID.

- **Disease modifying anti-rheumatic drugs (DMARDs).** These attack the causes of inflammation, so can reduce pain and may slow down the development of your arthritis. These are usually prescribed early in the disease. It can take some weeks before they work, so keep taking them even if you think they are doing no good. Sometimes DMARDs are given by an injection rather than taking a tablet. You may have to take more than one sort of DMARD, and you may have to continue with NSAIDs as well.

Examples are: methotrexate, ciclosporin, sulphasalazine, leflunomide.

There are a new class of drugs known as biologics that have been specially designed to change the activity of the body's immune system that leads to inflammation. Examples of newer biologic drugs used to treat psoriasis are adalimumab (Humira), etanercept (Enbrel) and infliximab (Remicade).

There can be lots of side effects with disease modifying drugs, and you will have a regular blood test to make sure your blood, liver or kidneys are not being affected.

You might also be given a small injection of steroids to reduce pain or swelling in a troublesome joint or ligament.

### **For psoriasis**

There are a range of ointments and creams you can use to help calm your skin.

Your doctor may also prescribe retinoid tablets, or ask you to attend hospital to receive light therapy (shining ultraviolet light on your skin to reduce psoriasis). Some disease-modifying drugs given for psoriatic arthritis will also help psoriasis.

### **Getting pregnant**

If you are about to try for a baby, talk to your doctor first because some drugs of both types can affect an unborn baby, as well as reduce your chances of getting pregnant. This applies to men too. Arthritis can improve while you are pregnant, but unfortunately is likely to reappear afterwards.

### **Who will I see?**

If you think you have psoriatic arthritis (or any kind of arthritis), see your GP. They may refer you to a rheumatologist – a specialist or consultant based at a hospital. You may also be referred to see a dermatologist for your skin condition. The two consultants will sometimes work together to treat your conditions.



Rheumatologists work with a healthcare team, which could include:

- a nurse practitioner to help you learn about the disease and how to live with it
- a physiotherapist who may give you exercises to help maintain the mobility of your joints and may suggest relaxation techniques
- an occupational therapist to assess whether you need any extra equipment to cope at home. For example, they might give you a splint to wear on your wrist, or a stick to help you walk better
- a podiatrist to assess whether you need special foot care, and advise you on getting the right shoes or insoles.



There are many different types of arthritis, and sometimes it is difficult for doctors to tell if it is psoriatic arthritis. If you don't have psoriasis or other tell-tale signs, you might be asked to have a blood test to rule out other types of arthritis.

### **What can I do to help myself?**

- Exercise is very important for keeping your joints moving. A physiotherapist can give you exercises that are right for you.
- You may need to take more rests than usual during your day if you feel very tired. You need to learn to listen to your body's needs.
- Stress can make you tense and feel worse – relaxation techniques can help with this, and so might counselling. Ask your doctor or physiotherapist.
- If you are overweight, it is important to reduce the strain on your joints and back by losing weight. You can ask your doctor or nurse practitioner about a weight-reducing diet.
- Taking omega-3 fish oils may help to reduce soreness in your joints. No other special diets have been proven to help, but healthy eating will give you more strength and energy.
- Some people find alternative therapies helpful, but you may have to pay for these – ask your GP first. Before you choose a complementary therapist, check they are a member of a professional body, and beware of anyone asking you to give up your prescribed drugs. Acupuncture, where very fine needles are inserted into certain parts of the body, can suppress pain. Hydrotherapy, where you exercise joints and muscles in the support of a warm water swimming pool, can ease pain and help you relax.

## Is it hereditary?

If psoriasis or psoriatic arthritis run in your family, you may be more prone to develop these conditions. However, just because you may have inherited the genes doesn't mean you will develop either condition. Scientists think something may act as a trigger for psoriatic arthritis to develop – the trigger could be an infection. There is a one in four chance of a child having psoriatic arthritis if one of their parents has it.



## Where can I get more information and support?

- Arthritis Care's helpline 0808 800 4050 (weekdays 10am-4pm) plus website ([www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)) can give you information about adapting your life, treatments and care, or just give you someone to talk to. You can also contact other people with arthritis through the discussion forums on our website.
- The Psoriasis and Psoriatic Arthritis Alliance, the charity for people with psoriatic arthritis and psoriasis, provides information and support. Tel: 0870 770 3212 or visit [www.papaa.org](http://www.papaa.org)

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## Arthritis Care

Arthritis Care is the UK's largest voluntary organisation working with and for all people with arthritis.

Our publications are just one of the many services Arthritis Care provides. These include a confidential helpline, self-management and awareness training, information for people with arthritis and health professionals, and local activity and support. We also campaign locally and nationally to help change attitudes and laws and to ensure people with arthritis have access to the treatments and services they need and deserve.

## Contact us

For confidential information and support, contact the Arthritis Care Helpline

**Freephone: 0808 800 4050**

10am-4pm (weekdays)

Email: [Helplines@arthritiscare.org.uk](mailto:Helplines@arthritiscare.org.uk)

For information about Arthritis Care and the services we offer, contact us at: [www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)

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