

## What is psoriatic arthritis?

Psoriatic arthritis (PsA) is a disease where joints around the body become inflamed and sore. It can make moving about difficult and painful. People who have PsA also have (or may develop) the skin condition psoriasis. They may have a close relative with either psoriasis or PsA.

Psoriasis can develop at any age, but PsA usually happens later, often between the ages of 25 and 50 years. About five to seven per cent of the population has psoriasis. Of these, about 20 per cent will develop PsA. Children can also develop it, when it is called psoriatic type juvenile idiopathic arthritis.

## REAL LIFE STORY

‘ 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. 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?

PsA 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. The condition usually affects different joints on each side (asymmetrical PsA) but it can also affect the same joints on both sides of the body (symmetrical PsA).

You may have good days when your pain is reduced or goes completely and days when the pain and stiffness are worse.

Other symptoms some people have 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, the skin condition, causes red, raised patches of skin with silvery scales, known as plaques. Most often these appear on elbows, knees, the scalp, between the buttocks and on scars. The plaques are itchy and may become sore if you scratch them. The psoriasis may vary from a tiny patch to a severe condition covering a lot of your body surface.

Up to 70% of 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. Physical trauma or something in the environment — such as a viral or bacterial infection — may trigger PsA in people with an inherited tendency.

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?

**Non-steroidal anti-inflammatory drugs (NSAIDs)** help with pain in your joints by reducing inflammation. These include ibuprofen (Nurofen), naproxen (naprosyn) diclofenac (Voltarol), celecoxib (Celebrex) and many more. Ask your doctor to explain any possible side effects to you.

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

**Disease-modifying anti-rheumatic drugs (DMARDs)** target 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 not working. 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 (Maxtrex), sulfasalazine (Salazopyrin) and leflunomide (Arava).

There is a new class of drugs known as biologics which target the damaging chemicals in certain forms of inflammatory arthritis. Examples of newer biologic drugs used to treat PsA are Ustekinumab (Stelara) adalimumab (Humira), etanercept (Enbrel), infliximab (Remicade) and golimumab (Simponi) certolizumab pegol (Cimzia). Availability of these drugs will depend on where you live in the UK.



# Psoriatic arthritis

If you take DMARDs/biologics you will need regular blood tests to monitor possible side effects and make sure your blood, liver or kidneys are not being affected by the drugs. You should also be immunised against influenza annually and pneumonia (pneumovax). These drugs are not recommended in pregnancy. You should discuss planned pregnancy with your doctor.

There is 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, such as methotrexate, given for PsA will also help psoriasis.

## Who will I see?

If you think you have PsA, 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 condition. You may also see a physiotherapist who can help by giving you exercises to help maintain the mobility of your joints or an occupational therapist for advice on using physical aids and making adaptations to your home.

The Scottish Intercollegiate Guidelines Network (SIGN) has guidelines for the management of PsA. These guidelines are widely used throughout the UK but are not mandatory. These guidelines should help your doctor support you to manage your condition. NICE has also produced guidance for use of certain drugs used in PsA and psoriasis. There are many different types of arthritis and sometimes it is difficult for doctors to tell if you have PsA. If you do not 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 rest than usual during the 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.

## Is it hereditary?

If psoriasis or PsA runs in your family, you may be more prone to develop these conditions. However, just because you may have inherited the genes does not mean you will develop either condition. Scientists think something may act as a trigger for PsA to develop – for example, the trigger could be an infection.

## Where can I get more information and support?

**Arthritis Care** is the UK's largest charity working with and for all people who have arthritis.

We are here to help you make positive choices through our information, website, self-management training, and professional helpline. Call the free helpline for confidential support on 0808 800 4050 (09:30-17:00 weekdays) or email: [Helplines@arthritiscare.org.uk](mailto:Helplines@arthritiscare.org.uk)

You can find support from others with arthritis by joining our online discussion forums.



Arthritis Care and Arthritis Research UK have joined together to help more people live well with arthritis. Read how at [arthritiscare.org.uk/merger](http://arthritiscare.org.uk/merger). All donations will now go to Arthritis Research UK and be used to help people with arthritis live full and active lives in communities across England and Wales, Scotland, and Northern Ireland.

Registered Charity Number 207711, SC041156.

**[www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)**

## Other organisations

**The Psoriasis and Psoriatic Arthritis Alliance**, the charity for people with psoriatic arthritis and psoriasis, provides information and support. Tel: 01923 672837 or visit [www.papaa.org](http://www.papaa.org)

**Our factsheets are reviewed every three years. Please check our website for up-to-date information and reference sources or call 020 7380 6577.**

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## Contact us

For confidential information and support about treatments, available care and adapting your life, contact the Arthritis Care Helpline

**Freephone: 0808 800 4050**

09:30-17:00 (weekdays)

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

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