Towards Value-Based Healthcare, Insights from Dermatology and Rheumatology

PSORIATIC ARTHRITS

OVERVIEW

Psoriatic arthritis (PsA) is a complex inflammatory and autoimmune disease characterized by musculoskeletal and non-musculoskeletal manifestations.
Psoriatic arthritis affects about %30 of people with psoriasis and has a prevalence of 133 per 100,000 worldwide with consistent geographic variability.

PsA can start at any age and may affect children. It affects men and women equally. The disease often appears between ages 30 and 50.
For many people, it starts about 10 years after psoriasis develops, but some develop PsA first without ever developing or noticing psoriasis.

CAUSES & COMORBIDITIES:

The cause of PsA is not fully understood.

Several risk factors may underline the development of the disease, including:

- Family history of psoriasis and psoriatic arthritis
- Infection
- Trauma
- Altered gut and skin microbiomes

Several comorbidities can be associated with PsA, including:

- Diabetes
- Hypertension
- Obesity
- Cardiovascular disease
- Cerebrovascular disease
- Fatty liver disease
- Depression
- Osteoporosis

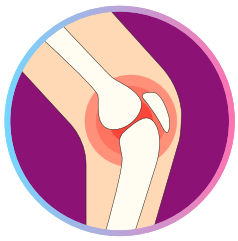
SIGNS & SYMPTOMS OF PSA

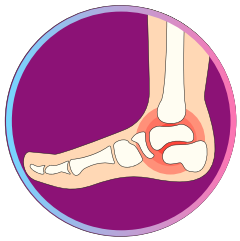
Psoriatic arthritis (PsA) causes swelling, pain, and stiffness in the joints and areas where tendons and ligaments connect to bone.

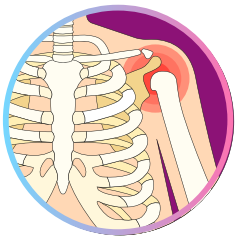
Dactylitis or swelling of fingers and toes can be seen along with pitting of the nails.

Other signs can include inflammation of the tendons called enthesitis, back pains, colitis, and uveitis (inflammation in the eyes).

PRESENTATIONS OF PSORIATIC ARTHRITIS:







Just like psoriasis, PsA can range from mild to severe:

- Mild PsA (oligoarticular) affects four or fewer joints in the body.
- More severe PsA (polyarticular) affects five or more joints.

PsA can involve the peripheral joints (found in arms and legs, including the elbows, wrists, hands, and feet) or, less commonly, the axial skeleton (spine, hips, and shoulders).

DIAGNOSIS:

Diagnosing psoriatic arthritis starts with the following:

- Clinical assessment by the physician for history and physical examination. The physician will look for swollen or painful joints and nail and skin changes in the physical examination.
- Blood tests
- Radiological tests like X-rays, ultrasound, or MRI.
- Sometimes a skin biopsy might be done to confirm the diagnosis of psoriasis.

TREATMENT:

Left untreated, PsA can cause permanent joint damage, leading to a reduced quality of life.
Mild arthritis flares may be treated with the following:

- **Nonsteroidal anti-inflammatory drugs** (NSAIDs) like ibuprofen or naproxen sodium.
- **Corticosteroid joint injections** may ease pain and swelling in an affected joint.
- If NSAIDs don't ease arthritis symptoms, **disease-modifying antirheumatic drugs** (DMARDs) may be prescribed.
- People with severe arthritis may be given **biologics**.

If the disease severely damages joints or if other

OTHER PROCEDURES & NONDRUG TREATMENTS

- **Physical and occupational therapy** strengthens the muscles, reduces pain, and improves the range of motion. Lifestyle modifications may also help to minimize symptoms, including exercising regularly, avoiding alcohol consumption, and stopping smoking.

- **Exercise:** Studies show that regular exercise is one of the best ways to keep joints healthy and moving smoothly and keep weight in check.

- **Diet:** A healthy Mediterranean diet (fruits and vegetables, whole grains, seafood, nuts and legumes, and olive oil) can help people with psoriatic arthritis improve their overall health and control their weight.