

Psoriatic Arthritis (PSA)

What Is Psoriatic Arthritis?

Psoriatic arthritis is a form of arthritis that occurs in patients who have a skin condition called psoriasis. It can also happen in person who has a close family member with psoriasis. It is a chronic arthritis which presents in different ways. If you have psoriasis there is 20 to 30% chance of getting an arthritis. Some people have a mild form, and others a more destructive form that can lead to damage of the joints. Sometimes (in about 15%) the arthritis develops before the psoriasis.

What Are The Symptoms Of Psoriatic Arthritis?

Psoriatic arthritis causes pain, swelling and stiffness in the joints. Almost any joint in the body can be affected. The symptoms can be progress slowly or have a very quick onset. The symptoms can also be mild or severe causing you to be unable to move and use the joint. The large joints like knees and shoulders, or small joints like the hands and toes can be affected. There are 5 types of patterns to look out for in psoriatic arthritis:

1. Distal arthritis: this type affects the end joints of the fingers and toes
2. Asymmetric oligoarthritis: affects less than five joints, and often involves the larger joints.
3. Symmetrical polyarthritis: affects more than five joints, and often involves the smaller joints, and looks similar to rheumatoid arthritis.
4. Arthritis Mutilans: This type deforms and destroys joints, and causes shortening of the fingers or toes.
5. Spondyloarthritis: this affects the spine and the sacroiliac joints.

When the spine is affected, especially the lower back, it will often be associated with morning stiffness lasting more than 30 minutes.

Some people have nail changes which can look like: pits in the nail, lifting of the nail edge, or crumbly nails. (See picture 1).

Patients can develop swollen fingers or toes that look like sausages, called dactylitis. (see picture 2)

Pain in tendons can also be associated with this disease, it is called enthesitis. It commonly affects the Achilles tendon at the back of the ankle and the tendons at the bottom the feet (plantar fasciitis). The tendons on the palms of the hands, and the elbows or shoulders can also be affected.

What Causes Psoriatic Arthritis?

The cause of psoriatic arthritis is unknown. Psoriatic arthritis is thought to occur as a result of the immune system mistakenly attacking healthy cells and tissues. The abnormal immune response causes inflammation in your joints. Researchers suspect that it develops from a combination of genetic and environmental factors. They also believe that immune system problems, infection, obesity, and physical trauma play a role in determining who will develop the disease. Psoriasis itself is neither infectious nor contagious. A certain gene called HLA-B27 is associated with psoriatic arthritis. Not all people who have this gene get psoriatic arthritis, and not all people who have psoriatic arthritis have the HLA-B27 gene.

How is psoriatic arthritis diagnosed?

There is no single test to diagnose psoriatic arthritis. Your doctor will make the diagnosis based on your medical history, your symptoms, the examination of your joints and spine, blood tests, and possibly X-rays. The doctor will also ask about psoriasis in your immediate family. Your doctor may even request an ultrasound scan of affected joints.

WHAT ARE THE TREATMENT OPTIONS FOR PSORIATIC ARTHRITIS?

Ideally this disease should be treated by a rheumatologist. The treatment for psoriatic arthritis is tailor-made for each patient, depending on the severity of the disease, the level of pain and the number of joints affected.

Treatment for psoriatic arthritis aims to relieve symptoms, slow the progression of the disease and improve quality of life. This usually involves trying different medications. These medications can also treat the psoriasis.

The main medicines used to treat psoriatic arthritis are:

- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Corticosteroid injections (oral not recommended)
- Disease-modifying anti-rheumatic drugs (DMARDs)
- Biologic agents.

DMARDs:

Disease-modifying anti-rheumatic drugs are medicines that block the effects of the chemicals released when your immune system attacks your joints. They can help ease your symptoms and slow the progression of psoriatic arthritis. The earlier you start taking a DMARD, the more effective it will be. These include Salazopyrin, Methotrexate, Cyclosporine and Leflunomide. (See medicine information sheet)

Biologic Medications:

These medications target specific parts of the immune system that trigger inflammation and lead to joint damage. Your rheumatologist will consider using these medications if the combination of DMARDS and/or other NSAIDS don't work. These drugs can increase the risk of getting an infection. Biologic agents can be used alone or combined with DMARDS, such as methotrexate. There are several biologic type medications available to treat psoriatic arthritis via infusion or injection.

- The TNF Alpha Inhibitors such as adalimumab (Humira), etanercept (Enbrel), golimumab (Simponi), and infliximab (Revellex)
 - Secukinumab (Cosentyx).
 - Ustekinumab (Stelara)
- (See medicine information sheet)

What Are The Associated Diseases That Can Occur With Psoriatic Arthritis?

Obesity: Several studies have demonstrated that weight loss can improve your response to medical treatments for both psoriasis and psoriatic arthritis. Weight loss of 10 percent or more can dramatically improve response to treatments and increase your chance of getting your psoriatic arthritis into a remission

Cardiovascular Risk: There is a strong connection between heart disease risk and psoriatic arthritis. People with psoriatic arthritis are about 40 % more likely to develop cardiovascular disease which causes heart attacks or angina. People with psoriatic arthritis also have a 20 % greater risk of cerebrovascular disease, which can cause a stroke. High blood pressure and high cholesterol levels are also increased in psoriatic arthritis and this adds to the cardiovascular risk.

Type 2 Diabetes: People with psoriatic arthritis are known to have an increased risk of developing type 2 diabetes. This happens when your body can not use the hormone insulin properly and your blood sugar levels become elevated. A study found that psoriatic arthritis increases the risk of type 2 diabetes by 50 %.

Osteoporosis: Osteoporosis, which causes bones to become thin, weak and prone to fractures, and psoriatic arthritis are closely linked. You may be at risk for osteoporosis and not know it because osteoporosis is a silent disease (it rarely causes symptoms until a fracture occurs). Your doctor will send you for bone density scan at a certain age to test for it.

Depression: Mental health conditions such as depression and anxiety are common in people with psoriatic arthritis. Symptoms of depression include low mood, loss of interest in activities, persistent helplessness, abnormal sleep patterns, difficulty concentrating, and withdrawing from family and friends. It is important to recognise and treat depression, which may include taking antidepressant medication.

Fatty Liver Disease: Non-alcoholic fatty liver disease (NAFLD) occurs when fat accumulates in liver cells. Psoriatic arthritis has a strong link to NAFLD. Weight loss and exercise are two of the best ways to prevent or reverse this. Having this condition may affect which medications your doctor can prescribe, as some of these medicines are broken down in the liver.

Eye Inflammation: People with psoriatic arthritis can get an eye disease cause uveitis. Symptoms include redness, swelling, pain, excessive tearing as well as blurring and decreased vision. It typically comes on suddenly and becomes severe quickly. This must be assessed and treated by an ophthalmologist.

What Else Can You Do To Help Your Condition?

- Protect your joints. Changing the way you carry out everyday tasks can make a tremendous difference in how you feel. For example, you can avoid straining your finger joints by using gadgets such as jar openers to twist the lids from jars, avoid lifting heavy pans or other objects with both hands, and by pushing doors open with your whole body instead of just your fingers.
- Maintaining a healthy weight places less strain on your joints, leading to reduced pain and increased energy and mobility. The best way to increase nutrients while limiting calories is to eat more plant-based foods such as fruits, vegetables and whole grains.
- Exercise regularly. Exercise can help keep your joints flexible and your muscles strong. Types of exercises that are less stressful on joints include walking, swimming and cycling.
- Stop smoking. Smoking is associated with a higher risk of developing psoriasis and with more-severe symptoms of psoriasis.
- Limit alcohol use. Alcohol can increase your risk of psoriasis, decrease the effectiveness of your treatment and increase the side effects from some medications, such as methotrexate.

Useful websites:

www.arthritis.co.za (Arthritis foundation of South Africa)

www.psoriasis.org (National Psoriasis Foundation)

www.livingwithpsoriaticarthritis.org

www.hopkinsarthritis.org/arthritis-info/psoriatic-arthritis/

www.uptodate.com

www.mayoclinic.com

www.rheuminfo.com

