

A Simple Guide to Understanding and Managing Psoriatic Arthritis (PsA)



Who Is This Guide For?

This guide is for anyone living with psoriatic arthritis (PsA), whether you've just been diagnosed or have been managing it for a while. It's also helpful for people with psoriasis who might develop PsA. The guide explains PsA in an easy-to-understand way and provides steps to work with your healthcare team to feel better and live well.

What is Psoriatic Arthritis (PsA)?

Psoriatic arthritis (PsA) is a long-term condition that causes pain, swelling, and stiffness in your joints and other parts of your body. It's linked to psoriasis, a skin condition that causes red, scaly patches. About 1 in 3 people with psoriasis develop PsA. PsA can affect:

- **Joints:** Especially in your hands, feet, knees, or elbows, causing swelling or pain.
- **Spine:** Leading to back or neck pain and stiffness (similar to ankylosing spondylitis).
- **Fingers or toes:** Causing swelling like sausages (called dactylitis).
- **Tendons or ligaments:** Where they attach to bones (called enthesitis), like your heels or elbows.
- **Skin and nails:** Worsening psoriasis patches or causing pitted, crumbling nails.
- **Eyes:** Leading to painful, red eyes (called uveitis).
- **Bowels:** In some cases, linked to conditions like Crohn's disease or ulcerative colitis.

PsA is more likely if you have severe psoriasis, nail problems, obesity, or a family history of psoriasis or PsA. It can start at any age but often appears between 30 and 50. Both psoriasis and PsA can make daily life harder, affecting work, hobbies, and how you feel.

Why is catching it early important?

Finding PsA early helps prevent joint damage, reduces pain, and improves your quality of life. Without treatment, PsA can make it harder to move, work, or enjoy activities. It can also increase your risk for other health issues like heart disease, diabetes, or depression. Early treatment can control symptoms and keep you active, so seeing a doctor as soon as you notice joint pain or other signs is key.

How Do Doctors Figure Out If You Have PsA?

Doctors often use a checklist called the CASPAR criteria to confirm PsA. You need at least 3 points from signs like current psoriasis (2 points), past psoriasis or family history (1 point), nail changes (1 point), swollen digits (1 point), negative rheumatoid factor (1 point), or specific X-ray findings (1 point). They'll also make sure it's not another condition, like rheumatoid arthritis or gout.

How Do Doctors Figure Out If You Have PsA?

If you have joint pain, swelling, or stiffness, especially with psoriasis or a family history of it, your doctor may suspect PsA. Here's what they do to check:

Ask about your symptoms:

- Joint pain or swelling, especially in hands, feet, or spine.
- Swollen fingers or toes (like sausages).
- Pain at tendons or ligaments (like heels or elbows).
- Psoriasis patches, nail changes (pitting or crumbling), or eye inflammation.
- Family members with psoriasis or PsA.

Do a physical exam:

- Check for swollen or tender joints (they look at 66–68 joints, not just the 28 used for rheumatoid arthritis).
- Look for swollen digits, tender tendons, or psoriasis on skin or nails.

Run tests:

- **Blood tests:** To check for inflammation (like C-reactive protein or ESR), though these are only high in about half of PsA cases. A negative rheumatoid factor test helps rule out rheumatoid arthritis.
- **X-rays:** To look for joint damage or new bone growth near joints.
- **Skin or nail checks:** To assess psoriasis severity or nail damage.

How Do Doctors Know How Bad Your PsA Is?

PsA affects different parts of the body, so doctors check five areas: joints, skin, nails, spine, and tendons/ligaments. They use simple tools to see how active your PsA is:

- **Joint activity (DAPSA Score):** Counts swollen and tender joints (66–68 joints), your pain level, how you rate your PsA (0–10 scale), and a blood test for inflammation. It shows if your PsA is:
 - Remission (under control, score 4 or less).
 - Low activity (score 14 or less).
 - Moderate or high activity (needs stronger treatment).
- **Skin activity (PASI or body surface area):** Measures how much of your skin has psoriasis and how severe it is.
- **Nail activity (mNAPSI):** Checks for nail pitting, crumbling, or other damage.
- **Spine activity (ASDAS or BASDAI):** Surveys about back pain, stiffness, and tiredness, borrowed from ankylosing spondylitis tools.
- **Tendon/ligament or digit activity:** Counts affected areas, like swollen fingers/toes or painful tendons.
- **Overall activity (Minimal Disease Activity, MDA):** You meet MDA if 5 of 7 goals are reached, like low joint counts, minimal skin issues, low pain, and good daily function. Very Low Disease Activity (VLDA) means all 7 goals are met.

These tools help your doctor see if your treatment is working and adjust it if needed.

How is PsA Treated?

The goal is to stop pain, swelling, and skin problems, keep you moving, and improve your life. Ideally, your PsA should reach Minimal Disease Activity (MDA) or, for joint issues, a DAPSA score of 14 or less. Here's the plan:

1. Team Up with Your Doctors

- **See a rheumatologist:** A doctor who specializes in PsA. They may work with:
 - A dermatologist for skin or nail issues.
 - Physical or occupational therapists to help you move better.
 - A podiatrist for foot problems.
 - A counselor or social worker for emotional support.
 - A rheumatology nurse to explain treatments and answer questions.
- **Make a plan together:** You and your doctor will choose treatments based on your symptoms (joints, skin, etc.), other health conditions, and your goals.
- **Learn about PsA:** Understanding your condition helps you feel in control. A nurse or support group can share tips.

2. Live Healthy

- **Exercise:** Activities like walking, swimming, or stretching reduce stiffness and keep you strong. A physical therapist can suggest safe exercises.
- **Stop smoking:** Smoking worsens PsA and raises your risk for heart problems.
- **Lose weight if needed:** Extra weight can make PsA and other health issues worse. A healthy diet can help.
- **Join a support group:** Talking to others with PsA can give you ideas and encouragement.

3. Medicines

Medicines are chosen based on which parts of PsA (joints, skin, spine, etc.) are most active. They're tried step by step:

For Joint Pain (Peripheral Arthritis)

- **Step 1: Methotrexate (MTX):**
 - **What it is:** A pill or shot taken once a week to reduce joint swelling and skin issues. It's the first choice for many joints (polyarthritis).
 - **How it works:** Start with 7.5–15 mg, up to 25 mg, often with folic acid to reduce side effects like nausea.
 - **What to know:** It takes weeks to work. Side effects include upset stomach or tiredness, but serious issues (like liver problems) are rare. You'll need regular blood tests.
 - **For fewer joints (mono- or oligoarthritis):** NSAIDs (like ibuprofen) or steroid shots into the joint can help first.
- **Step 2: Combination or Switch:**
 - If methotrexate doesn't work after 3 months, add or switch to drugs like sulfasalazine or leflunomide, alone or combined.

- **Step 3: Stronger Medicines (Biologics or Targeted Drugs):**
 - **What they are:** Medicines targeting your immune system, like:
 - TNF inhibitors (adalimumab, etanercept): Help joints and skin.
 - IL-17 inhibitors (secukinumab): Good for skin and joints.
 - IL-12/23 or IL-23 inhibitors (ustekinumab, guselkumab): Best for skin.
 - JAK inhibitors (tofacitinib): Pills for joints and skin.
 - PDE4 inhibitors (apremilast): For milder PsA.
 - Abatacept: For joints.
 - **When you need them:** If you've tried two simpler medicines for 3 months without 50% improvement or haven't reached MDA in 6 months, or for severe cases.
 - **How they're chosen:** Based on your symptoms (e.g., IL-17 inhibitors for bad skin), other health issues (e.g., avoid etanercept for bowel disease), and whether you prefer injections or pills.
 - **Before starting:** You'll be tested for tuberculosis (TB), hepatitis, HIV, and checked for vaccinations. You'll also join the SARAA biologics registry (<https://www.saraa.co.za>).
 - **Checking if they work:** After 3 months, your doctor checks if your PsA is better (e.g., closer to MDA). If not, they may switch to another strong medicine.
 - **Easing off:** If your PsA is under control for 6 months, your doctor might slowly lower the dose. Stopping completely can cause flares, so you'll usually keep a simpler medicine.

For Spine Pain (Axial Disease)

- **Step 1: NSAIDs:** Drugs like ibuprofen at the highest safe dose for 2–4 weeks. Simpler medicines like methotrexate don't work for spine issues.
- **Step 2: Stronger Medicines:** If NSAIDs don't help (e.g., ASDAS score above 2.1), biologics like TNF or IL-17 inhibitors are used. Steroid shots into the pelvic joints may help.

For Tendon/Ligament Pain (Enthesitis)

- **Step 1: NSAIDs:** These ease pain. Steroid shots into tendons are sometimes tried but may not always work.
- **Step 2: Methotrexate:** Can help some cases.
- **Step 3: Stronger Medicines:** Biologics or targeted drugs like TNF or IL-17 inhibitors.

For Skin or Nails

- Methotrexate, IL-17 inhibitors, IL-12/23 inhibitors, or IL-23 inhibitors are often best. A dermatologist can help with creams or other treatments.

For Swollen Digits (Dactylitis)

- **Step 1: NSAIDs:** To reduce swelling.
- **Step 2: Methotrexate:** If NSAIDs don't work.
- **Step 3: Stronger Medicines:** Biologics or targeted drugs.

Pain and Anti-Inflammatory Medicines

- **NSAIDs** (like ibuprofen): Ease pain and stiffness but don't stop joint damage. Use the lowest dose for the shortest time, as they can cause stomach, heart, or kidney issues. Your doctor might add a stomach-protecting pill.
- **Steroid shots:** Used for single joints or tendons, but long-term steroid pills are avoided because they can worsen psoriasis

4. Keep an Eye on Other Health Problems

PsA can raise your risk for:

- **Heart disease:** Inflammation increases heart risks. Your doctor will check blood pressure, cholesterol, and other factors.
- **Weak bones (osteoporosis):** PsA can weaken bones. Bone scans may be done, especially for women after menopause.
- **Infections:** You'll be tested for TB, hepatitis, or HIV before starting strong medicines. Tell your doctor if you have fever or other infection signs.
- **Obesity or liver issues:** Extra weight or fatty liver disease can worsen PsA. A healthy diet helps.
- **Mental health:** Feeling tired, sad, or anxious is common. Ask for help if needed.
- **Eye or bowel problems:** Uveitis or bowel issues may need special care.

Regular checkups (every 1–3 months when PsA is active, then every 3–6 months) catch problems early. Your doctor will also review vaccinations, pregnancy plans, or breastfeeding.

Key Things to Remember

- **Get checked early:** If you have joint pain, swollen digits, or psoriasis, see a rheumatologist as soon as possible.
- **Work with experts:** A rheumatologist, dermatologist, and support team can create a plan just for you.
- **Move your body:** Exercise keeps your joints flexible and strengthens muscles.
- **Stick with medicines:** Taking medicines as prescribed controls PsA and skin issues.
- **Live healthy:** Quit smoking, eat well, and stay active to feel better.
- **Watch your health:** Regular checkups catch heart, bone, or other problems early.
- **Find support:** Join a group to connect with others who understand PsA.

This guide is based on the South African Rheumatism and Arthritis Association's 2024 recommendations. Talk to your doctor or a rheumatology nurse for more details, and ask about patient support groups in your area.