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PSORIATIC ARTHRITIS (PSA)

About 30% of patients with psoriasis develop psoriatic arthritis (PsA), an autoimmune disorder leading to pain, swelling and stiffness of the joints. This pocket guide to PsA covers the types and stages of the disease, recommendations for screening and diagnosis, and treatment options.

TYPES

Asymmetric	Affecting a joint on one side of the body while the mirror-image joint is healthy
Symmetric	Affecting the same joint on both sides of the body
Distal interphalangeal	Involving the joints closest to the ends of the toes and fingers
Spondylitis	Inflammation, stiffness and pain in the neck, lower back, sacroiliac joints and pelvis
Dactylitis	Swelling of the toes and fingers
Oligoarticular	Affecting four or fewer joints
Polyarticular	Affecting four or more joints
Arthritis mutilans	Most severe and rare form, may result in bone loss

STAGES

Pre-PsA.	Mild inflammation, fatigue or joint pain with or without the presence of psoriasis
Early-stage-PsA.	Symptoms increase but may still be mistaken for other ailments, overuse or post-exercise soreness
Moderate PsA.	Disease is present and symptoms may worsen but flare-ups can be controlled with treatment
Late-stage-PsA.	Unchecked inflammation resulting in significant loss of mobility, permanent joint or bone injury, and damage that spreads to other organs or systems of the body

SYMPTOMS

Because there is no definitive diagnostic test, providers must evaluate the presence of symptoms in patients with suspected PsA:

- Swelling of the fingers or toes
- Pain, swelling and warmth in the joints
- Stiffness in the vertebrae, spine and pelvis
- Pitting or lifting of finger or toenails
- Eye redness or irritation
- Pain and inflammation of the entheses (where the tendons and ligaments connect to the bone)
- Inflammation in the ligaments and tendons in the back of the heel and sole causing foot pain
- Reduced range of motion
- Generalized fatigue and stiffness, especially in the morning

SCREENING TOOLS

Tools to help screen for PsA include questionnaires and an application from the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) to calculate a patient's likelihood of having PsA:

Psoriatic Epidemiology Screening Tool (PEST)

Psoriatic Arthritis Impact of Disease (PsAID12)

Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) App

RISK FACTORS

The presence of certain risk factors, when considered in combination with a patient's symptoms, test results and answers to screening questions, make them more likely to be a candidate for PsA:

History	A personal history of psoriasis is the greatest risk factor for developing PsA. Having a family history, especially in a parent or sibling, greatly increases an individuals' chance of developing the condition.
Age	People between the age of 30 and 50 are most commonly diagnosed with PsA.
Infection	Bacterial or viral infections can trigger the onset of symptoms.
Obesity	Obesity involves inflammation and strains the joints, both of which increase the chances of developing PsA.
Tobacco	People diagnosed are often smokers, but it's unclear if the relationship between tobacco use and PsA is causal or incidental.
Alcohol	There is a link between psoriatic arthritis and excessive alcohol consumption, although this relationship is still being studied.
Stress	The stress-inflammation cycle can trigger onset or worsening of symptoms.
Trauma	Injury to a joint may cause symptoms to develop or worsen.

DIAGNOSIS

A prompt diagnosis is the key to preventing PsA symptoms from becoming severe and resulting in joint damage. Since no test can definitively confirm PsA, providers must instead rely on a combination of screening methods to eliminate other possible conditions with overlapping symptoms. Use these methods to rule out other illnesses and confirm PsA diagnosis:

Physical exam	Look for swelling, pain, warmth and limited movement in the joints. Note skin changes and examine finger and toenails for pitting, separation and abnormalities.
Medical history	Note when symptoms began, what factors make them better or worse, and if any family members have psoriasis or PsA.
Laboratory tests	To confirm a PsA diagnosis, test rheumatoid factor, joint fluid, C-reactive protein, erythrocyte sedimentation rate, or red blood cell count.
Imaging tests	Imaging tests to verify or rule out PsA may include x-ray, MRI, CT scan and ultrasound.

TREATMENT

There is no cure for PsA. Treatment focuses on controlling symptoms, managing pain and inflammation, and minimizing permanent joint damage through the use of therapies such as:

Topicals. When a rash accompanies PsA a medicated cream, lotion or ointment such as anthralin, calcitriol, salicylic acid, tazarotene, or a topical steroid can alleviate itch.

Nonsteroidal anti-inflammatory drugs (NSAIDs). Over the counter NSAIDs such as ibuprofen and naproxen sodium reduce pain and inflammation. Stronger NSAIDs are available by prescription.

Traditional disease-modifying antirheumatic drugs (DMARDs). Common DMARDs are methotrexate, leflunomide, cyclosporine and sulfasalazine. These can slow the progression of PsA and reduce joint and tissue damage but may have side effects such as liver and lung damage.

Biologic DMARDS (bDMARDS). This newer class of DMARDs, made from genetically engineered proteins, target the part of the immune system responsible for inflammation. These include TNF-α inhibitors (adalimumab, certolizumab, etanercept, golimumab, and infliximab), IL-17 inhibitors (ixekizumab and secukinumab), IL-12/23 inhibitors (ustekinumab), and IL-23 inhibitors (guselkumab).

Other targeted therapies. PsA drugs that do not fall into the DMARD or bDMARD categories include PDE-4 inhibitors (apremilast), JAK inhibitors (tofacitinib) and CTLA4-Ig (abatacept). These drugs target specific enzymes or pathways responsible for the inflammation involved in PsA.

Steroids. Injection of a steroid such as cortisone directly into an affected joint can reduce pain and inflammation quickly.

Surgery. In late-stage PsA joint replacement surgery can be used to replace severely damaged joints with metal or plastic protheses.

SOURCES:

General information:
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https://www.webmd.com/arthritis/psoriatic-arthritis/psoriatic-arthritis-stages

Guidelines for diagnosing PsA:
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Guidelines for treating PsA:
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