

Psoriatic Arthritis

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**ARTHRITIS
NEW ZEALAND**

KAIPONAPONA AOTEAROA

*Improving the lives of
people affected by arthritis*

*Te whai kia pai ake te hunga
kua pāngia e te kaiponapona*

Did you know?

- Arthritis affects **one in six New Zealanders** over the age of 15 years.
- Psoriatic arthritis usually appears in people **between the ages of 30 to 50.**
- **One or two** out of every 10 **people with psoriasis** will develop arthritis.
- About 1 in 3 people who have psoriatic arthritis will have **pain and stiffness in their neck or back.**
- **Early diagnosis is important** to avoid damage to joints.

Managing psoriatic arthritis (PsA) involves a team of people, and you are the most important member of that team. The more your doctors and health professionals know about how arthritis is affecting you, the better they can meet your treatment needs.

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What is psoriatic arthritis (PsA)?

PsA is an inflammatory arthritis that may cause joint pain and swelling. It can affect any of the joints in the body, although some joints are more likely to be affected than others. PsA in the spine, called spondylitis, causes pain in the back or neck, and difficulty bending. PsA also can cause tender spots where tendons and ligaments join onto bones, which can result in pain at the back of the heel, the sole of the foot, around the elbows or in other areas.

PsA usually affects people who already have psoriasis, a skin condition that causes a red, scaly rash, especially on the elbows, knees, back, buttocks and scalp. However, some people develop the arthritic symptoms before the psoriasis, while others will never develop the skin condition.

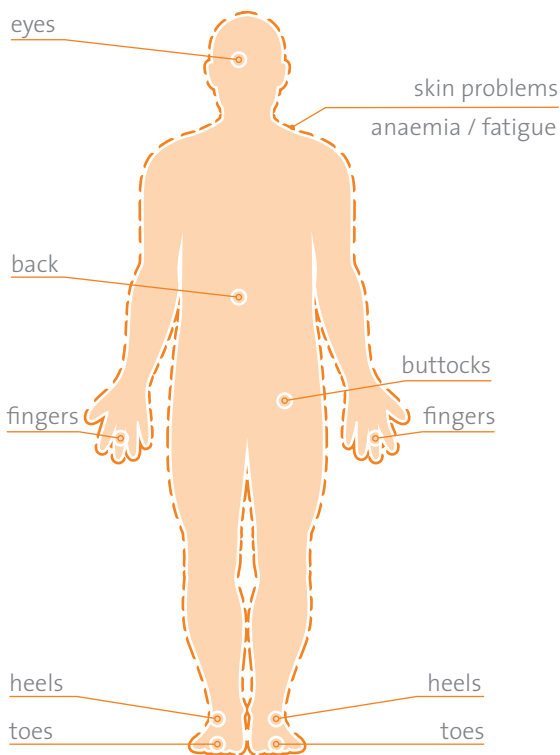
Who gets PsA?

PsA usually appears in people between the ages of 30 to 50, but can begin as early as childhood. Men and women are equally at risk. Children with PsA are also at risk to develop uveitis (inflammation of the middle layer of the eye).



What causes PsA?

The causes of PsA are not known. Heredity may play a role – 40 percent of people with PsA have a family member with PsA. Environmental factors such as infection can be another factor in causing this type of arthritis. This has yet to be proven in research.



What are the symptoms?

PsA usually starts slowly; people develop skin symptoms first and then develop joint inflammation, however some people may develop arthritis without any skin problems. Joints become inflamed causing pain, swelling and stiffness. The impact of PsA depends on the joints involved and the severity of symptoms.

Symptoms vary from person to person, the most common symptoms of PsA can include:

- pain and stiffness in one or more joints
- buttock pain, a stiff back or a stiff neck, which is caused by inflammation in the spine
- swelling of the fingers or toes, caused by inflammation occurring simultaneously in joints and tendons
- pain and swelling in the heels, caused by inflammation where the Achilles tendon attaches to the bone
- discoloration and thickening of the nails
- pain and redness in the eyes
- fatigue
- anaemia.



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Jeffrey A. Oster, DPM, Medical Director of Myfootshop.com, LLC

How is PsA diagnosed?

It's important that PsA is diagnosed early so you can start treatment as soon as possible. Doctors will ask about medical history and conduct a physical examination, assessing skin and joints. Xrays are often taken to look for joint damage. MRI, ultrasound or CT scans can be used to look at the joints in more detail.

There is no specific blood test for PsA. However your doctor may order blood tests to rule out other types of arthritis that have similar signs and symptoms, including rheumatoid arthritis, gout and osteoarthritis. Blood tests such as erythrocyte sedimentation rate (ESR) and C reactive protein (CRP) may reveal high levels of inflammation.

If your doctor suspects you have PsA you should be referred to a rheumatologist, a doctor who specialises in arthritis.

Management of PsA

Treatment for PsA has improved significantly in recent years with effective medicines that can control the condition and prevent joint damage.

With the right treatment, most people with PsA can lead full and active lives.

Medications

- **Non Steroidal Anti-Inflammatory Drugs** (NSAIDs) reduce inflammatory symptoms, especially pain and stiffness. NSAIDs such as ibuprofen, diclofenac and naproxen are usually taken as tablets or capsules and you should take them with a glass of water, with or shortly after food. You can also get NSAID creams and gels that can be applied directly to the painful area.

Always talk to your doctor or pharmacist before taking NSAIDs as they can cause digestive problems and also carry an increased risk of heart attack or stroke if used in high doses and in long term.

- **Disease Modifying drugs (DMARDs)** reduce pain, swelling and stiffness over a period of weeks or months by slowing down the disease progression and hopefully will stop your arthritis from getting worse. Examples of DMARDs include: sulfasalazine, methotrexate, leflunomide and cyclosporine. A number of DMARDs affect the immune system so you may be more likely to pick up infections. It is important to have regular blood tests to monitor your condition and also to check for possible side effects.
- **Biological therapies (biologics)** target individual molecules involved in the processes of inflammation and joint damage. Some biological therapies called anti-TNF drugs, target a protein called tumour necrosis factor, which increases inflammation. Anti-TNF drugs include: etanercept, adalimumab, and infliximab. Other biological therapies target different proteins. You'll only be given biological therapies if you haven't responded to conventional DMARDs or you've had side-effects from them. They're often given in combination with a conventional DMARD such as methotrexate.
- **Steroid injections** can be helpful for swollen joints.



Treatment of psoriasis

Therapies available to treat your skin can include:

- **Topical applications** of tar-based ointments or dithranol-based ointments, steroid-based creams and lotions, vitamin D-like ointments or vitamin A-containing ointments
- **Light therapy** – exposure to different types of high-intensity ultraviolet (UVA) light to help improve psoriasis
- **Retinoid tablets.**

Treatments for nail psoriasis are usually less effective than the skin treatments. Many people use nail varnish to make the marks less noticeable.



What can you do?

- **Exercise** – many people with PsA develop stiff joints and muscle weakness due to lack of use. Proper exercise is very important to improve overall health and keep joints flexible. Walking is an excellent way to get exercise. A walking aid or shoe inserts will help to avoid undue stress on feet, ankles, or knees affected by arthritis. An exercise bike provides another good option, as well as yoga and stretching exercises to help with relaxation. Some people with PsA find it easier to move in water, swimming or walking laps in the pool offers activity without stressing joints.
- **Preserve your energy** – feeling tired is common for people with PsA. Plan and pace daily activities, varying tasks and allowing time to rest and relax. Extra resources are also available to make life easier. Specially designed chairs and supportive cushions are available to help maintain correct posture while driving or sitting at a desk and simple devices are available to make gardening easier.
- **Have a good night's sleep** is essential for rest and repair of the body. Use a mattress that gives support. Sleep in a position that is most comfortable, but if on the side, avoid a lot of bending at the hips and knees. A few simple stretching exercises in the evening before going to bed may improve your sleep.
- **Protecting your joints** is more than just consciously doing certain activities differently. It means modifying the way you use your body so that it becomes second nature to protect your joints. For more specific information about caring for joints contact your local occupational therapist.
- **Practice relaxation** – this is very important to help to decrease pain by relaxing muscles, getting rid of tension and improving energy levels. There are many different techniques that you can try.

- **Stop smoking** – people with PsA are more likely to develop high blood pressure, high cholesterol, obesity or diabetes. Smoking is associated with an increased risk of high blood pressure, heart problems and diabetes. There are good programmes and products available to help you to quit smoking.
- **Healthy eating** – there is no scientific evidence that diet has an effect on PsA. However, a good balanced diet is important for maintaining general health and energy levels and for preventing osteoporosis.

Work choices

Having PsA usually does not make it more difficult to find employment or have a fulfilling life. Most people are able to continue in their choice of occupation but during flares how things are done might need to be adapted. Some time off work may be necessary. If choosing a new job, it is helpful to select one where a range of postures, positions and tasks is possible. An active job, although physically hard at times with PsA, is better than sitting in a chair all day. If a job prevents much movement, compensate by moving more at other times. In some work settings an ergonomic assessment of the physical environment can be done.

Pregnancy

PsA won't affect your chances of having children or a successful pregnancy. You may find that your arthritis improves during your pregnancy, although your symptoms may return after your baby is born.

Some of the drug treatments given for PsA should be avoided when you're trying to start a family, discuss your drug treatment with your specialist well in advance so that your medications can be changed if necessary.



For more information: talk with your healthcare team and call to speak with one of our Arthritis Educators on **0800 663463**.

Other resources:

- Arthritis New Zealand – www.arthritis.org.nz
- Health Navigator – www.healthnavigator.org.nz
- Arthritis Research UK – www.arthritisresearchuk.org
- Australian Rheumatology Association – www.rheumatology.org.au.

Where can I learn more?

www.arthritis.org.nz

Regional offices

Northern (Auckland) 09 523 8900

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