

Psoriatic arthritis

- Psoriatic arthritis (PsA) causes pain and inflammation in your joints
- It's usually associated with the skin condition psoriasis, but it can occur in people without psoriasis
- There's no cure, but it can be managed with early and ongoing treatment

Call our National Help Line on 1800 263 265

Psoriatic arthritis is a chronic condition that results from a malfunctioning immune system.

Your immune system is designed to identify foreign bodies (e.g. bacteria and viruses) and attack them to keep you healthy.

However in the case of psoriatic arthritis, your immune system mistakenly attacks healthy tissue in and around your joints causing inflammation and pain. It also causes the rapid build-up of skin cells, resulting in the scaly rash we know as psoriasis.

To better understand your condition, it's helpful to know some basic information about your joints and skin.

Your joints

Joints are places where bones meet. Bones, muscles, ligaments and tendons all work together so that you can bend, twist, stretch and move about.

The ends of your bones are covered in a thin layer of cartilage. It acts like a slippery cushion absorbing shock and helping your joint move smoothly.

The joint is wrapped inside a tough capsule filled with synovial fluid. This fluid lubricates and nourishes the cartilage and other structures in the joint.

Ligaments hold the joint together by joining one bone to another. Your muscles are attached to the bones by tendons. As your muscles contract, they pull on the bones to make the joint move.



Entheses are the tissues that connect your ligaments or tendons to your bones.

In PsA, the immune system attack on the joints causes a build-up of synovial fluid and inflammation of the tissues that line the joint (synovial membrane). This causes pain, heat and swelling. Joints can become stiff and painful to move.

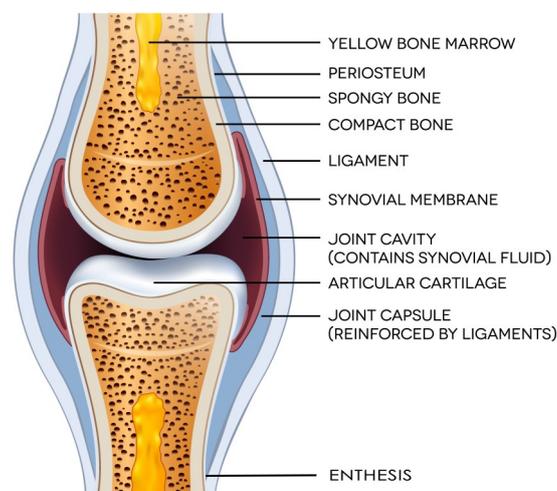
Ligaments, tendons and entheses can also be affected and become inflamed and painful.

Your skin

Your skin is constantly changing. Every 28-30 days your body creates new skin cells and you shed the old cells.

When you have psoriasis this cycle occurs much more quickly. New skin cells appear within 3-4 days, but your body hasn't removed the old ones.

NORMAL JOINT



This leads to the build-up of skin cells as raised, scaly skin patches (plaques).

Symptoms

There are several types of PsA, and the symptoms you experience will depend on the type you have and the severity of your condition.

You may experience some of the following:

- swelling, pain and heat in your joints
- joint stiffness, especially in the morning
- scaly skin patches (psoriasis)
- persistent mental and physical tiredness (fatigue)
- inflammation of your entheses (enthesitis), often at the heel
- small dents (pitting) in your fingernails and toenails
- back pain
- swollen fingers (dactylitis) caused by inflammation of the tendon in the fingers or toes. Also called 'sausage' fingers or toes
- inflammation of the eyes, causing eye pain and redness.

Your symptoms may vary from day-to-day.

At times your symptoms (e.g. pain, fatigue, inflammation) can become more intense. This is a flare. Flares are unpredictable and can seem to come out of nowhere.

Cause

We don't know what causes the immune system to malfunction, however it appears that your genes may play a role.

Some people with PsA have a protein on the surface of their white blood cells called HLA-B27. However it can also be found in people who don't have PsA.

Other factors such as an infection (by an unknown bacteria or virus), or an accident or injury may trigger the condition in people already at risk because of their genes.

Psoriatic arthritis can occur at any age, but usually appears in adults between the ages of 30-50 years. It affects both men and women.

Diagnosis

There's no single medical test that will diagnose PsA.

And the symptoms of psoriatic arthritis can resemble other types of arthritis (e.g. rheumatoid arthritis, gout, osteoarthritis).

So your doctor will diagnosis your condition using a combination of exams and tests including:

- discussing your symptoms and medical history with you
- physical examination – including your joints, skin and nails to look for any signs of change, including inflammation, rashes, nail pitting
- blood tests that highlight the presence of inflammation or particular proteins or antibodies (e.g. HLA B27).

Test results also help rule out other conditions that may have similar symptoms.

Seek advice early for PsA

If you're experiencing joint pain and inflammation, it's important that you discuss your symptoms with your doctor.

Getting a diagnosis as soon as possible means that treatment can start quickly. Early treatment will help you to control the inflammation, manage pain more effectively and minimise the risk of long-term joint damage.

If you're diagnosed with PsA you may be referred to a medical specialist known as a rheumatologist for further investigations and medical treatment. You may also be referred to a dermatologist to help manage your psoriasis.

Treatment

While there's no cure for PsA, there are many strategies to help manage your condition and symptoms so you can continue to lead a healthy and active life.

Medications

Your doctor or specialist may prescribe a number of different medications depending on your symptoms and the severity of your condition.



You may take one medication or a combination of different medications including:

- **pain relievers (or analgesics)** - e.g. paracetamol - for temporary pain relief
- **non-steroidal anti-inflammatories (NSAIDs)** - e.g. ibuprofen - to control inflammation and provide pain relief
- **corticosteroids** - e.g. prednisolone - to quickly control or reduce inflammation
- **disease modifying anti-rheumatic drugs (DMARDs)** - e.g. methotrexate - control your overactive immune system
- **biologics and biosimilars (bDMARDs)** - e.g. infliximab - are biological disease-modifying drugs that work to control your immune system, but in a much more targeted way
- **skin treatments**— there are a range of treatments to help you manage your psoriasis. You'll usually start with ointments and creams. If these don't work effectively, your doctor may also recommend tablets and/or ultraviolet (UV) light therapy.

Self-management

There are other things you can do to manage your PsA:

Learn about PsA – knowing as much as possible about your condition means that you can make informed decisions about your healthcare and play an active role in managing it.

Exercise – will help you maintain muscle strength and joint flexibility, build up stamina and help you manage your pain. Low-impact aerobic activities include exercising in warm water, cycling and walking. Activities like strength training and tai chi are also beneficial. Seek advice from a physiotherapist or an exercise physiologist before you begin an exercise program.

See a physio – a physiotherapist can provide advice on ways you can modify your activities, show you pain relief techniques and design an individual exercise program for you.

Talk to an OT – an occupational therapist can give advice on pacing yourself and managing fatigue, as well as how to modify daily activities both at home and work to reduce strain and pain on affected joints.

Try relaxation techniques – muscle relaxation, distraction, guided imagery and other techniques can help you manage pain and difficult emotions such as anxiety, and can help you get to sleep.

Grab a gadget – supports such as walking aids, specialised cooking utensils, ergonomic computer equipment and long-handled shoe horns can reduce pain and fatigue. An occupational therapist can give you advice on aids and equipment to suit you.

Rest – can help you to manage fatigue and is particularly important when your joints are swollen.

Stay at work – it's good for your health and wellbeing. Talk to your doctor or allied healthcare professional about ways to help you stay at work or get back to work.

Eat well – while there's no specific diet for people with PsA, it's important to have a healthy, balanced diet to maintain general health and prevent weight gain and other medical problems, such as diabetes and heart disease.

Look after your heart—research shows that people with PsA are more at risk of developing heart disease. So if you smoke, quit. Get active and move. Eat a healthy diet. Drink alcohol in moderation. And discuss your risk with your doctor.

Try complementary therapies – treatments such as massage or meditation may be helpful. Talk with your doctor or rheumatologist before starting any treatment.

Joint surgery

People with PsA rarely need surgery. It may be necessary in some cases if a joint is very painful or there's a risk of losing joint function, or if a tendon has become damaged and needs to be repaired.

Where to get help

- Your doctor
- Rheumatologist
- Dermatologist
- Physiotherapist
- Exercise physiologist
- Occupational therapist



Things to remember

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How we can help

Call our National Help Line and speak to our nurses
Phone 1800 263 265 or email helpline@move.org.au

Visit our website move.org.au for information on:

- muscle, bone and joint conditions
- ways to live well with a muscle, bone and joint condition
- programs and services
- peer support groups
- upcoming webinars, seminars and other events.

More to explore

- **Australian Physiotherapy Association**
www.physiotherapy.asn.au
- **Exercise and Sports Science Australia**
www.essa.org.au
- **Occupational Therapy Australia**
www.otaus.com.au
- **Medicines Line**
www.nps.org.au
Tel. 1300 MEDICINE (1300 633 424)
- **Better Health Channel**
www.betterhealth.vic.gov.au

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