



Psoriatic arthritis

A guide to your condition and its treatment



Being diagnosed with psoriatic arthritis, or PsA, can be shocking and scary. What is it? What can I expect?

This booklet will help you understand PsA, including some fast facts about your condition, symptoms you may experience, and treatment options available to you.

You should know from the start that there have been many advances made in PsA therapy – so while there is no cure, there is hope.

And you should also know that you are not alone. Your doctor and health care team – which could include your rheumatologist, nurse, pharmacist, nutritionist, physiotherapist, occupational therapist and/or patient organization (for example, the Canadian Spondylitis Association) – are there to help you and answer questions along the way. Early diagnosis and treatment are key to managing your condition, so you'll work closely with your health care team to decide which options are suitable for you.

Let's begin our discussion by taking a closer look at what's happening inside your body when you have PsA.

What is PsA?

Psoriatic arthritis (PsA) refers to joint inflammation associated with psoriasis – a skin condition.

In psoriasis, the body's immune system triggers an overproduction of skin cells. This causes rough, dry patches of dead skin to build up and form thick scales (these patches are called "plaques").

Joint inflammation in people with psoriasis is also caused by your immune system, resulting in pain, swelling and stiffness. PsA often affects nails, tendons, and joints of the fingers, toes and heels – however, it ultimately can affect any joint in the body.

Fast facts about PsA

- Psoriasis comes from the Greek word “psora”, meaning “itching”; French physician, Baron Jean-Louis Alibert, first described PsA in 1818
- About 4 million Canadians suffer from more than 100 forms of arthritis; PsA is a less common form of arthritis
- PsA affects equal numbers of men and women
- PsA usually develops in people between 20 and 50 years of age but may occur at any age
- By definition, all patients with PsA have psoriasis, but not all patients with psoriasis develop PsA (only up to 30%)
- Having psoriasis on your nails puts you at increased risk of developing PsA
- In 85% of people with PsA, psoriasis symptoms appear before joint symptoms
- PsA can affect any of the major joints in the body
- About one-third of people with PsA develop spondylitis (inflammation in the spine)

What causes PsA?

Both inherited and environmental factors are thought to cause PsA.

A bacterial, fungal or viral infection, physical trauma or other factors may trigger PsA in someone with a genetic (or inherited) susceptibility to this disease.

Researchers have learned that PsA runs in families. Many people with PsA have a close relative, such as a parent, brother or sister, with this disorder.



Signs and symptoms

PsA affects people in different ways. It may affect one or many joints. PsA also causes pain and swelling in tissues around joints, including the muscles, tendons, ligaments and skin, causing tendonitis (swollen tendons) and enthesitis (pain and swelling where ligaments and tendons attach to bones – for example, the back of the heel).

You may have one or many of the following signs or symptoms:

- Joints that feel warm when touched
- Pain and swelling in fingers and toes
- Fingers that become red, swollen, “sausage-like” (a condition called dactylitis)
- Small holes (pits) in fingernails or toenails (fingernail psoriasis)
- Fingernails or toenails lift up from the skin
- Less range of motion – difficulty doing daily activities like brushing your hair
- Stiff joints in the morning
- Fatigue, tiredness



PsA usually develops in one of two ways:

Localized PsA is usually mild and affects less than five joints. It develops slowly, and people may live symptom-free for long periods of time.

Generalized PsA is more severe and often disabling. It affects five or more joints at the same time, and requires early medical treatment.

Five types of PsA

Doctors have identified five different types of PsA. You may experience one or more types at various times of your life. Doctors often base their treatment decisions on the pattern of PsA that affects you.

1 Pain in the same joints on both sides of the body (symmetric arthritis)

- Usually affects four or more pairs of joints, e.g., joints of both middle fingers, both knees, or both big toes
- Affects more women than men
- Tends to be associated with severe psoriasis

2 Pain in joints only on one side of the body or different joints on each side (asymmetric arthritis)

- Usually involves 1 to 3 joints, including the hip, knees, ankles, or wrists

- Often the mildest form of PsA
- Dactylitis (red, swollen, “sausage” fingers or toes) usually present when PsA affects hands and feet

3 Pain in finger or toe joints (distal interphalangeal predominant or DIP)

- Affects joints closest to nails of fingers and toes
- “Classic” but rare pattern, occurring in about 5% of people with PsA
- Occurs mostly in men
- Unlike osteoarthritis, this pattern of PsA usually affects the nails

4 Pain in the spine (spondylitis)

- Inflammation of spinal column occurs in about 5% of people with PsA
- Stiffness of neck, lower back, sacroiliac, or spinal joints between vertebrae is common
- May also affect peripheral joints, such as hands, arms, hips, legs and feet

5 Destructive arthritis (arthritis mutilans)

- Occurs in less than 5% of people with PsA
- Severe, deforming and disabling arthritis that destroys the small bones in the hands or feet – especially the fingers – over time
- May occur in neck or lower spinal joints

Treating PsA

Although there is no cure, PsA can be managed with early diagnosis and proper treatment.

Medical therapy, lifestyle changes and complementary therapies all work hand in hand to relieve symptoms and improve your daily life. Your doctor and health care team will help you decide which strategies are best for you, depending on your personal goals.

The following section gives an overview of the different ways your doctor may want you to manage your PsA.

Cardiovascular risk considerations

People who have inflammatory diseases like PsA may be at higher cardiovascular (CV) risk than the average person, meaning CV events can occur earlier than they would in the general population. Large Canadian and American studies showed that the incidence of CV disease may be higher and CV risk factors more common in people with PsA compared to people without PsA.

Proper assessment and understanding of your personal cardiovascular risk profile may be an important part of your overall health care.

The Framingham Heart Study identifies the common factors that contribute to cardiovascular disease by following its development over a long period of time in a large group of participants. It has led to the development of a number of “calculators” that provide an estimate of future risk of cardiovascular events, given a particular set of personal parameters.

One of these is the Coronary Heart Disease 10-year Risk Calculator, which estimates the likelihood of an individual developing coronary heart disease (impairment of blood flow through coronary arteries), which may cause angina or a heart attack.

This calculator can be found at <http://www.framinghamheartstudy.org/risk-functions/coronary-heart-disease/hard-10-year-risk.php>.

Lifestyle

Building your health care team is important. Besides your rheumatologist, nurse and pharmacist, getting acquainted with a physiotherapist, nutritionist and occupational therapist is a great way to take control of your disease.

A physiotherapist is a medical professional trained to assess problems in a person’s movement and mobility. They will evaluate your joints, spine and muscle mobility, advise you on ways to reduce pain and create an individualized plan to help improve your mobility, function, muscle strength and flexibility, and overall quality of life. They can also recommend safe ways to participate in hobbies and sports in such a way as to minimize pain and discomfort.

Participating in a daily exercise program, including stretching, muscle strengthening exercises and aerobics, is an effective way to improve range of motion, reduce joint stiffness and pain and increase endurance. Even if you feel well with your current medication, exercising daily may help maintain your overall function.

Low impact activities such as walking, Nordic pole walking, swimming, bicycling or use of an elliptical machine are usually recommended. Aerobic exercise and strength training may also be recommended to improve overall well-being, including decreasing pain, fatigue,



stress and improving sleep. The use of loose clothing while exercising is important so that you limit friction and irritation of the skin. Applying petroleum jelly or baby oil over areas of dry skin prior to exercise may also help. After you finish your workout or swim, be careful not to rub and scrub aggressively as this may cause flare of the skin.

It is not recommended that spinal manipulation be utilized due to risk of spinal fractures.

If you currently are a smoker, participation in a regular exercise program may help in maintaining or reducing your weight and could help you quit smoking.

For more information on exercise, visit <http://www.arthritis.ca/page.aspx?pid=966>.

Make sure to consult your doctor before starting any exercise program.

When it comes to day-to-day activities, the ability to engage independently has been shown to increase well-being. An occupational therapist is a highly trained health care professional who can provide you with strategies to help you cope with pain, and identify, engage in and improve your function in activities of daily life.

They will assess and evaluate you in relation to occupational performance, and recommend ways to protect your joints and increase independence

in performing activities like housework, shopping, and even working. They can also suggest new sleeping positions and the use of pillows to help keep pain from disturbing your sleep and maximize rest. An occupational therapist will teach you new ways of doing things, to enable you to regain your previous lifestyle as much as possible.

To assist with pain and symptoms, some people try acupuncture. Make sure you find a qualified practitioner who works with people with PsA and who recognizes the importance of using strict aseptic techniques.

You can also try relaxation exercises like yoga, or even music therapy.

Don't forget to pay attention to what you put in your body! Extra weight puts an extra burden on your weight-bearing joints (back, hips, knees, ankles and feet). You should consider a balanced diet as a way to achieve and maintain a healthy weight. A nutritionist will give you professional advice on the most sensible diet to follow. They will teach you how to plan your meals and navigate food labels to ensure you are getting adequate nutrients. Remember that healthy eating, based on Canada's Food Guide, also fuels your body with proper nutrients, providing adequate energy to complete your daily activities.

Heat and cold

HEAT can help relieve muscle pain and joint stiffness. A warm shower in the morning or before bed, especially when combined with stretching exercises, can be very helpful.

Other ways to apply heat include a hot water bottle, warm wheat pillow and electric blanket. However, be careful not to apply direct heat to a swollen joint – this may cause more swelling!

COLD may help reduce joint swelling and pain. Wrap an ice pack or bag of frozen peas in a tea towel and apply to the swollen joint. Cold—particularly icy cold—can burn the skin, so do not leave ice packs in place for more than 10 minutes. Observe the rule of 10s – 10 minutes on, 10 minutes off.

Surgery

Surgery is rarely necessary for people with PsA. People with disabling, advanced PsA may choose to have surgery to replace a badly damaged joint with an artificial one. Surgery can ease joint pain and restore joint function and mobility. The most common joints replaced are hips and knees. Postoperatively you will likely require physiotherapy and rehabilitation.

It is important to discuss goals of therapy as well as modifications to any existing exercise program such that you may protect the joint and reduce the risk of injuries.

Skin care

Proper skin care helps you to manage the psoriatic symptoms of PsA.

- Air humidifiers in your home can prevent dryness, which can aggravate psoriasis, especially in winter months
- Topical creams and lotions can moisten your skin, particularly those that contain:
 - Cocoa butter
 - Lanolin
 - Petroleum jelly
 - Light mineral oil
 - Baby oil
- Avoid using strong soaps that contain perfumes or chemicals
- For scaly patches, choose lotions that contain coal tar or ask your doctor about corticosteroid cream
- Moderate exposure to sunlight slows skin growth and may benefit PsA. Protect yourself from overexposure and sun damage with a sunscreen

A word about PUVA

PUVA (psoralen plus long-wave ultraviolet A light) therapy can slow excessive skin cell production in psoriatic lesions. Studies show that PUVA can clear psoriasis in more than 85% of people with chronic lesions. (Remission times last from a few months to more than one year.)

The light therapy is combined with a prescription medication called psoralen. When exposed to light, psoralen works with ultraviolet A rays to treat psoriatic lesions. Psoralen may be taken as an oral tablet, at least 75 minutes before therapy, painted on, or added to a bath. PUVA is usually reserved for patients with moderate to severe psoriasis.

PUVA therapy is complex; you may need at least 20 to 30 treatments in a doctor's office over several weeks. Some people are not candidates for PUVA and it's a good idea to discuss the side effects of PUVA, including skin aging and cancer, with your doctor. PUVA can be combined or rotated with other therapies to reduce these long-term risks. The most common short-term side effects of oral PUVA are nausea, itching and redness of the skin.



Drug treatment options

The goal of medication is to reduce swelling, pain, stiffness and prevent damage to joints. Ask your doctor how medications differ and to explain their benefits and side effects.

Four types of medication are used to treat PsA:

- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Corticosteroids (steroids)
- Disease-modifying antirheumatic drugs (DMARDs)
- Biologic response modifiers (biologics)

Your doctor may suggest one or a combination of these therapies to reduce your pain and to prevent PsA from getting worse over time. Whatever your medication, it is very important to take it as prescribed and not to change without speaking to your health care team. PsA requires ongoing treatment – even when symptoms appear to have gone away.

Your doctor will recommend a therapy that is best suited to you, taking into conversation your other medical problems and other medications.

Nonsteroidal anti-inflammatory drugs (NSAIDs)

NSAIDs are used to treat the pain and swelling of arthritis and other inflammatory disorders. People taking NSAIDs may experience benefits within a few weeks.



This group of drugs includes:

- Over-the-counter painkillers, such as ASA (e.g., Aspirin[®], Anacin[®]) and ibuprofen (e.g., Motrin[®], Advil[®])
- Prescription NSAIDs include naproxen (e.g., Anaprox[®]), diclofenac (Voltaren[®]), indomethacin and piroxicam. They are used to treat moderately to severely painful, swollen joints
- COX-2 inhibitors, such as Celebrex[®], may be prescribed to people who cannot tolerate traditional NSAIDs

All NSAIDs produce about the same anti-inflammatory effects, but individuals react differently to different drugs, and you may find that one NSAID provides more relief than another.

Common side effects of NSAIDs include: upset stomach, heartburn, and nausea. Taking two different NSAIDs at the same time is generally not recommended as this increases the risk of side effects. NSAIDs are

not for everyone, even if some are available over the counter. You should always consult your doctor before using NSAIDs.

Corticosteroids (steroids)

Corticosteroids are potent anti-inflammatory medications that can be taken orally (as a pill) or injected.

Oral corticosteroids, such as prednisone, help decrease joint swelling in PsA. They are usually taken for limited periods of time, because of side effects. For severe pain and swelling, your doctor may inject a corticosteroid directly into a painful, swollen joint for immediate but short-term relief.

Side effects of corticosteroids include: facial rounding, greater appetite and weight gain, susceptibility to infection, and bone loss (osteoporosis).

Disease-modifying antirheumatic drugs (DMARDs)

DMARDs can be prescribed to treat several types of inflammatory arthritis (e.g., rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis) as well as inflammatory bowel disease (ulcerative colitis and Crohn's disease).

In PsA, DMARDs are often prescribed to relieve moderate to severe symptoms.

Early treatment with DMARDs can prevent the joint damage that occurs over time. DMARDs cannot reverse joint damage that has already happened, but they can save joints and other tissues from destruction. DMARDs may need to be taken for weeks to months before there is a noticeable difference in pain and joint swelling.

In PsA with spinal inflammation, DMARDs are unlikely to provide much relief. However, pain and stiffness in peripheral joints, for example, in the hands and feet, may significantly improve. In these joints, DMARDs may reduce long-term damage.

Methotrexate and sulfasalazine are common DMARDs used to treat PsA. These drugs can be taken with other medications, such as NSAIDs and steroids. Other DMARDs are gold therapy (Myochrysine®), leflunomide (Arava®), hydroxychloroquine, chloroquine, and azathioprine (Imuran®).

People with mild PsA are usually prescribed a single DMARD. For moderate to severe PsA, your doctor may prescribe two or three DMARDs to take at the same time for greater benefit.

Common side effects of DMARDs include: upset stomach, vomiting, diarrhea, and dizziness.

Regular blood work is needed for the monitoring of cell counts and liver function.

Biologic response modifiers (biologics)

Biologics are used to treat a variety of conditions such as rheumatoid arthritis, Crohn's disease, ankylosing spondylitis, psoriasis and psoriatic arthritis. Biologics help ease joint swelling and pain, and help prevent damage to your joints. They work within days or weeks in some people, but may take 3-6 months in others.

Biologics come from different sources (for example, human or animal), and use different mechanisms of action to control the inflammatory process.

They are prescribed to people who fail to respond to other PsA therapy. Biologics can be combined with DMARDs to treat the most severe forms of PsA.

The following biologics are indicated for PsA in Canada:

- Humira® (adalimumab)
- Inflectra™ (infliximab)
- Enbrel® (etanercept)
- Remsima™ (infliximab)
- Simponi® (golimumab)
- Cimzia® (certolizumab pegol)
- Remicade® (infliximab)
- Stelara (ustekinumab)

Common side effects of biologics include: mild skin reactions at the injection site, upper respiratory tract infection and an increased susceptibility

to infections. Biologics may make it more difficult for you to fight off infections, because they suppress the immune system. Rarely, people who take biologics may develop serious infections, lupus-like reactions, nervous system diseases and cancer (including lymphoma).

Help your friends and family help you

If you are living with a chronic inflammatory illness, it is very important to open the lines of communication with family, friends and co-workers to help them understand what you're feeling.

Encourage your loved ones to learn about your condition, understand your symptoms better, and even attend appointments with you. There are many sources of reliable information to assist everyone, including libraries, websites, blogs and The Arthritis Society. You can even give them this booklet to read!

Ask them to be there for you and to lend an ear if you need to talk. If sometimes you are limited by your condition, make sure to communicate that, and keep in mind that, with inflammatory conditions, there are always good days and bad days.

And if you've ever had to say, "You don't know what it's like," remember to

sincerely express your feelings. This will give others the opportunity to help you.

Your doctor will help you decide what to do next



We hope you have found this information to be helpful and suggest that you speak to your doctor and the rest of your health care team about the most appropriate treatment for your condition. Don't hesitate to ask questions and get involved in decision-making regarding your PsA. And keep in mind there are many options available to you, so if one approach doesn't work another one might.

Helpful websites

The Canadian Spondylitis Association
The Arthritis Society
Spondylitis Association of America
WebMD
RheumInfo

www.spondylitis.ca
www.arthritis.ca
www.spondylitis.org
www.webmd.com
www.rheuminfo.com

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