SCHOOL OF MEDICINE & DENTISTRY
Allergy, Immunology & Rheumatology

UR MEDICINE
MEDICINE of THE HIGHEST ORDER

Psoriatic arthritis – co-morbities

- Psoriatic disease is an autoimmune disease that encompasses multiple organ involvement in those with psoriasis and includes skin (psoriasis) and joint (psoriatic arthritis - PsA) involvement.
- Most patients with PsA have comorbidities that can negatively impact quality of life.
- Primary care physicians and other specialists can help identify and address these comorbidities.

Cardiovascular disease

- Patients with PsA have higher prevalence and incidence of myocardial infarction and stroke than the general population.
- Patients with PsA also have an increased prevalence of diabetes, hypertension, obesity, dyslipidemia and smoking – traditional risk factors for cardiovascular (CV) disease.
- PsA is also associated with metabolic syndrome - another risk factor for CV disease.

Obesity

- Obesity (BMI >25) is commonly seen in patients with PsA and may be a risk factor for psoriasis and PsA.
- Obesity is also known to be associated with higher disease activity and with lower response to therapy among patients with PsA.

Diabetes

- PsA is associated with increased prevalence and incidence of diabetes mellitus. Type II diabetes is reported in about 18% of patients with PsA.
- Obesity and insulin resistance related to inflammation may contribute to the risk for diabetes.

Ophthalmic disease

- Eye disease is well described in PsA.
- Uveitis (anterior and posterior) is reported in up to 25% and is often associated with the presence of HLA B27 antigen.
- Other eye diseases include keratitis, blepharitis, conjunctivitis, episcleritis and scleritis.

Depression and Anxiety

- Depression and anxiety are common in PsA and more prevalent than in those with psoriasis alone.
- Depression is associated with higher disease activity and disability.
- Additionally, depression can lead to poor adherence to treatment.
- Patients with PsA often suffer from sleep disorders and fatigue.

Inflammatory bowel disease

- Inflammatory bowel disease (IBD) is associated with spondyloarthropathies.
- Patients with PsA have higher prevalence of Crohn's diseases and subclinical colitis.
- Some of the medications used to treat PsA (anti-IL-17 therapies and occasionally anti-TNF therapies) may precipitate the onset of IBD.

Co-managing the patient with RA

- A team-based approach is a prudent way to manage PsA and should include the primary care physician, a rheumatologist and a dermatologist.
- The PCPs and other specialist can also help manage some of the comorbidities and assist patients with life style modifications.
- The PCP and the specialists should work together to help review lab tests, monitor for comorbidities, update vaccinations and provide routine health screens.