

What is psoriatic arthritis?

- Psoriatic arthritis (PsA) is a chronic, systemic inflammatory arthritis that is associated with skin psoriasis.
- About 20-30% of persons with psoriasis develop PsA and on average, PsA develops about 10 years after the skin disease.
- The varied involvement of synovium, cartilage, bone, entheses and tendons along with skin and nails results in diverse clinical features.
- The joint and skin involvement in psoriatic disease can lead in impaired function and reduced quality of life measures.

What are common symptoms of PsA?

- Joint pain
 - Can involve peripheral or axial joints.
 - o Can affect a few (oligoarticular) or multiple (polyarticular) joints.
 - o Can be asymmetrical or symmetrical.
- Joint stiffness
 - Usually worse in the mornings.
 - o Spinal involvement is associated stiffness of lower back.
- Skin involvement
 - o Personal or family history of psoriasis.
- Nail disease
 - Nail pitting or nail separation is often associated with PsA.

What are the most common signs of PsA?

- Joint swelling Located in fingers, wrists, toes, ankles and knees.
- Enthesitis Seen in about 30-50% and most commonly seen involves Achilles tendon and planta fascia.
- **Dactylitis** Diffuse swelling of fingers or toe; "sausage digit".
- Psoriasis Groin, intergluteal cleft, umbilical area, hairline, ears.
- Nail disease Pitting, nail separation or onycholysis.



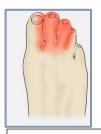
Psoriasis – skin lesions



Psoriasis – nail disease



Psoriatic arthritis





Dactylitis and enthesitis images from alamy.com

Who is at risk for PsA?

- The etiology of PsA is not known. Genetic, immunologic and environmental factors contribute to pathogenesis.
- PsA typically starts between 30 and 55 years of age.
- PsA affects men and women equally.
- Reported to be less common in Asians and Blacks.

Subtypes of PsA

There are 5

clinical subtypes

- Oligoarticular (35%) affects 4 or fewer joints; typically asymmetrical.
- Polyarticular (50%) affects 5 or more joints. Can be symmetric and similar to rheumatoid arthritis.
- Distal (5-20%) affects distal interphalangeal joints of hands and/or feet.
- Arthritis mutilans (2-5%) destructive with severe deformities.
- Axial or spondyloarthritis involves spine and sacroiliac joints. May also affect peripheral joints

Early treatment of PsA

 Prompt diagnosis and early treatment of PsA can substantially improve the long term prognosis in PsA.

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