

What is psoriatic arthritis?

Psoriatic arthritis is an inflammatory joint condition associated with psoriasis. Like many types of arthritis, psoriatic arthritis can cause stiffness, pain, swelling and damage to the structure of affected joints. It most commonly affects the joints in the hands and feet, but it can also affect larger joints including the hips, knees and spine. The inflammation caused by psoriatic arthritis can also affect areas where tendons join to bone, meaning symptoms might also occur in areas such as the heels, elbows and lower back.

? What are the symptoms?

Symptoms of psoriatic arthritis range from mild to severe and can wax and wane in a similar way to skin psoriasis. The following symptoms are common:

- Stiffness, pain, throbbing, swelling and tenderness in one or more joints
- Swollen sausage-like finger(s) or toe(s)
- Nail changes (such as holes or pits on the surface of the nail, discolouration or lifting from the nail bed)
- Tenderness, pain and swelling over tendons
- A reduced range of movement
- General tiredness

? Who gets psoriatic arthritis?

Psoriasis is a common skin condition affecting 2-3% of the population of the UK and Ireland. It is thought that around 1 in 5 people with psoriasis develop psoriatic arthritis. However, a large number of people with psoriatic arthritis will have psoriasis to some extent. Men and women are equally likely to develop psoriatic arthritis and, although it can occur at any age, it is most common in the first decade of being diagnosed with psoriasis.

In line with this, most people have psoriasis on their skin before they notice symptoms of psoriatic arthritis. However, in some cases the skin and joint conditions occur at the same time, and sometimes psoriatic arthritis is present before the skin condition psoriasis appears. It is worth noting that people with psoriasis can also develop other forms of arthritis such as rheumatoid arthritis and osteoarthritis. Having psoriasis does not necessarily mean that aches and pains or other joint symptoms are psoriatic arthritis.

Nail psoriasis is present in a large number of people with psoriatic arthritis (estimated as between 50 and 80%). Nail psoriasis can and does occur in people who do not have psoriatic arthritis, but, because of the large amount of people who have both conditions, it can be an important indicator of possible psoriatic arthritis.

? How is psoriatic arthritis diagnosed?

There is no specific test for psoriatic arthritis. Diagnosis is made by looking for a history of psoriasis in you or your family, and taking into account the number of psoriatic arthritis symptoms you may have or have had in the past. A doctor may feel joints for swelling and tenderness, and examine nails to look for signs of nail psoriasis.

Unlike rheumatoid arthritis, there is no blood test available to specifically diagnose psoriatic arthritis. The blood test for rheumatoid arthritis often appears negative in people with psoriatic arthritis and so can be used to rule this type of arthritis out. X rays, ultrasounds, and other scans can be used to see signs of inflammation or destruction in the joints.

? When should I see a Rheumatologist?

If you already have psoriasis, you should tell your Dermatologist or GP as soon as a swollen finger or toe occurs, if you experience recurring problems where tendons join bone, e.g. tennis elbow or achilles tendonitis, if you have any back pain, or if you have a history or occurrence of iritis or uveitis (inflammatory eye conditions that can also be common in people with psoriatic arthritis). If you do not already have psoriasis of the skin, you should still see a doctor if you develop any of the above symptoms, especially if you experience unexplained swelling of the fingers or toes.

The National Institute for Health and Care Excellence (NICE) recommends that people are referred to a Rheumatologist as soon as psoriatic arthritis is suspected. Your GP or Dermatologist can do this. The Scottish Intercollegiate Guidelines Network (SIGN)'s Guideline 121 recommends that people in Scotland who are suspected as having psoriatic arthritis 'should be assessed by a Rheumatologist so that an early diagnosis can be made and joint damage can be reduced'.

The NICE Quality Standard on psoriasis (QS40) states that people having treatment for their psoriasis should be offered an annual assessment for psoriatic arthritis. This recommendation was also made in the NICE guideline for the assessment and management of psoriasis. (CG153)

Psoriatic arthritis can be effectively managed, however without treatment it can cause irreversible destruction to joints. Speedy referral to a Rheumatologist can lead to timely and effective treatment that can reduce or prevent joint destruction.

? What treatments are available?

There are many different treatments available for psoriatic arthritis depending on the type and severity.

You may see different health professionals at various stages of your treatment. These may include your GP, Rheumatologist, Nurse, Physiotherapist, Occupational Therapist and Podiatrist. They can offer you treatments ranging from exercises to physical supports through to tablet and injection medications to reduce the pain and inflammation as well as slow down the progression of the arthritis.

More information

Further information on the diagnosis of psoriatic arthritis and its treatments is available from the Psoriasis Association.

The information in this resource is not intended to replace that of a healthcare professional. If you have any concerns or questions about your treatment, do discuss this with your doctor. Always read the instructions that come with a treatment or medication to ensure you are using it correctly.