



# Diagnosis of Psoriatic Arthritis

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Psoriatic arthritis is an inflammatory joint disease closely associated with psoriasis, which affects the joints and tendons. 'Inflammatory arthritis' means that there is inflammation present in the affected joints, rather than just wear and tear. It can be difficult to diagnose, as symptoms can be similar to other types of arthritis, and a patient does not necessarily have to have psoriasis to develop it. It is also possible for people with psoriasis to develop a different type of arthritis (such as rheumatoid arthritis or osteoarthritis); the fact that they have psoriasis does not alone mean their arthritis is psoriatic.

## How is it diagnosed?

At present there are no definitive guidelines for diagnosing psoriatic arthritis; a doctor will make a diagnosis based on symptoms and medical history, and by ruling out other conditions. Usually, a blood test will be carried out to test for rheumatoid factor (the antibody found in rheumatoid arthritis). This is usually negative in people with psoriatic arthritis, although a positive result can be due to causes other than rheumatoid arthritis. A doctor may also use X Rays, ultrasounds or other scans, such as an MRI to look at the patient's joints. These scans often show inflammation or areas of new bone growth with poorly-defined edges in people with psoriatic arthritis.

Traditionally, the **Moll and Wright (1973)** criteria have been used to diagnose psoriatic arthritis. The criteria are: an inflammatory arthritis, the presence of psoriasis, and a blood test negative for rheumatoid factor. Although this criteria set is still used, it does have limitations, for example, psoriatic arthritis can occur without there being current psoriasis on the skin.

## CASPAR Criteria

More recently, the **CIAS**sification of **Psoriatic AR**thritis (CASPAR) study group has compiled a more sensitive and specific criteria set. This consists of the presence of an inflammatory condition in a joint, the spine, or entheses (the point where tendons or ligaments join to bone), plus at least three points from the following:

- Current psoriasis (**2 points**)
- A personal or family history of psoriasis (in the absence of current psoriasis) (**1 point**)
- Dactylitis (swelling of digits) (**1 point**)
- Nail dystrophy (pitting or ridging of nails) (**1 point**)
- Negative rheumatoid factor (**1 point**)
- Radiographic evidence of new bone formation (**1 point**)

## Misdiagnosis of symptoms

Due to the similarity of symptoms, psoriatic arthritis could be mistaken for another type of arthritis, causing confusion when blood tests are negative for rheumatoid factor. Those who are young or fairly active may have tenderness or swelling put down to sports injuries, similarly, back pain is often dismissed in people of all ages as a part of general wear and tear. Nail changes such as pitting, discolouration or the formation of ridges is particularly common in people with psoriatic arthritis, and can occur even when there is no psoriasis on the skin. Without psoriasis of the skin, nail changes could be misdiagnosed as fungal infections or vitamin deficiencies. Pain or swelling in the feet, heels and toes could be misdiagnosed as gout.

Anybody with current psoriasis or a family history of the condition should request to see a Rheumatologist if they experience a swollen finger or toe with no explanation, pain or tenderness in the joints (especially of the hands and feet), recurring injuries or pain where tendons join to bone (such as tennis elbow or Achilles tendonitis), uveitis or iritis (inflammatory eye conditions). Pain or stiffness in the neck, back or lower back that improves with movement and is not relieved by rest can also be a sign of psoriatic arthritis.

For further information regarding the types and treatment of psoriatic arthritis, or for a list of resources used in the production of this information sheet, please contact the Psoriasis Association.

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