

# Psoriatic Arthritis- First Line Treatments

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Like psoriasis, psoriatic arthritis is a condition that can wax and wane, and so different treatments may be appropriate at different times. The long-term prognosis for this condition is often good, providing it is diagnosed early, and that effective treatment is given when needed. In many cases, this will mean taking a 'disease modifying' treatment at some point, information on which can be found on the **Psoriatic Arthritis: Second Line Treatments** information sheet. 'Disease modifying' treatments can stop or prevent psoriatic arthritis from causing irreversible damage to joints. The first line treatments covered on this sheet relieve symptoms such as pain and swelling, but do not treat the underlying condition.

As with treatments for psoriasis, first line treatments for psoriatic arthritis can be prescribed by a GP without the need for specialist advice. A Rheumatologist or other Rheumatology specialist may also prescribe these treatments as part of a treatment plan. First line treatments include: -

- Physiotherapy
- Non-steroidal Anti-inflammatory Drugs (NSAIDs) and painkillers
- Steroid injections

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**The National Institute for Health and Care Excellence (NICE) guidance on the assessment and management of psoriasis (CG 153) recommends that all people with psoriasis should be offered an annual assessment for psoriatic arthritis. It also recommends that as soon as psoriatic arthritis is suspected, an individual should be referred to a Rheumatologist by their GP or Dermatologist.**

## Physiotherapy

Physiotherapy can play an important role in managing arthritis. Physiotherapy can be very useful both to treat pain and stiffness and to educate about exercises, thereby helping people to maintain independence through improved mobility, strength and flexibility.

In an assessment, a physiotherapist will examine your posture, gait and muscles, and ask questions about what kinds of activities cause pain. They will offer advice, and design a personalised treatment plan, which may include exercise, posture, massage or hydrotherapy (exercises in a swimming pool), for example. Exercise is particularly important for people with psoriatic arthritis as it can help to reduce pain and increase mobility.

A GP or Rheumatologist can refer you to see a Physiotherapist, or you can pay to see a Physiotherapist privately.

## Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and Painkillers

Painkillers come in various strengths and are used specifically to relieve pain, whereas NSAIDs have a painkilling effect as well as an anti-inflammatory effect. Some of these are available to purchase over the counter from a pharmacy or supermarket, such as paracetamol (painkiller), ibuprofen (NSAID), and aspirin (NSAID). However, stronger painkillers and NSAIDs such as codeine and naproxen are only available on prescription. Doctors may prescribe multiple painkillers and NSAIDs to help manage pain and inflammation. **If you are taking painkillers or NSAIDs, you should read the patient information leaflet carefully and check with a Pharmacist or your doctor before taking any other medicines, including those which you may have bought over the counter.**

As with painkillers, there are a number of different NSAIDs, and some have more than one brand name. Commonly prescribed NSAIDs include: -

Generic Name	Brand Name
Ibuprofen	Brufen / Nurofen/ Arthofen (and others)
Diclofenac	Voltarol / Dicloflex (and others)
Naproxen	Naprosyn/ Synflex (and others)

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Differences in the anti-inflammatory features between the different NSAIDs are minor, but some people may find one type to be more effective, or have lesser side effects, than another. Pain relief starts soon after taking the first dose, but it can take two or more weeks to feel the full effect. Like all other medications, NSAIDs do not come without potential side effects. These may include damage to the stomach lining, heartburn, indigestion and wheeziness. Great care is taken when prescribing NSAIDs to people with asthma or with a history of wheezing as they can aggravate these conditions. You can help minimise the unwanted gastro-intestinal side effects by taking the tablets with or after meals, or you might be prescribed something to take alongside it, to protect the stomach. Check the patient information leaflet for each individual medication for further information on potential side effects.

NSAIDs are usually taken in tablet form, but there are some in cream and gel form, which are rubbed onto the skin over the painful areas. However, if you have cracked or broken psoriasis in the painful area, topical NSAIDs should not be used. Topical NSAIDs that you may be prescribed include: -

Generic Name	Brand Name
Ibuprofen	Ibugel Forte, Fenbid Forte (and others)
Ketoprofen	Oruvail, Powergel
Piroxicam	Feldene gel
Felbinac	Traxam
Diclofenac	Voltarol Emulgel/ gel patch

**Cox-2 inhibitors** are a newer type of NSAID designed to have lesser side effects on the stomach. Like traditional NSAIDs, Cox-2 inhibitors help reduce pain and inflammation. However, as with all medications, there are possible side effects, and some studies have shown that Cox-2 inhibitors may increase the risk of heart disease, especially in people with a history of heart disease or stroke. Cox-2s currently available on prescription include Celecoxib (Celebrex) and Etoricoxib (Arcoxia).

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## Steroid Injections

In general, steroid tablets (such as prednisolone, for example) are not used for psoriasis or psoriatic arthritis. However, small injections of steroid are often used to treat specific joints or inflamed areas. The aim of a steroid injection is to reduce pain and inflammation around the area where it has been injected. These can be given every three to six months, although long term use of steroid injections is not common – if you need longer-term treatment, your Rheumatologist make talk to you about trying a Disease Modifying Anti-Rheumatic Drug (DMARD) treatment. You can read more about these on our Psoriatic Arthritis – Second Line Treatments information sheet.

## Lifestyle

Making improvements to your lifestyle can improve your overall health, and may also benefit your psoriatic arthritis. Smoking has been associated with psoriasis and psoriatic arthritis for some time, and recent studies have shown that smoking can make psoriatic arthritis worse. Therefore, it is a good idea to give up smoking. Maintaining a healthy weight – perhaps through eating a balanced diet and trying to stay gently active- may also help to ease the strain on joints. Do speak to your doctor for advice and support on how to make beneficial lifestyle changes.

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. If you are buying products over the counter discuss them with the pharmacist and **always read the label** to make sure you are using them correctly.

For more information, or for a list of resources used in the production of this information sheet, please contact the Psoriasis Association.

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