

Psoriatic Arthritis: Did you know?



papaa

A positive approach

to psoriasis and

psoriatic arthritis



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What are the aims of this leaflet?

This leaflet has been written to help you understand the genetics of psoriatic arthritis, the nail changes present in psoriatic arthritis, and psoriatic arthritis and pregnancy. It's a summary of facts in simple bullet point format and is not intended to be comprehensive. For further, in-depth information please read our other leaflets on psoriatic arthritis.

About psoriasis and psoriatic arthritis

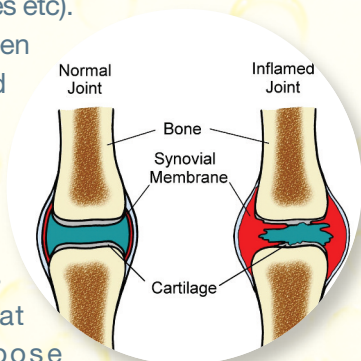
Psoriasis (sor-i'ah-sis) is a long-term skin condition that affects about 2% of the UK population. It usually appears as raised red scaly patches known as plaques. Any part of the skin surface may be involved but plaques most commonly appear on the elbows, knees and scalp. Between 7% and 43% of people with psoriasis may develop joint problems, termed psoriatic arthritis (PsA). PsA affects approximately 160,000 people in England. Onset is usually between the ages of 20 and 50, and PsA affects men and women in equal proportion.

PsA can cause pain, swelling and early morning stiffness in the joints and tendons. The most commonly affected sites are the hands, feet, wrists, ankles, lower back, and neck. There is a spectrum of severity, with most patients experiencing mild to moderate symptoms, but a few suffering more severe symptoms. If left untreated, PsA may result in long-term disability, reduced quality of life and employment difficulties. For more detailed information on psoriasis and psoriatic arthritis see our leaflets ***What is Psoriasis?*** and ***What is psoriatic arthritis?***



Genetics of PsA

- Genetic factors play a role in PsA. People with PsA often have a first-degree relative (parents or siblings) with either psoriasis or PsA, and occasionally uveitis (inflammatory eye condition), Crohn's disease or ulcerative colitis (inflammatory bowel disease)
- Despite this, the children of people with PsA usually do not develop PsA, because PsA is thought to occur when a genetically susceptible individual is exposed to some sort of environmental trigger (eg a virus, trauma, toxin, hormones etc).
- Several genes have been identified that are linked to PsA. However, many are also linked to other related conditions, eg psoriasis. So far, only six genes have been found that appear to predispose people only to PsA, independently of skin psoriasis.
- Research is ongoing to identify genes that might indicate if a person might get mild or severe disease, or if they might get certain features of the disease, eg back problems, but not others.



Nail changes in PsA

- Nail disease occurs in both hands and feet.
- Nail changes occur in up to 90% of people with PsA compared to 46% of those with psoriasis alone.
- People with psoriasis or PsA commonly complain of brittle nails that easily break, lift at the ends or are discoloured. Observed nail changes include:
 - onycholysis (lifting of the nail from the nail bed)
 - pitting
 - hyperkeratosis (thickening of the nail)

- salmon patch – brown discoloration of the nail (often with onycholysis)
 - ridging (both transverse and longitudinal)
 - nail plate crumbling.
- Many of these features occur in healthy people and are nothing to worry about. However the combination of pitting plus onycholysis, or the presence of more than 20 pits, usually occurs in either psoriasis or PsA. Many patients with nail changes will never develop PsA.
- People with PsA with severe nail changes often have more arthritic joints, especially those joints in the vicinity of the affected nail.
- People with PsA are often embarrassed by the appearance of their nails. It is important to mention concerns to your doctor, so that treatment options may be discussed. However, nails are notoriously difficult to improve.
- People with PsA of the nails may find they need assistance with trimming and cutting, particularly their toenails due to the thickness of the nail and restricted mobility.



For further information see our ***Nail Psoriasis*** leaflet.

PsA and pregnancy

- For women, the time after having a baby and the time during menopause are two common periods for developing PsA.
- There is no significant increase in miscarriage in women with PsA and no other unusual effects on the baby.

- The activity of PsA or psoriasis during pregnancy is variable. Usually the arthritis temporarily improves, but may flare after delivery.
- Non-steroidal anti-inflammatory drugs, eg ibuprofen, naproxen and diclofenac, should be used with caution before and during pregnancy (especially in the first trimester).
- Medications such as methotrexate and leflunomide should never be used in the months leading up to pregnancy, during or immediately after pregnancy due to their harmful effects on the child.
- If you are considering starting a family you should always discuss your treatment options with your doctor or healthcare provider.



PsA specialists

- You should make an appointment to see your GP if you experience persistent pain, swelling or stiffness in your joints – even if you haven't been diagnosed with psoriasis. You may be referred to a specialist doctor called a rheumatologist and in some instances they will have a special interest in psoriatic arthritis too.

PsA monitoring

- If you've been diagnosed with psoriasis, you should have check-ups at least once a year to monitor your condition. Make sure you let your doctor know if you're experiencing any problems with your joints.

References

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Further references used in the production of PAPAA information can be found at www.papaa.org/resources/references

About this information

This material was produced by PAPAA. Please be aware that research and development of treatments is ongoing. For the latest information or any amendments to this material please contact us or visit our website www.papaa.org. The site contains information on

treatments and includes patient experiences and case histories.

Original text written by Dr Sharon Jones and Prof Neil McHugh in 1994. Fully reviewed and revised by Dr Deepak Jadon, consultant rheumatologist, Addenbrooke's Hospital, Cambridge, UK, in February 2013 and February 2016. Following a review further minor changes have been made by PAPAA in April 2019.

A lay and peer review panel has provided key feedback on this leaflet. The panel includes people with or affected by psoriasis and/or psoriatic arthritis.

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The charity for people with psoriasis and psoriatic arthritis

PAPAA, the single identity of the
Psoriatic Arthropathy Alliance and the
Psoriasis Support Trust.

**The organisation is independently funded and is a
principal source of information and educational
material for people with psoriasis and psoriatic
arthritis in the UK.**

**PAPAA supports both patients and professionals by
providing material that can be trusted (evidence-
based), which has been approved and contains no
bias or agendas.**

**PAPAA provides positive advice that enables people
to be involved, as they move through
their healthcare journey, in an informed way
which is appropriate for their needs and any
changing circumstances.**

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