

Psoriatic Arthritis

Diagnosis and Management in Primary Care



Society for
Women's Health Research

Psoriatic arthritis (PsA) is a type of arthritis that may occur in patients with psoriasis. Psoriasis is a chronic immune-mediated systemic condition which manifests with areas of skin cells that often multiply 10 times faster than the normal rate. This causes skin to build into raised patches or plaques, which may be red or discolored with gray or silvery scales depending on skin type.

PsA, a comorbidity that often develops after psoriasis, is a chronic inflammatory condition affecting the joints and where the tendons and ligaments connect to bone.



Timely diagnosis and treatment of psoriatic arthritis is important to prevent irreversible joint damage.

Common Symptoms of PsA

- Joint pain, tenderness, stiffness, or swelling
- Swollen fingers or toes (dactylitis)
- Foot pain, often in the heel or sole
- Lower back pain (spondylitis)
- Skin symptoms — red or discolored patches with silvery scales on arms, legs, and torso
- Nail changes — detached or lifting nails or pitting (small depressions) in nails
- Eye inflammation (uveitis, more common in children)
- Fatigue
- Anemia

Risk Factors

The greatest risk factor for developing PsA is having psoriasis. Other factors include:

- Age — PsA often appears between ages 30 to 50 years old, though it can occur at any age, including in children.
- Family history of psoriatic disease

Smoking is associated with a higher risk of developing psoriasis along with more severe symptoms.

Alcohol can also increase risk of psoriasis, decrease the effectiveness of treatment, and increase side effects from some medications, such as methotrexate.

Psoriatic Arthritis in Women

PsA occurs equally, but presents differently, in women and men. Studies suggest that women are more likely to experience:



Polyarthritis — arthritis impacting five or more joints



Symptoms in the peripheral joints (arms, hands, feet); men are more likely to experience symptoms in their spine and sacroiliac joints.



More patient-reported pain, swollen joint count, fatigue, and functional difficulties



Worse patient-reported responses to treatment and remission

The biological cause for these differences is unknown.

Diagnosing Psoriatic Arthritis

While no single test can confirm psoriatic arthritis, a physical exam, imaging tests, and lab tests are used to diagnose the condition and/or rule out other conditions. Diagnosis is often made easier by the presence of psoriasis, although in about 15% of patients, PsA may occur before psoriasis. There is no clinical test for PsA; however validated screening tools exist to help identify signs and symptoms of the disease. For example, it is recommended that individuals with psoriasis complete the **Psoriasis Epidemiology Screening Tool (PEST)** every 6 months.

The internationally agreed-upon **Classification of Psoriatic Arthritis (CASPAR)** criteria use a point system to aid in diagnosis. A patient must have inflammatory arthritis in the joints, spine, or connective tissue between tendons and bones (entheses), plus a score of 3 points from the following list:

Signs & Symptoms	Points
Current psoriasis	2
History but no current symptoms	1
Family history but no current symptoms	1
Dactylitis	1
Nail changes	1
Negative blood test for rheumatoid factor	1
X-ray evidence of new bone growth near a joint	1

Physical Exam

- Examine joints for tenderness or swelling
- Check fingernails or toenails for abnormalities, such as pitting or lifted nails
- Press on soles and heels of patient's feet for tenderness

Imaging Tests

- X-rays to identify bone changes related to PsA, such as bone erosion or new bone formation. *Note: May not be as useful in early stages of disease when bone issues may not yet be present.*
- Magnetic resonance imaging (MRI) to identify any damage to tendons or ligaments.

Lab Tests

- Rheumatoid factor (RF) blood test to rule out rheumatoid arthritis. If RF is present in the patient's blood, it is unlikely they have PsA.
- HLA-B27 blood test to identify the presence of human leukocyte antigen B27, which is associated with autoimmune and immune-mediated disorders, including PsA
- Erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) blood tests to confirm inflammation in the body
- Joint fluid test to determine the presence of uric acid crystals, which could indicate gout rather than PsA

Treating Psoriatic Arthritis

There is no cure for PsA, but there are several medical and lifestyle treatment approaches that can prevent progression of PsA and improve quality of life for patients. Treatment approaches can vary depending on the type and severity of disease.

Medications*

Reduce inflammation

- Nonsteroidal anti-inflammatory drugs (NSAIDs)**: ibuprofen, naproxen
- Immunosuppressants: azathioprine, cyclosporine
- Enzyme inhibitors: apremilast
- Corticosteroids (oral or injection)

Slow progression and joint damage

- Disease-modifying antirheumatic drugs (DMARDs): methotrexate, sulfasalazine
- Biologic agents***: abatacept, adalimumab, certolizumab, ixekizumab, secukinumab, tofacitinib, ustekinumab

* This is not an exhaustive list of medication options.

** NSAIDs can also relieve pain.

*** Biologic agents are a newer class of DMARDs that target specific parts of the immune system with the goal of reducing inflammation, slowing progression, and/or preventing joint damage.

Lifestyle Approaches

- Moderate exercise can relieve stiffness or pain
- Healthy weight maintenance puts less strain on joints
- Heat and cold therapy can ease swelling and joint pain
- No smoking and reducing alcohol intake

Disparities in Diagnosis and Treatment

PsA often goes underdiagnosed or misdiagnosed in communities of color. White people are more likely to be diagnosed with PsA than Black or Latinx people, in part because the historically used description of psoriasis as red patches of skin with flaky white scales does not accurately reflect the presentation of the condition on darker skin. There is also evidence to suggest PsA may be undertreated in people of color who are diagnosed.

When to Refer to a Specialist

Patients should be referred to a specialist once there is a diagnosis of PsA or suspicion of PsA. If symptoms of psoriasis are found, the patient should be referred to a dermatologist. If symptoms of PsA are found, the patient should be referred to a rheumatologist.

References:

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Additional Resources:

2018 American College of Rheumatology/National Psoriasis Foundation Guideline for the Treatment of Psoriatic Arthritis: <https://doi.org/10.1002/art.40726>

Psoriatic Arthritis PEST Screening Tool: <https://www.psoriasis.org/psoriatic-arthritis-screening-test>

American Academy of Dermatology: <https://www.aad.org/>

American College of Rheumatology: <https://www.rheumatology.org/>

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