I. Understanding Psoriatic Arthritis
Autoimmune Diseases and Women’s Health

Autoimmune and Immune-Mediated Inflammatory Diseases

The body’s immune system keeps you healthy by recognizing any microscopic foreign material that enters your body, such as pollen, bacteria, or a virus. It then produces proteins called **antibodies** to target these foreign materials that could make you sick if they remain in the body. Once the infection is controlled, this immune response stops and your health should begin to restore.

Sometimes your immune system mistakenly cannot tell the difference between the foreign material and your own cells. It malfunctions or wrongly attacks the body’s healthy cells and tissues, often resulting in an inappropriate or excessive immune response. This activity can lead to the development of an **immune-mediated inflammatory disease (IMID)** that can cause inflammation and internal damage to almost any part of the body – from your joints and skin to your lungs and kidneys. **Autoimmune diseases** are a subset of IMIDs for which the antibody attacking healthy tissue has been identified.

Disease Prevalence and Impacts on Women

15-20 million Americans have an autoimmune disease\(^1\)

4 out of 5 people diagnosed with an autoimmune disease are women\(^2\)

Autoimmune diseases are much more common in women than men. They can be challenging to diagnose because their symptoms can seem unrelated and mimic other conditions. They can also be difficult to treat, especially if the cause of the disease is not fully understood.

Some common autoimmune conditions that are more prevalent in women include:

- Alopecia areata
- Lupus
- Multiple sclerosis
- Rheumatoid arthritis
- Sjogren’s syndrome
- Thyroid diseases

Understanding your risk of developing an autoimmune disease or IMID, recognizing early symptoms, and communicating frequently with your health care providers can help you diagnose a condition early and receive the care you need to feel your best.
Psoriasis and Psoriatic Arthritis

Psoriasis is an immune-mediated inflammatory disease (IMID) that causes inflammation and overproduction of skin cells, resulting in skin rashes, discoloration, and/or raised, scaly patches. Psoriatic arthritis (PsA) is also an IMID that is often associated with psoriasis and causes inflammation in the joints, resulting in stiffness and pain. Sometimes psoriatic disease is used to describe the immune response and systemic inflammation that cause both psoriasis and psoriatic arthritis.

Over 7.5 million U.S. adults have psoriasis

30% of people with psoriasis develop psoriatic arthritis

Psoriatic Arthritis Disease Progression

Psoriasis can occur at any age, but often first appears during two key points across lifespan: between the ages of 20 and 30 or between the ages of 50 and 60. PsA can also develop at any age, but it is most commonly identified between the ages of 30 and 50.

Up to 85% of people with PsA had psoriasis before PsA onset

7-12 years – average time between psoriasis diagnosis and PsA development

With many IMIDs like PsA, it is not clear why the immune system malfunctions, though it is likely that environmental and genetic factors play a role.

Risk factors for developing PsA include:

- An existing diagnosis of psoriasis
- Psoriasis of the nails and extensive skin involvement
- Family history of PsA
- Obesity

Most individuals with PsA also have psoriasis. However, having psoriasis and the severity of those symptoms have little impact on your PsA symptoms.

Common Symptoms of PsA

PsA often develops over time, with symptoms and severity of symptoms varying from person to person. Since PsA is a chronic disease, symptoms may become more severe over time or lead to irreversible damage, and inflammation can occur beyond the joints. Identifying PsA early and starting treatment to reduce inflammation is essential for avoiding additional health issues over the long term.
Common symptoms include:

- Stiffness, particularly in the morning, that improves with activity
- Fatigue
- Joint pain, tenderness, and swelling (can affect any joint, but common in the fingers, wrists, toes, ankles, knees, and back)
- Joint swelling that results in deformity and difficulty moving
- Swelling of an entire finger or toe (dactylitis)
- Nail changes (cracking, pitting, white spots, and lifting from the nail bed)
- Inflammation and pain where ligaments and tendons connect to the bone, usually in the heel (enthesitis)
- Inflammation and stiffness in the neck and lower back (spondylitis)
- Eye inflammation, pain, redness, and blurry vision (uveitis)

Psoriasis and PsA occur equally in women and men; however, women report more severe symptoms of fatigue, widespread pain, and difficulty completing certain tasks.\(^7\)

It is uncommon for other forms of arthritis to involve the spine. Be sure to tell your provider if you have back pain because this could be an indicator that your joint pain is associated with PsA.
Common Conditions Associated with Psoriatic Arthritis in Women

Chronic inflammation from PsA increases risk for **comorbid conditions** (related diseases), especially if the inflammation is not effectively treated.

>50% of patients with PsA have at least 1 comorbidity

Some health conditions that frequently occur in PsA patients and tend to affect women’s health include differently or disproportionately include: 

- Cardiovascular disease
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Diabetes
- Fibromyalgia
- Inflammatory bowel disease
- Kidney disease
- Liver disease
- Metabolic syndrome
- Osteoporosis
- Sleep apnea

It is important for women to talk to their health care providers about their risk for comorbidities of PsA and discuss healthy lifestyle and prevention tips. For more information, visit the **Wellness Tips for Women** section of the SWHR Psoriatic Arthritis Toolkit.