



# UNDERSTANDING PSORIASIS AND PSORIATIC ARTHRITIS

**UNDERSTANDING YOUR DIAGNOSIS**

## WHAT IS PSORIASIS?



Psoriasis affects approximately 7.5 million people in the United States, or about 2% of the US population.<sup>1</sup>

Psoriasis is...

- A lifelong, inflammatory condition that affects your skin and other parts of your body. In many people, psoriasis causes painful joints.<sup>2</sup>
- Thick, red, scaly, itchy patches on the skin that are sometimes painful.<sup>2,3</sup>
- Often found on the
  - Scalp and face
  - Elbows and knees, plus other parts of the legs
  - Palms and soles of feet
  - Lower back
  - In skin folds (including buttocks, breast, and genitals)<sup>4</sup>
- More common in adults, but anyone can get the disease. Psoriasis often develops between ages 15 and 35.<sup>5</sup>
- **Not contagious.** You cannot catch it from someone else and others cannot catch it from you.<sup>6</sup>

---

Psoriasis is the most common autoimmune disease in the United States.<sup>1</sup> An **autoimmune disorder** occurs when the body's immune system attacks and destroys healthy body tissue by mistake.

Examples of other autoimmune conditions are rheumatoid arthritis, multiple sclerosis, lupus, and type 1 diabetes.<sup>7</sup>

---

## WHAT CAUSES PSORIASIS?



**The cause of psoriasis is not fully known. It is likely related to a problem with the immune system in your body.**

Your immune system helps your body fight infection. A type of white blood cell called a **T cell** normally helps fight infection by attacking viruses or bacteria that invade your body. In psoriasis, T cells attack healthy skin by mistake. It is not known why T cells do this in psoriasis.<sup>3</sup>

## CAN ANYTHING TRIGGER PSORIASIS?

Some factors can trigger psoriasis.<sup>3,4</sup> Triggers can cause psoriasis to start. Or, they can cause a “flare” or worsening of symptoms in people who have psoriasis. Triggers may include

- **Infection:** Such as strep throat or skin infections. People with HIV or repeated infections have a higher risk of getting psoriasis.
- **Stress:** Stress affects your immune system and may give you higher risk of psoriasis.
- **Injury to skin:** Such as a cut or scrape, bug bite, or severe sunburn.
- **Certain medicines:** Such as beta-blockers (used to treat high blood pressure).
- **Weather:** Including changes in weather that can dry the skin.

*It is not known why these factors can trigger psoriasis.*

---

**Find out what triggers or worsens your symptoms, and try to avoid them.<sup>3</sup>**

- Protect your skin, and try to prevent injury.
  - Use sunscreen to prevent sunburn.
  - Moisturize your skin, especially in harsh weather.
-

## HOW IS PSORIASIS DIAGNOSED?



- Your doctor may be able to diagnose psoriasis just by examining your skin. Your doctor may also take a **biopsy**. In a biopsy, your doctor looks at a small skin sample under a microscope.<sup>4</sup>
- Your doctor will also grade the **severity** of your psoriasis. Severity is based on the **amount of skin** on your body that is affected by the disease. In general, moderate psoriasis covers 5% to 10% of your skin. However, severity is also based on the **location**. When psoriasis covers important areas, like the hands, feet, face, or genitals, it may be considered more severe.<sup>2</sup>



**YOUR HAND (INCLUDING PALM, THUMB, AND FINGERS) IS ABOUT 1% OF YOUR BODY SURFACE AREA.<sup>2</sup>**

- Your doctor will determine your disease severity.
  - Most patients have mild psoriasis
  - About 1 in 5 people with psoriasis have moderate to severe psoriasis<sup>2</sup>

---

### Help your health care team grade the severity of your psoriasis.

- Tell your doctor about all the places on your body that are affected.
  - Make sure you tell the doctor how your symptoms affect you and your daily life. This is especially important if your symptoms make it hard for you to function — at work or at home.
- 

## WHAT IS PSORIATIC ARTHRITIS?



**Psoriatic arthritis affects more than 500,000 Americans.<sup>8</sup>**

- Up to **4 of every 10** people with psoriasis develop psoriatic arthritis.<sup>9</sup>
  - Psoriatic arthritis often develops **within 10 years** of psoriasis, but it can start at any time<sup>10</sup>

**Psoriatic arthritis is...**

- A **kind of arthritis** that affects some people with psoriasis.<sup>11</sup>
- **Joint pain, stiffness, and swelling** in any joints in your body.<sup>11</sup>
  - Other symptoms include fatigue, having a hard time moving, changes in your nails, and redness or pain in your eye<sup>6</sup>
- A **lifelong** disease. Psoriatic arthritis can start at any age, but usually develops between ages 30 and 50.<sup>9,11</sup>
- **Joint damage may occur** in some patients. This damage may develop slowly over time or come on quickly in some patients.<sup>11</sup> Joint damage can cause disability if it is not managed.<sup>9</sup>

---

If you have psoriasis and you have joint pain, be sure to tell your doctor right away. It is important to diagnose psoriatic arthritis early. Some medicines can help slow the progression of the joint disease.<sup>11</sup>

---

## HOW IS PSORIATIC ARTHRITIS DIAGNOSED?



To diagnose psoriatic arthritis, your doctor needs to know your symptoms.

- Symptoms of psoriatic arthritis include
  - Joint stiffness that lasts more than 30 to 45 minutes in the morning or after long periods of not moving (for example, while traveling)
  - Swollen fingers or toes
  - Lower back pain
  - Pain or tenderness at tendons (like the Achilles' tendon in your heel or along the sole of your feet)<sup>9,11</sup>

***Be sure to tell your doctor if you have any of these symptoms.***

- No single test can diagnose psoriatic arthritis. Here are some tests your doctor might use.
  - X-rays can show changes in your joints
  - MRI (magnetic resonance imaging) shows images of bones and soft tissue. This might show changes in your tendons and lower back
  - Laboratory tests can help show if you have psoriatic arthritis or other diseases with similar symptoms<sup>11</sup>

***If you have symptoms, your doctor may refer you to a rheumatologist for confirmation, management, or further evaluation.***

## WHAT ELSE SHOULD I KNOW?



- People who have **psoriasis** or **psoriatic arthritis** are at higher risk for developing some other serious conditions, such as **cardiovascular disease, metabolic syndrome, and depression.**<sup>2</sup>
- Be sure to **let all of your doctors know** that you have psoriasis or psoriatic arthritis so he/she can check for these conditions each visit.

## HOW ARE PSORIASIS AND PSORIATIC ARTHRITIS MANAGED?



There are several options to manage psoriasis and psoriatic arthritis. You and your doctor will decide what works best for you.

### Treatments for psoriasis aim to<sup>3</sup>

- **Stop** skin cells from growing too quickly, so that you have fewer painful, itchy patches.
- **Heal** painful, itchy patches and smooth your skin, so that you are more comfortable.

### Treatments for psoriatic arthritis aim to<sup>11</sup>

- **Control** inflammation in your joints to lessen your pain and make it easier to move.
- **Slow the progression** of the joint damage.

***There is no cure for psoriasis or psoriatic arthritis, but treatment can help with your symptoms.***

### Depending on the severity of your disease you may be prescribed the following:

#### Psoriasis<sup>2,3</sup>

- Topical cream
- Light therapy
- Oral medicine
- Injected medicine

#### Psoriatic Arthritis<sup>9,11</sup>

- Oral medicines, like ibuprofen or naproxen
- Injected medicine

---

Be sure to let your doctor know if your psoriasis or psoriatic arthritis is not under control or your current management plan is not working.

---

## HOW WILL MY DOCTOR CHOOSE A MANAGEMENT PLAN?



- Your doctor will
- Determine the **severity** of your psoriasis or psoriatic arthritis.
  - Consider your risk for **other conditions or diseases**.
  - Consider other factors that might affect treatment.
  - Develop a **management plan** that works for you.

---

Follow the management plan you and your health care team designed. If you have any questions or concerns, contact your health care team right away. Do not stop taking your medication without talking with your health care provider.

---

## WHAT CAN I DO TO HELP MANAGE MY DISEASE?



- You and your health care team will work together to manage your psoriasis or psoriatic arthritis and your overall health.
- Follow your management plan to help lessen your skin and joint symptoms.
  - Keep a healthy weight.
  - Stay active.
  - Watch for depression and other mental health issues.
  - Prevent other disease, such as cardiovascular disease.
  - Stop smoking.
  - Minimize alcohol intake.
  - Tell your doctor if the plan is no longer working.
  - Be sure to let all your doctors know you have psoriasis and/or psoriatic arthritis so they can monitor you for other serious conditions.

**Keep in close communication with your health care team to manage your psoriasis or psoriatic arthritis well.**

## ARE YOU CONSIDERING SUPPLEMENTS OR ALTERNATIVE TREATMENTS?



- You may be considering **supplements** (such as vitamins) or **alternative treatments** (such as herbals and home remedies). Here are some things to keep in mind:
  - Speak to your health care team before taking supplements, over-the-counter medicines, or other remedies. Some may change the way your other medications work
  - Be sure to continue treatments prescribed by your health care team<sup>12</sup>

---

### Remember...

- ✓ Tell your health care team about all the places you have skin symptoms and any joint problems.
  - ✓ Talk to your health care team if your medicine stops working.
  - ✓ Know the conditions you are at risk for (diabetes, hypertension, depression). Tell your whole health care team (including your primary care doctor) you have psoriasis or psoriatic arthritis so they can monitor you for these other conditions.
  - ✓ If you have comorbidities, make sure you let your whole health care team, including specialists, know.
-

# WHERE CAN I GET MORE INFORMATION?



Here are some sources of additional information and support.

→ **National Psoriasis Foundation**

<http://www.psoriasis.org>

Get information about psoriasis and psoriatic arthritis, learn about research, and find medical professionals. Contact NPF by phone: **800-723-9166**.

→ **TalkPsoriasis.org**

<https://www.inspire.com/groups/talk-psoriasis>

Join the National Psoriasis Foundation's online community for people affected by psoriasis or psoriatic arthritis.

→ **Mayo Clinic Patient Information**

<http://www.mayoclinic.org/diseases-conditions>

Learn about the disease, treatment, and lifestyle management.

→ **Psoriatic Arthritis Info**

<http://www.psoriaticarthritisinfo.com>

Take a quiz, get a free health organizer, find a doctor, and learn about psoriatic arthritis.

**References:** 1. National Psoriasis Foundation. Statistics. <http://www.psoriasis.org/research/science-of-psoriasis/statistics>. Accessed June 24, 2015. 2. Menter A, Gottlieb A, Feldman SR, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 1. Overview of psoriasis and guidelines of care for the treatment of psoriasis with biologics. *J Am Acad Dermatol*. 2008;58(5):826-850. 3. Mayo Clinic. Diseases and conditions: psoriasis. <http://www.mayoclinic.org/diseases-conditions/psoriasis/basics/lifestyle-home-remedies/con-20030838?p=1>. Accessed June 24, 2015. 4. National Institutes of Health. What is psoriasis? [http://www.niams.nih.gov/Health\\_Info/Psoriasis/psoriasis\\_ff.pdf](http://www.niams.nih.gov/Health_Info/Psoriasis/psoriasis_ff.pdf). Published November 2014. Accessed June 24, 2015. 5. National Psoriasis Foundation. About psoriasis. <https://www.psoriasis.org/about-psoriasis>. Accessed June 24, 2015. 6. National Psoriasis Foundation. An overview of psoriasis and psoriatic arthritis. <http://www.psoriasis.org/Document.Doc?id=215>. Published December 2013. Accessed June 24, 2015. 7. National Institutes of Health. Autoimmune disorders. <http://www.nlm.nih.gov/medlineplus/ency/article/000816.htm>. Accessed June 24, 2015. 8. Gelfand JM, Gladman DD, Mease PJ, et al. Epidemiology of psoriatic arthritis in the population of the United States. *J Am Acad Dermatol*. 2005;53(4):573. 9. Gottlieb A, Korman NJ, Gordon KB, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 2. Psoriatic arthritis: overview and guidelines of care for treatment with an emphasis on the biologics. *J Am Acad Dermatol*. 2008;58(5):851-864. 10. Gladman DD, Antoni C, Mease P, Clegg DO, Nash P. Psoriatic arthritis: epidemiology, clinical features, course, and outcome. *Ann Rheum Dis*. 2005;64 Suppl 2:ii14-ii17. 11. Mayo Clinic. Diseases and conditions: psoriatic arthritis. <http://www.mayoclinic.org/diseases-conditions/psoriatic-arthritis/basics/definition/con-20015006?reDate=24062015&p=1>. Accessed June 24, 2015. 12. National Psoriasis Foundation. Vitamins and supplements. <http://www.psoriasis.org/treating-psoriasis/complementary-and-alternative/diet-and-nutrition/vitamins-and-supplements>. Accessed June 24, 2015.