

Psoriatic arthritis



**VERSUS
ARTHRITIS**

WE ARE VERSUS ARTHRITIS

We're the 10 million people living with arthritis. We're the carers, researchers, health professionals, friends and parents all united in our ambition to ensure that one day, no one will have to live with the pain, fatigue and isolation that arthritis causes.

We understand that every day is different. We know that what works for one person may not help someone else. Our information is a collaboration of experiences, research and facts. We aim to give you everything you need to know about your condition, the treatments available and the many options you can try, so you can make the best and most informed choices for your lifestyle.

We're always happy to hear from you whether it's with feedback on our information, to share your story, or just to find out more about the work of Versus Arthritis. Contact us at **content@versusarthritis.org**

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IAN'S STORY

I've suffered with psoriasis since being a teenager. I wore track-suit bottoms to play football, so people couldn't see. And I had a constant aching, especially after exercise.

I was so embarrassed by the amount of psoriasis on my scalp I said I'd never visit a barber again. My wife cut my hair for 13 years.

When I was 40, I had a major back operation. My consultant asked how I'd know if things had improved, 'If I can walk 100 yards,' I said.

Although it's an invisible condition to most, the impact on my life was considerable. Opening jars, changing the temperature of the shower and getting dressed were becoming more and more problematic. That's without mentioning the impact on my mental health.

My wife worked at a GP surgery and noticed a patient with the same symptoms. After some internet research I went to see my GP again armed with information. He agreed it looked like psoriatic arthritis and referred me to a rheumatology department.

After scans, x-rays and blood tests I was diagnosed with psoriatic arthritis. It's a pretty empty feeling when you realise you have something that will never go away.

Thanks to methotrexate, within a week the psoriasis on my scalp had all but gone – I celebrated by visiting the hairdressers.

But my joint problems continued, and at Christmas 2014 I was as low as I'd ever been. As I left work on Christmas Eve I looked back and, in my mind, said goodbye. I couldn't see any way I could ever go back.

A week later I was prescribed adalimumab. Within a week I could feel a huge difference and as the days went on, I was feeling better and better. The inflammation in my joints was subsiding.

At the end of February 2015, I started Couch to 5K, it's a 10-week programme but took me about 15 weeks. It was life changing.

I entered more races and joined a running club. This helped me immensely, lots of great people with encouragement, advice and friendship. Running has helped me lose a lot of weight, which has taken pressure off my joints. And it has really helped my mental health. I have done 17 half marathons, one full marathon, and several 10ks and 5ks.

You need to have people around you for support. Family and friends are important. So too are good physiotherapists, occupational therapists and rheumatology professionals. They're not just about fix, fix, fix. They get what you're going through, which is such a relief. It's good to have an outlet that's not your family, because you put a lot on your family.

Last weekend I grouted the bathroom. Three years ago, I simply couldn't have done that.

In 2008 my goal was to walk 100 yards, almost exactly 10 years later I ran 26.2 miles and I will do it again.

What is psoriatic arthritis?

Psoriatic arthritis (sorry-attik arth-ry-tus) can cause pain, swelling and stiffness in and around your joints.

It usually affects people who already have the skin condition psoriasis (sur-ry-a-sis). This causes patches of red, raised skin, with white and silvery flakes.

Sometimes people have arthritis symptoms before the psoriasis. In rare cases, people have psoriatic arthritis and never have any noticeable patches of psoriasis.

Psoriatic arthritis and psoriasis are autoimmune conditions. Our immune system protects us against illness and infection. In autoimmune conditions, the immune system becomes confused and attacks healthy parts of the body.

Both conditions can affect people of any age.

It's estimated that around one in five people with psoriasis will develop psoriatic arthritis.

People with psoriasis are as likely as anyone else to get other types of arthritis, such as **osteoarthritis** or **rheumatoid arthritis**. These conditions are not linked to psoriasis.

Psoriatic arthritis is a type of **spondyloarthritis**. These are a group of conditions with some similar symptoms.

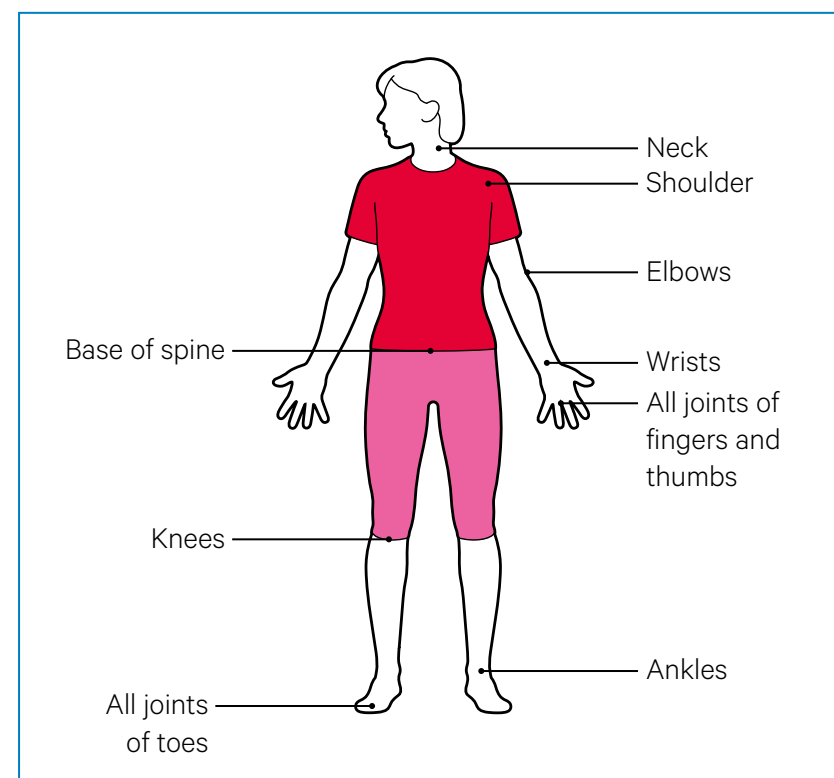
What are the symptoms of psoriatic arthritis?

Psoriatic arthritis can cause a number of symptoms around the body. People will often have two or more of these symptoms, and they can range from mild to severe.

One of the main symptoms is pain, swelling and stiffness because of **inflammation** inside a joint. This is known as inflammatory arthritis.

Any joint can be affected in this way. See Figure 1 for the most commonly affected joints.

Figure 1. Joints commonly affected by psoriatic arthritis



Joint stiffness is usually worse first thing in the morning, and it can last for more than 30 minutes. You may also feel stiff after you've been resting.

Psoriatic arthritis can cause connective tissue called entheses (en-thee-seas) to become inflamed. Entheses attach **tendons** and **ligaments** to bones. When they become inflamed it's known as enthesitis.

Enthesitis pain can spread over a wider area rather than just inside a joint. Affected areas can feel tender if you touch them or if there's just a small amount of pressure on them.

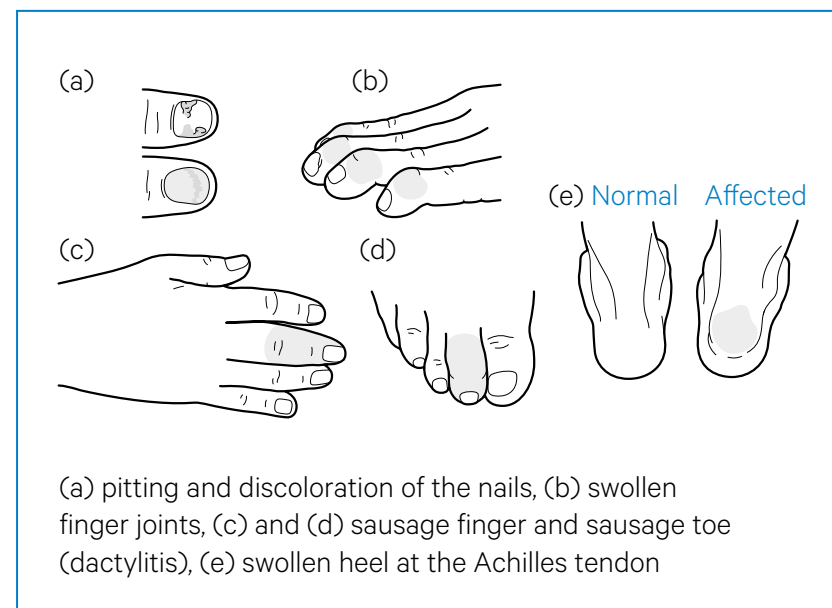
It commonly occurs in the feet. This can happen at the back of the heel or on the bottom of the foot near the heel. In some cases, this pain can make standing or walking difficult.

The knees, hips, elbows and chest can also be affected by enthesitis.

People with psoriatic arthritis can have swollen fingers or toes. This is known as dactylitis (dak-till-eye-tus), or sausage digit, to describe how whole fingers or toes swell up. It most commonly affects one or two fingers or toes at a time.

It can also cause fatigue, which is severe and persistent tiredness that can't be cured with rest.

Figure 2. Symptoms of psoriatic arthritis



(a) pitting and discoloration of the nails, (b) swollen finger joints, (c) and (d) sausage finger and sausage toe (dactylitis), (e) swollen heel at the Achilles tendon

What are the symptoms of psoriasis?

There are different types of psoriasis. The most common is chronic plaque psoriasis. This causes patches of red, raised skin, with white and silvery flakes.

It can occur anywhere on the skin, but most commonly at the elbows, knees, back, buttocks and scalp.

Psoriasis can cause small round dents in finger and toe nails, this is known as pitting. Nails can also change colour, become thicker and the nail may lift away from your finger.

Can psoriatic arthritis affect other parts of the body?

Having psoriatic arthritis can put you at risk of developing other conditions and complications around the body.

The chances of getting one of these are rare. But it's worth knowing about them and talking to your doctor if you have any concerns.

Eyes

Seek urgent medical attention if one or both of your eyes are red and painful, particularly if you have a change in your vision. You could go to your GP, an eye hospital, or your local A&E department.

These symptoms could be caused by a condition called **uveitis**, which is also known as **iritis**. It involves inflammation at the front of the eye.

This can permanently damage your eyesight if left untreated.

Other symptoms are:

- blurred or cloudy vision
- sensitivity to light
- not being able to see things at the side of your field of vision – known as a loss of peripheral vision
- small shapes moving across your field of vision.

These symptoms can come on suddenly, or gradually over a few days. It can affect one or both eyes. It can be treated effectively with steroids.

Heart

Psoriatic arthritis can put you at a slightly higher risk of having a heart condition. You can reduce your risk by:

- not smoking
- staying at a healthy weight
- exercising regularly
- eating a healthy diet, that's low in fat, sugar and salt
- not drinking too much alcohol.

These positive lifestyle choices can help to improve your arthritis and skin symptoms.

Talk to your doctor if you have any concerns about your heart health.



Crohn's disease

Crohn's disease is a condition in which parts of the digestive system become inflamed.

See a doctor if you have any of these symptoms, particularly if you have two or more and they don't go away:

- blood in your poo
- diarrhoea for more than seven days
- regular pain, aches or cramps in your stomach
- fevers
- a general feeling of being unwell
- unexplained weight loss.

Non-alcoholic fatty liver disease

Non-alcoholic fatty liver disease (NAFLD) is a term used to describe some conditions where there is a build-up of fat in the liver.

This doesn't cause problems in the early stages. But it can lead to cirrhosis (sir-oh-sis), which is when the liver becomes scarred and may stop working properly.

See a doctor if you have:

- extreme tiredness
- pain in the top right of the tummy, which can be dull or aching
- unexplained weight loss
- yellowing of the skin and eyes, which is known as jaundice
- itchy skin
- swelling in the legs, ankles, feet or tummy.

What causes psoriatic arthritis?

The **genes** you inherit from your parents and grandparents can make you more likely to develop psoriatic arthritis. If you have genes that put you at risk of this condition, the following may then trigger it:

- an infection
- an accident or injury
- being overweight
- smoking.

There is also an element of chance, and it might not be possible to say for certain what caused your condition.

Psoriasis and psoriatic arthritis are not contagious, so people can't catch it from one another.

How is psoriatic arthritis likely to affect me?

Starting the right treatment as soon as possible will give you the best chance of keeping your arthritis under control and minimise damage to your body.

Psoriatic arthritis can vary a great deal between different people. This makes it difficult to offer advice on what you should expect.

It will usually have some effect on your ability to get around and your quality of life, but treatment will reduce the effect it has.

Psoriatic arthritis can cause long-term damage to joints, bones and other tissues in the body, especially if it isn't treated.

How is psoriatic arthritis diagnosed?

If your GP thinks you have psoriatic arthritis, you'll need to see a rheumatologist. These are doctors with special knowledge of the condition.

There's no specific test to diagnose psoriatic arthritis, so a diagnosis will be made based on your symptoms and a physical examination by your doctor. Tell your doctor if you have any history of psoriasis or psoriatic arthritis in your family.

If you've developed psoriasis in the past few years, and symptoms of arthritis have started more recently, this could suggest it's psoriatic arthritis. But it doesn't always follow this pattern.

It can sometimes be difficult to tell the difference between psoriatic arthritis and some other conditions, including rheumatoid arthritis, osteoarthritis and **gout**.

Blood tests such as those for rheumatoid factor and the anti-CCP antibody can help. People with psoriatic arthritis tend not to have these **antibodies** in their blood. People who have rheumatoid arthritis are more likely to test positive for them – especially if they've had rheumatoid arthritis for a while. These tests won't say for certain if someone has psoriatic arthritis, but they can help when taking everything else into account.

X-rays of your back, hands and feet may help because psoriatic arthritis can affect these parts of the body in a different way to other conditions.

Other types of imaging, such as **ultrasound scans** and **magnetic resonance imaging (MRI)**, may help to confirm the diagnosis.

Who will be responsible for my healthcare?

You're likely to see a team of healthcare professionals.

Your doctor, usually a rheumatologist, will be responsible for your overall care. And a specialist nurse may help monitor your condition and treatments. A skin specialist called a dermatologist may be responsible for the treatment of your psoriasis.

You may also see:

- a physiotherapist, who can advise on exercises to help maintain your mobility
- an occupational therapist, who can help you protect your joints, for example, by using splints for the wrist or knee braces. You may be advised to change the way you do some tasks to reduce the strain on your joints.
- a podiatrist, who can assess your footcare needs and offer advice on special insoles and good supportive footwear.



Treatments for psoriatic arthritis

Because there are several features of psoriatic arthritis, there are different treatment options. Some of these are just for symptoms, such as pain and swelling, while some can treat the condition itself and reduce its symptoms.

People react differently to specific treatments, so you may need to try a few options to find what works for you.

Types of treatments

For the arthritis:

- non-steroidal anti-inflammatory drugs (NSAIDs)
- steroid injections into affected joints
- disease modifying anti-rheumatic drugs (DMARDs)
- biological therapies.

For the psoriasis:

- creams and ointments
- retinoid tablets
- ultraviolet light therapy, also known as phototherapy
- some DMARDs and biological therapies used for arthritis can also help the psoriasis.

Treatments for the arthritis

Non-steroidal anti-inflammatory drugs (NSAIDs)

NSAIDs can reduce pain and stiffness, but they might not be enough to treat symptoms of psoriatic arthritis for everyone.

Some people find that NSAIDs work well at first but become less effective after a few weeks. If this happens, it might help to try a different NSAID.

There are about 20 available, including ibuprofen, etoricoxib, etodolac and naproxen.

Like all drugs, NSAIDs can have side effects. Your doctor will reduce the risk of these, by prescribing the lowest effective dose for the shortest possible period of time.

NSAIDs can sometimes cause digestive problems, such as stomach upsets, indigestion or damage to the lining of the stomach. You should also be prescribed a drug called a **proton pump inhibitor (PPI)**, such as omeprazole or lansoprazole, to help protect the stomach.

For some people, NSAIDs can increase the risk of heart attacks or strokes. Although this increased risk is small, your doctor will be cautious about prescribing NSAIDs if there are other factors that may increase your overall risk, for example, smoking, circulation problems, high blood pressure, high cholesterol or diabetes.

Some people have found that taking NSAIDs made their psoriasis worse. Tell your doctor if this happens to you.

For more information about NSAIDs visit our website at:

www.versusarthritis.org/painkillers

www.versusarthritis.org/nsaids



Steroid treatment

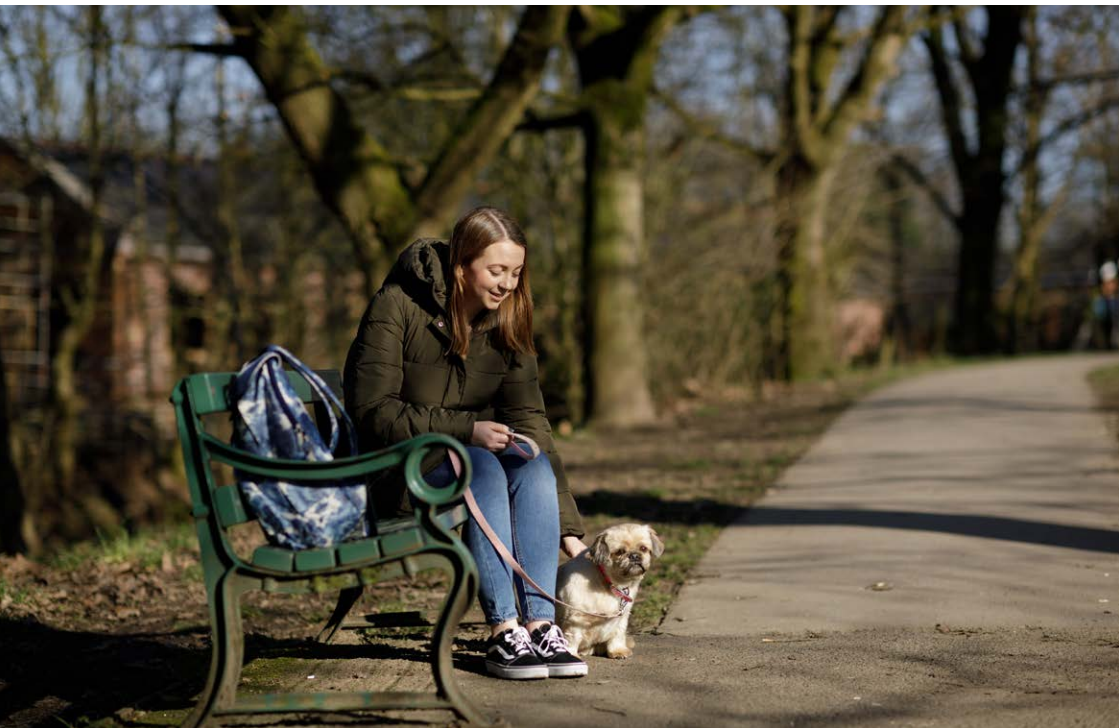
Steroid injections into a joint can reduce pain and swelling, but the effects do wear off.

Having too many steroid injections into the same joint can cause some damage to the surrounding area, so your doctor will be careful not to give you too many.

Steroid tablets or a steroid injection into a muscle can be useful if lots of joints are painful and swollen. But there's a risk that psoriasis can get worse when these types of steroid treatments wear off.

If used over the long term, steroid tablets can cause side effects, such as weight gain and osteoporosis (oss-tee-o-pur-oh-sis). This is a condition that can weaken bones and cause them to break more easily.

For more information about steroid treatment visit:
www.versusarthritis.org/steroid-injections



Disease-modifying anti-rheumatic drugs (DMARDs)

There are drugs that can slow your condition down and reduce the amount of inflammation it causes. This in turn can help prevent damage to your joints.

These are called disease-modifying anti-rheumatic drugs (DMARDs) (dee-mards). Many DMARDs will treat both psoriasis and psoriatic arthritis.

Because they treat the cause of your condition rather than the symptoms, it can take several weeks or even up to three months before you feel an effect.

You'll need to keep taking them even if they don't seem to be working at first. It's also important to keep taking them once they do take effect. People will usually take DMARDs for many years, sometimes all their life.

The decision to use a DMARD, and which one, will depend on several factors, including what your symptoms are like and the likelihood of joint damage.

You may need to take more than one DMARD at a time. You can take NSAIDs and painkillers at the same time as DMARDs.

Like all drugs, DMARDs can have some side effects. But it's important to remember that not treating psoriatic arthritis effectively could lead to permanent bone and joint damage.

When taking a DMARD you'll need regular blood tests, blood pressure checks, and in some cases a urine test. These tests allow your doctor to monitor the effects of the drug on your condition but also check for possible side effects.

There are different groups of DMARDs and they work slightly differently. DMARDs are normally taken as tablets you swallow, though methotrexate can be injected too. They reduce the activity of the immune system.

The following DMARDs can be used at early stage after diagnosis:

- methotrexate
- sulfasalazine
- leflunomide.

You may be able to try some newer DMARDs, if other treatments haven't worked.

These newer DMARDs work on specific parts of the immune system to reduce inflammation. They're taken as tablets you swallow.

The following can treat psoriatic arthritis:

- apremilast
- tofacitinib

Both drugs may be prescribed alongside methotrexate.

For more information about DMARDs visit:

www.versusarthritis.org/methotrexate

www.versusarthritis.org/sulfasalazine

www.versusarthritis.org/leflunomide

www.versusarthritis.org/apremilast

www.versusarthritis.org/tofacitinib



Biological therapies

Biological therapies are drugs that target key parts of the immune system to reduce inflammation. You might be able to try them if other drugs haven't worked for you.

Two groups of biological therapies are used to treat psoriatic arthritis – anti-TNF drugs and interleukin inhibitors.

Anti-TNF drugs target a protein called tumour necrosis factor (TNF). Interleukin inhibitors target interleukin proteins.

The body's immune system produces both TNF and interleukin proteins to act as messenger cells to help create inflammation.

Blocking TNF or interleukin messengers can reduce inflammation and prevent damage to the body.

A biological therapy may be prescribed on its own, or at the same time as a DMARD, such as methotrexate.

The following anti-TNF drugs can treat psoriatic arthritis:

- adalimumab
- infliximab
- etanercept
- golimumab
- certolizumab pegol.

The following interleukin inhibitors can treat psoriatic arthritis:

- ustekinumab
- secukinumab
- ixekizumab.

Biological therapies can take up to three months to fully take effect.

For more information about biological therapies visit:

www.versusarthritis.org/adalimumab

www.versusarthritis.org/infliximab

www.versusarthritis.org/etanercept

www.versusarthritis.org/golimumab

www.versusarthritis.org/certolizumab-pegol

www.versusarthritis.org/ustekinumab

www.versusarthritis.org/secukinumab



Treatments for your skin

If your psoriasis is affecting your quality of life, or your treatment is not working, you may be referred to a dermatologist.

There are a number of treatment options for psoriasis. Ointments, creams and gels that can be applied to the skin include:

- ointments made from a medicine called dithranol
- steroid-based creams and lotions
- vitamin D-like ointments such as calcipotriol and tacalcitol
- vitamin A-like (retinoid) gels such as tazarotene
- salicylic acid
- tar-based ointments.

For more information about the benefits and disadvantages of any of these talk to your GP, dermatologist or pharmacist.

If the creams and ointments don't help, your doctor may suggest light therapy, also known as phototherapy. This involves being exposed to short spells of high-intensity ultraviolet light in hospital.

Once this treatment has started, you'll need to have it regularly and stick to the appointments you've been given, for it to be successful. This treatment is not suitable for people at high risk of skin cancer or for children. For some people, this treatment can make their psoriasis worse.

Retinoid tablets, such as acitretin, are made from substances related to vitamin A. These can be useful if your psoriasis isn't responding to other treatments. However, they can cause dry skin and you may not be able to take them if you have diabetes.

Some DMARDs used for psoriatic arthritis will also help with psoriasis.



Surgery

People don't often need joint surgery because of psoriatic arthritis. Very occasionally a damaged tendon may need to be repaired with surgery. And sometimes, after many years of psoriatic arthritis, a joint that has been damaged by inflammation may need joint replacement surgery.

If your psoriasis is bad around an affected joint when you have surgery, your surgeon may recommend a course of antibiotic tablets to help prevent infection. Sometimes psoriasis can appear along the scar left by an operation, but this can be treated in the usual way.

What can I do to help myself?

There are some things you can do, alongside taking prescribed medication, that may help to ease your symptoms.

Staying active

Keeping active is one of the best things you can do to feel better physically and improve your mood.

It can help reduce pain and stiffness in joints. Being inactive can lead to muscles becoming weak, which can make symptoms worse.

Exercise won't make your psoriatic arthritis worse. However, if your condition is making certain activities difficult, you might need to change the way you exercise.

It's ok to take it easy if your symptoms are bad, and you'll need to find the right balance between rest and exercise. There are simple exercises you can do when sitting or lying down to keep your joints moving. Every little movement and step really does help in the long-term.

Starting off slowly, and gradually increasing the amount you do can be a good way to start exercising. If you have psoriatic arthritis, you can still be very active – though you may need to build up to this.

Swimming can be a great way to exercise as it doesn't put strain on your joints. It improves stamina, strength and flexibility, which are three important areas of fitness.

There are many good ways to exercise and the key is to find something you enjoy as this will help you to keep doing it.

You may find that exercising with your partner, a friend or a relative helps as you can support one another. Group fitness classes can be good fun, if you find the right one for you.

Keeping active is good for your emotional well-being and confidence, as well as making you feel better physically.

If you're struggling to exercise, your doctor or a physiotherapist can give you support and advice.

For more information about staying active visit:
www.versusarthritis.org/exercise



Healthy eating

There aren't any diets that can cure psoriatic arthritis.

Having a diet that is healthy, balanced, nutritious and low in fat, salt and sugar is good for your overall health and well-being.

This is particularly important if you have psoriatic arthritis.

Being overweight will put extra strain on your joints, such as your knees, hips and back. A healthy diet is also good for your heart health.

Eating plenty of fresh fruit and vegetables, and drinking around two litres of water a day is also good for your health. Talk to your doctor, a dietitian or visit the NHS Eatwell Guide website if you need more information (nhs.uk/live-well/eat-well/the-eatwell-guide).

For more information about healthy eating visit:
www.versusarthritis.org/diet



Getting some sunshine

The right amount of sunshine can make psoriasis better, at least in the short term. Too much sun and sunburn though can make psoriasis worse. For this reason, it's a good idea to talk to your doctor if you're planning to go abroad.

Giving up smoking

Smoking can make psoriasis worse. It can also increase the likelihood of some of the potential complications – such as heart problems.

If you smoke your doctor can give you advice and support to help you stop, or you can visit the NHS Smokefree website (nhs.uk/smokefree).

Complementary treatments

Some people with psoriatic arthritis find complementary treatments are helpful, but you should always talk to your doctor first if you want to try them.

Complementary treatments come from a variety of cultural and historical backgrounds. They're different to mainstream or conventional medication and therapies that you'll get from GPs, rheumatology teams or physiotherapists.

Examples of complementary therapies include:

- acupuncture – fine needles are inserted at different points around the body to stimulate nerves and produce natural pain-relieving substances in the body known as endorphins
- The Alexander Technique – based on the principle of having improved posture and movement through a good understanding and awareness of the body. People who teach it say it releases tension in the body.

And there are alternative medicines that can be taken as pills or applied as creams. These can include:

- fish body oil – they contain fatty acids, known as omega-3, that are thought to have health benefits, including reducing inflammation. Though some evidence suggests it's much better to get these from eating fish like salmon, sardines and mackerel, rather than taking pills.
- glucosamine – this is an important building block of cartilage, which is the substance that lines the ends of bones in joints to protect them. It's thought that taking glucosamine sulfate may protect the joints, by slowing down the breakdown of cartilage and replacing lost cartilage.

There can be risks associated with some complementary treatments, so it's important to go to a legally registered therapist, or one who has a set ethical code and is fully insured.

If you decide to try therapies or supplements, you should be critical of what they're doing for you, basing your decision to continue on whether or not you notice any improvement.



Aids and adaptations

You may be entitled to free support from your local authority to help make life around the home easier.

You could be offered aids that help with everyday tasks, as well as minor adaptations to your home, to help you get around. This support is available only to people in England who have a physical or mental condition that means they're unable to do basic tasks and activities, such as:

- cooking
- washing
- going to the toilet
- getting dressed.
- cleaning
- working
- developing and maintaining family and social relationships.

If you can't do two or more of the above tasks, and this has a significant impact on your well-being, you should be eligible.

This would entitle you to aids and minor adaptations up to the value of £1,000 per item. If you need an adaptation that will cost more than £1,000, you can apply for a disabled facilities grant.

For more information, visit this website for a needs assessment: www.gov.uk/apply-needs-assessment-social-services



Living with psoriatic arthritis

Work and psoriatic arthritis

Having psoriatic arthritis may make some aspects of working life more challenging. But, if you're on the right treatment, it's certainly possible to continue working.

Help and support is available, and you have rights and options.

The Government scheme Access to Work is a grant that can pay for equipment to help you with activities such as answering the phone, going to meetings, and getting to and from work.

The 2010 Equality Act, and the Disability Discrimination Act in Northern Ireland makes it unlawful for employers to treat anyone with a disability less favourably than anyone else. Psoriatic arthritis can be classed as a disability if it:

- makes daily tasks difficult
- lasts for more than 12 months.

Your employer may need to make adjustments to your working environment, so you can do your job comfortably and safely.

You might be able to change some aspects of your job or working arrangements, or train for a different role.

In order to get the support you're entitled to, you'll need to tell your employer about your condition. Your manager or HR department might be a good place to start.

Other available support might include:

- your workplace occupational health department, if there is one
- an occupational therapist. You could be referred to one by your GP or you could see one privately
- disability employment advisors, or other staff, at your local JobCentre Plus
- a Citizens Advice bureau – particularly if you feel you're not getting the support you're entitled to.

**For more information about
work and psoriatic arthritis visit:
www.versusarthritis.org/work**



Sex, fertility and pregnancy

Sex can sometimes be painful for people with psoriatic arthritis, particularly a woman whose hips are affected. Experimenting with different positions and communicating well with your partner will usually provide a solution.

Psoriatic arthritis won't affect your chances of having children. But if you're thinking of starting a family, it's important to discuss your drug treatment with a doctor well in advance. If you become pregnant unexpectedly, talk to your rheumatology department as soon as possible.

The following must be avoided when trying to start a family, during pregnancy and when breastfeeding:

- methotrexate
- leflunomide
- retinoid tablets and creams.

There's growing evidence that some other drugs for psoriatic arthritis are safe to take during pregnancy. Your rheumatology department will be able to tell you which ones.

It will help if you try for a baby when your arthritis is under control.

It's also important that your arthritis is kept under control as much as possible during pregnancy. A flare-up of your arthritis during pregnancy can be harmful for you and your baby.

Psoriasis and psoriatic arthritis can run in families. If you have either condition, you could pass on genes that may increase your children's risk – though it's difficult to predict. As treatments continue to improve, people with psoriatic arthritis in years to come can expect a better outlook. If you have any questions or concerns, talk to your doctor.

**For more information about
sex, fertility and pregnancy visit:
www.versusarthritis.org/pregnancy**



Emotional wellbeing

Having a long-term health condition can affect your mood and confidence, which can have an impact on your work, social life and relationships. Talk things over with your partner, or a friend, relative or doctor if your condition is getting you down. You can also contact support groups if you want to meet or talk to other people with psoriatic arthritis.

Talking therapies can be useful. For example, cognitive behaviour therapy (CBT) may help you. The aim of CBT is to help people deal with problems in a more positive way, by breaking them down into smaller parts. If you're interested, your doctor may be able to refer you for CBT, or you could self-refer using the NHS Improving Access to Psychological Therapies (IAPT) service.

Staying physically active will help with pain and stiffness. It will also make you feel better about yourself. Continuing with your normal routine, hobbies and social life as much as possible can be good for your emotional health and well-being.

Having psoriatic arthritis can put added strain on relationships with partners and close relatives. Support and understanding from those closest to you can be very important.

Good two-way communication and understanding can help. Encourage your partner and close relatives to learn about psoriatic arthritis. Let people know if you're having a bad day. Family therapy sessions might help. The relationship charity Relate could be a good place to turn.





SIOBHAN'S STORY

My psoriatic arthritis has caused some incredibly difficult moments, and I don't know how I got through them.

But I'm now enjoying life to the full, thanks to anti-TNF medication.

I work as a manager with Jaguar Land Rover, and I travel the world with my job. I am mum to Carys, who is 12, and wife to Andrew.

The journey to here has included many steroid injections into various joints, surgery on both knees and many painful days.

At the age of 23, I was going to aerobic classes two to three times a week, I was swimming before work too.

When my left knee started to swell, my GP put it down to 'fluid on the knee' due to too much exercise. It got so big I couldn't walk without limping. On a trip home to Belfast, my mum sent me to our family GP – who diagnosed me with psoriatic arthritis.

I was devastated and cried all the way home. I assumed my life was over and that I'd be in a wheelchair by 30. I was keen to get back to my exciting life in London, so a rheumatologist drained my knee and gave me a steroid injection.

For the next year I regularly had my knee drained and had steroid injections until the rheumatologist said the next step would be keyhole surgery.

During that period, I was living alone in a bedsit. I had a turning point. I cried so hard one night that I couldn't go into work the next day, not due to my arthritis, but due to having the puffiest eyes I'd ever seen.

I made a decision that day – I would never feel sorry for myself again. I picked myself up, dusted myself off and marched onwards to my dream – happiness.

I moved to the Midlands with work and met Andrew. After we got married, we wanted to have kids. So, I came off my medication, which was very poor advice from my rheumatologist at the time, as my condition spiralled. And my husband saw my arthritis in all its glory. I went from being independent and strong, to a woman who he had to help dress.

I spent my maternity leave in constant pain. The worst part was going to Rhythm Time classes and being the only mum who couldn't sit on the floor with her baby, I was on the only chair in the circle. It was hard but seeing Carys's smiling face looking up at me made my heart leap for joy.

I can safely say, I've found my happiness. Not just in my married life, but also in my job, and with my friends and wider family circle. I want to be the best person I can be, and I want my life to be the best it can be. Psoriatic arthritis isn't going to stop that.

Glossary

Antibodies

Antibodies are produced by your immune system in response to things that your body sees as dangerous, such as germs and viruses. Antibodies attack them and make them harmless.

Genes

Genes contain information that makes you who you are, for example what hair and eye colour you have. There are hundreds and thousands of genes in every cell in your body. Genes are in pairs, one of which is inherited from your mother and one from your father.

Gout

Gout is a type of inflammatory arthritis. It's caused when substances that are normally removed from the body by the kidneys build up in the joints as tiny, sharp, hard crystals. This can then cause severe pain and swelling.

Inflammation

Inflammation is the body's attempt to heal itself after an infection or injury. It increases the flow of blood and fluid to the affected area making it swollen, red, painful and hot.

Iritis

Iritis, also known as uveitis, is inflammation of the coloured part of the eye. It's linked to some inflammatory and autoimmune conditions.

Ligaments

Ligaments are bands of fibrous tissue that are attached to your bones and hold your joints together.

Magnetic resonance imaging (MRI)

A magnetic resonance imaging (MRI) scan is done in a large tube that contains powerful magnets. It uses magnetic fields to create detailed images of the body.

Osteoarthritis

Osteoarthritis is the most common form of arthritis. It mainly affects the hands, knees and hips.

Proton pump inhibitor (PPI)

A proton pump inhibitor (PPI) is a drug that reduces the amount of acid produced in the stomach. They are commonly used to treat acid reflux and stomach ulcers.

Rheumatoid arthritis

Rheumatoid arthritis is a long-term condition that can cause pain, swelling and stiffness in your joints.

Spondyloarthritis

Spondyloarthritis is the name for a group of conditions with similar symptoms, including potentially inflammation of the spine. Examples of spondyloarthritis include ankylosing spondylitis, reactive arthritis and psoriatic arthritis.

Tendon

A tendon is a strong band or cord that attaches muscle to bone.

Ultrasound scan

An ultrasound scan uses sound waves to create images of the inside of the body.

Uveitis

Uveitis is a condition that causes inflammation in the middle of the eye, known as the uvea. It can cause red and sore eyes that can be sensitive to light, as well as blurred vision.

Research and new developments

Past research and achievements in this area

In 2015, research led by our centre for genetics and genomics at the University of Manchester identified genetic variants associated with psoriatic arthritis, but not with psoriasis or rheumatoid arthritis. This helped to establish psoriatic arthritis as a condition in its own right. The findings could lead to the development of drugs specifically for psoriatic arthritis.

Later in the same year, our TICOPA trial looked at the benefits of early aggressive drug treatment for people with psoriatic arthritis – followed by an increase in drug dosage if initial treatment isn't working. The trial found that patients treated this way, required fewer hospital- and community-based services (excluding rheumatology appointments) than patients receiving the standard care.

Ongoing studies

We are currently funding a study at the University of Glasgow that aims to find out whether a molecule called IL-37a can reduce inflammation in inflammatory arthritis, including psoriatic arthritis, and if it could be used to develop new treatments.

We're funding a study at the University of the West of England looking at how to encourage and help people with psoriatic arthritis become informed about their condition, manage their symptoms, and feel able to make decisions about their treatment. Evidence shows that patients who adopt this proactive approach are more likely to be satisfied with care and have improved symptoms.

A research project at the University of Manchester is looking at whether it's possible to identify people with psoriasis who are at high risk of developing psoriatic arthritis. This could lead to early intervention with treatment, or ideally preventative treatment.

We're also supporting research at Imperial College London investigating whether microbes found in the gut and on the skin are different in people with psoriatic arthritis. This could help scientists develop an easy diagnostic test, which could also be used to predict how severe the condition will become. This may lead to the development of new treatments.

Useful addresses

Psoriasis Association

A UK charity and membership organisation for people affected by psoriasis, providing information and funding research.

Phone: 01604 251 620

psoriasis-association.org.uk

Psoriasis and Psoriatic Arthritis Alliance (Papaa)

A UK charity providing information and support to people with psoriasis and psoriatic arthritis.

Phone: 01923 672 837

papaa.org

British Association of Dermatologists

A charity whose objectives are the practice, teaching, training and research of dermatology.

Phone: 0207 383 0266

bad.org.uk

Where can I find out more?

If you've found this information useful, you might be interested in other titles from our range. You can download all of our booklets from our website www.versusarthritis.org or order them by contacting our Helpline.

Bulk orders

For bulk orders, please contact our warehouse, APS, directly to place an order:

Phone: 0800 515 209

Email: info@versusarthritis.org

Tell us what you think

All of our information is created with you in mind. And we want to know if we are getting it right. If you have any thoughts or suggestions on how we could improve our information, we would love to hear from you.

Please send your views to **bookletfeedback@versusarthritis.org** or write to us at: **Versus Arthritis, Copeman House, St Mary's Court, St Mary's Gate, Chesterfield, Derbyshire S41 7TD.**

Thank you!

A team of people helped us create this booklet. We would like to thank Philip Helliwell for writing the original text and Kevan Thorley, Antoni Chan, Nicola Waldron and Janet Ball for helping us review the booklet.

We would also like to give a special thank you to the people who shared their stories, opinions and thoughts on the booklet. Your contributions make sure the information we provide is relevant and suitable for everyone.

Talk to us

Helpline

You don't need to face arthritis alone. Our advisors aim to bring all of the information and advice about arthritis into one place to provide tailored support for you.

Helpline: 0800 5200 520

Email: helpline@versusarthritis.org

Our offices

We have offices in each country of the UK. Please get in touch to find out what services and support we offer in your area:

England

Tel: 0300 790 0400

Email: enquiries@versusarthritis.org

Scotland

Tel: 0141 954 7776

Email: scotland@versusarthritis.org

Northern Ireland

Tel: 028 9078 2940

Email: nireland@versusarthritis.org

Wales

Tel: 0800 756 3970

Email: cymru@versusarthritis.org

Psoriatic arthritis

Psoriatic arthritis is a type of arthritis that's linked to the skin condition psoriasis. In this booklet we explain what causes psoriatic arthritis and how it's treated. We also give some hints and tips on managing your condition in daily life.

For information please visit our website:

versusarthritis.org

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