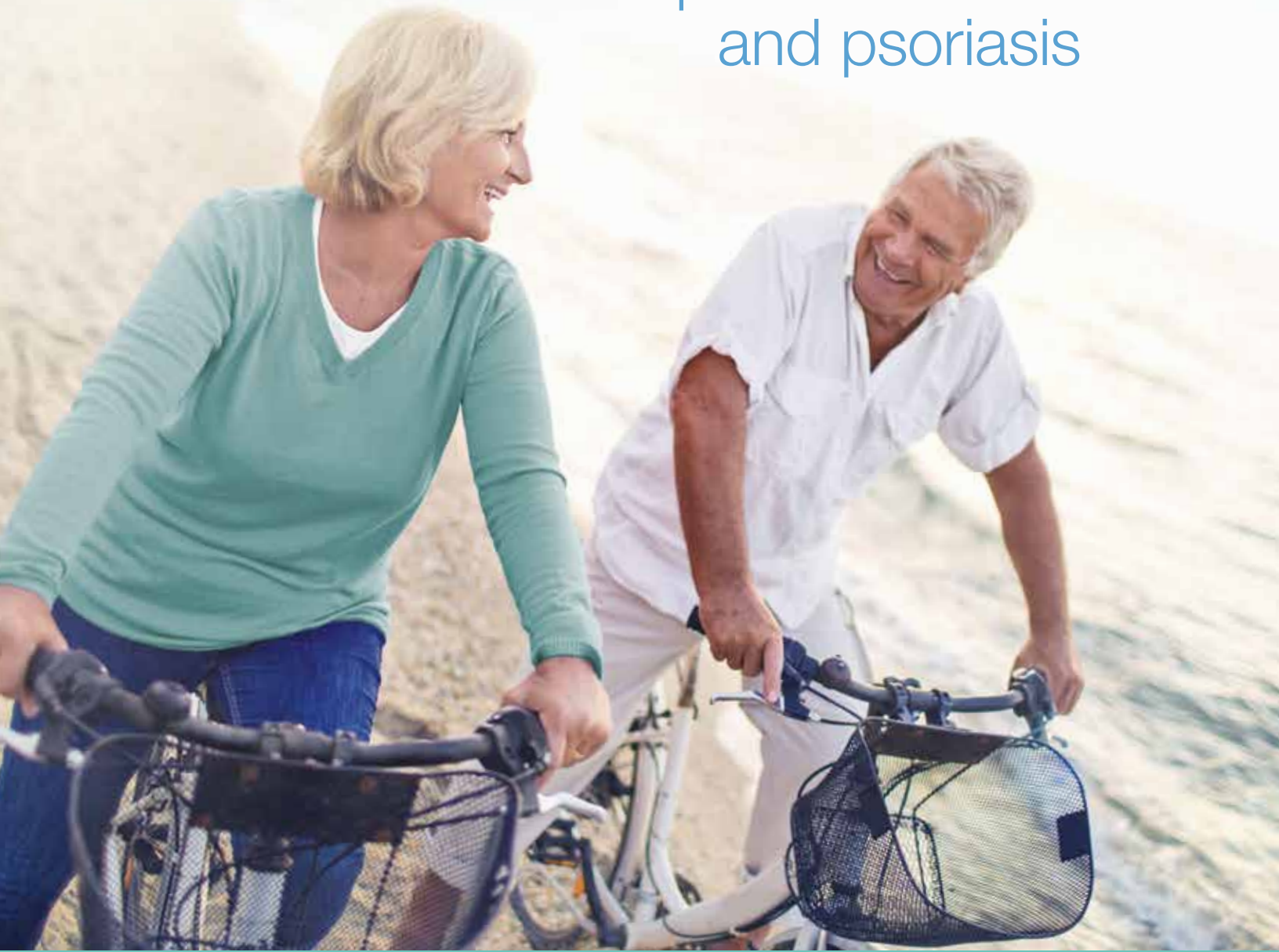




A patient guide to psoriatic arthritis and psoriasis



Walgreens

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Understanding psoriasis and psoriatic arthritis

Learning how to manage psoriasis or psoriatic arthritis might feel like a challenge, especially at first. But understanding your diagnosis can help you take control of your health. There is no cure for psoriasis or psoriatic arthritis. But a number of available treatment options can help manage symptoms. This booklet provides information about psoriasis and psoriatic arthritis, what to expect after diagnosis and how to manage symptoms to live a full and active life.

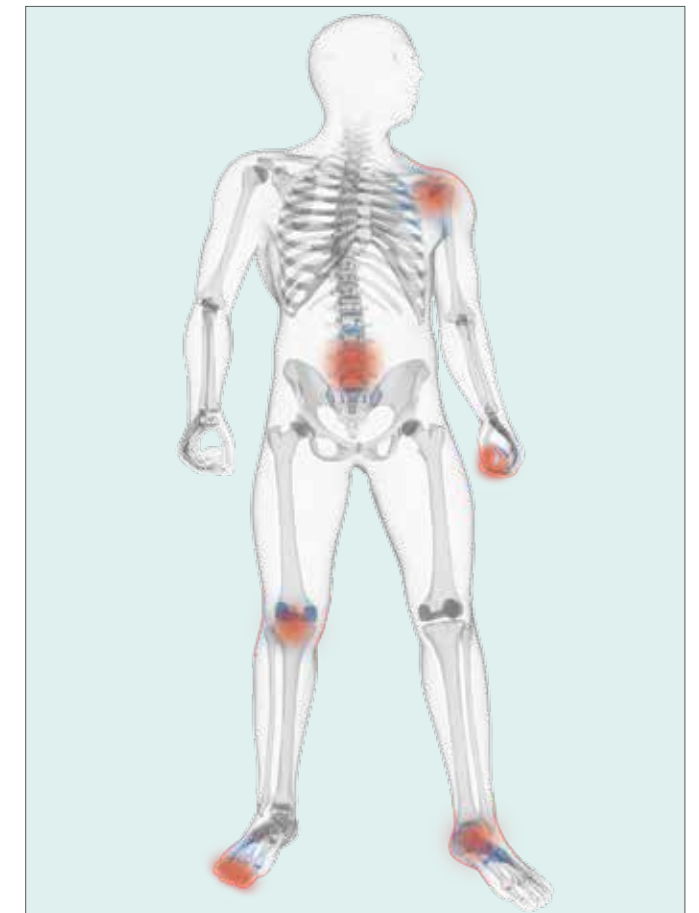
Psoriasis and psoriatic arthritis are chronic, or long-term, conditions. They cause swelling in the body. Psoriasis causes itching, swelling and redness in the skin. Up to 30% of people with psoriasis develop psoriatic arthritis.¹ This causes painful, stiff and swollen joints (see figure below). These conditions can get better and worse over time. Starting treatment soon after your diagnosis can help you improve your overall health.

Causes

The exact cause of these conditions is not clear. Experts think a few factors might play a role:

- Genes. These conditions might be partly inherited. This means the genes for developing them are passed down through a family. One in three people with psoriasis report having a family member with the disease.² However, not everyone with a family history develops the condition.
- Immune system. These conditions might also occur because the immune system is not working properly. Normally, the immune system seeks out and attacks bacteria or viruses that can cause illness. It also helps the body recover from illness or injury. But in psoriasis and psoriatic arthritis, the immune system is triggered by mistake.
- Outside factors. Other things, such as bacteria or viruses, infections, injuries, medications or stress can trigger the conditions in people who are at risk.
- Lifestyle. Being overweight and smoking are risk factors for psoriasis.³

Figure: Affected joints



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Psoriasis

Normal skin cells take about one month to grow and fall off the body. In psoriasis, a problem with the immune system causes skin cells to go through the process in just a few days.⁴ This causes skin cells to pile up on or near the surface of the skin.

This can result in different types of skin problems, such as raised, red and scaly patches on the skin called lesions. Irritated skin can form on many parts of the body. This might include the scalp, elbows, knees and legs.⁵ Skin problems can also affect the face, hands, feet and nails. These areas can itch, burn and sting.¹ For many, the pain and discomfort can affect daily life.^{4,6}

Who gets psoriasis?

About 125 million people around the world have psoriasis. This includes as many as 7.5 million in the United States.^{2,6} Psoriasis affects men and women equally. It can occur in any racial group. But it is more common among Caucasians. Psoriasis can develop at any age. But it usually develops between the ages of 15 and 39.^{1,6} In addition, it has been noted that there is also an increase in the number of people who are diagnosed with psoriasis between the ages of 50 and 69.⁷

Inheriting psoriasis²

50%: Risk of developing psoriasis if both parents have the disease

10%: Risk of developing psoriasis if one parent has the disease

2% to 3%: Portion of the general population that develops psoriasis

Diagnosis

There is no single test or tool to diagnose psoriasis. Your doctor likely used many types of information, such as¹:

- Family medical history
- Skin inspection
- Small sample, or biopsy, of affected skin for closer examination in a lab

Types

There are five types of psoriasis (see Table 1). Most types cause red lesions on the skin. With some types, lesions might have a scaly surface.

Severity

Prescribed treatment depends on the severity of your condition.⁴ Psoriasis can be mild, moderate or severe⁴:

- Mild: Covers less than 3% of the body
- Moderate: Covers between 3% and 10 % of the body
- Severe: Covers more than 10% of the body

Doctors also assess the severity of psoriasis based on⁵:

- Location of lesions
- Effect on daily life

Table 1. Types of psoriasis

Type	Information	Description
Plaque ^{1,4,5}	<ul style="list-style-type: none"> • Most common type, about 80% to 90% of cases 	<ul style="list-style-type: none"> • Raised, red patches covered with silvery-white scales • Can range from coin-sized to palm-sized • Most often on the scalp, knees, elbows and lower back
Guttate ⁸	<ul style="list-style-type: none"> • Less common type, about 10% of cases • More likely in childhood and young adulthood • Often comes on suddenly • Often seen after streptococcal bacteria infection 	<ul style="list-style-type: none"> • Small red spots, not as thick as plaque psoriasis • Seen mainly on the chest and back, arms and legs • Sometimes seen on the scalp, face and ears
Erythrodermic ^{5,9}	<ul style="list-style-type: none"> • Less common type, about 3% of cases • Can cause increased heart rate and unstable body temperature • Might occur with infection and swelling around the ankles • Can be life-threatening and need immediate medical care 	<ul style="list-style-type: none"> • Fiery redness covering nearly the entire body • Shedding of scales in large patches rather than smaller flakes
Inverse ¹⁰	<ul style="list-style-type: none"> • More typical in overweight people • Can occur at the same time as other types of psoriasis 	<ul style="list-style-type: none"> • Commonly seen in skin folds near the genitals, under the breasts or in the armpits • Generally red and tender with little scaling
Pustular ¹¹	<ul style="list-style-type: none"> • Rare • Primarily seen in adults • Many forms; one form (Von Zumbusch) can be life-threatening and need immediate medical care 	<ul style="list-style-type: none"> • White blisters of noncontagious pus surrounded by red skin • May occur all over the body or on the hands and feet

Psoriatic arthritis

Psoriatic arthritis is a chronic condition. It causes swelling, stiffness and pain in and around the joints. It usually affects joints closest to the fingernails or toenails. It can also cause changes in the nails. This can include separation from the nail bed or pitting.¹² Other common symptoms include¹²:

- Eye pain and redness
- Fatigue
- Morning stiffness and tiredness
- Swollen fingers and toes
- Tenderness, pain and swelling over the tendons, or the tissues that connect muscle to bone

Some people also have symptoms in the back, wrists, knees or ankles. This can make it hard to move.

Psoriatic arthritis can get better and worse over time. Early diagnosis and treatment can help prevent permanent joint damage.⁵

Who gets psoriatic arthritis?

About 20% to 30% of people with psoriasis also develop psoriatic arthritis.¹³ Many people have psoriasis for some time before developing psoriatic arthritis. Others develop psoriatic arthritis before developing psoriasis. Psoriatic arthritis affects men and women equally.¹³ It can occur at any age. But it usually appears between the ages of 30 and 50.¹³



Diagnosis

There is no single test to diagnose psoriatic arthritis. A rheumatologist, or doctor who specializes in treating arthritis, uses many types of information, such as¹²:

- Blood tests and other lab tests to rule out other conditions, such as rheumatoid arthritis (RA) or gout
- Magnetic resonance imaging and X-rays of the joints
- Medical history, especially with psoriasis
- Physical exams for skin and nail changes

Types

There are five types of psoriatic arthritis (see Table 2). They can occur in different parts of the body.

Severity

Treatment depends on the severity and progression of the condition.¹⁴ Doctors determine the severity of psoriatic arthritis by how many joints are affected at one time.

Table 2. Types of psoriatic arthritis

Type	Information	Description
Symmetric arthritis	About 50% of cases	<ul style="list-style-type: none"> • Occurs in the same joints on both sides of the body • Similar to RA, causing joint pain and swelling
Asymmetric arthritis	About 35% of cases	<ul style="list-style-type: none"> • Usually affects one to three joints • Does not occur in the same joints on both sides of the body • Swollen fingers and toes might look like sausages
Spondylitis	Less common	<ul style="list-style-type: none"> • Causes pain and stiffness in the neck, lower back and pelvis • Can also cause problems in the hands, arms, hips, legs and feet
Distal interphalangeal predominant	Less common	<ul style="list-style-type: none"> • Usually affects joints near the ends of the fingers and toes • Causes nail changes like pitting, white spots and separation from the nail bed • Sometimes confused with osteoarthritis, which is caused by normal wear and tear
Arthritis mutilans	<ul style="list-style-type: none"> • Rare • Most severe form 	<ul style="list-style-type: none"> • Occurs in joints of the hands and feet • Can cause deformed fingers or toes • Linked with pustular psoriasis

Related conditions

Some people with psoriasis and psoriatic arthritis might be more likely to develop other health problems, including¹⁶:

- Cancer, including lymphoma and skin cancer
- Cardiovascular disease, which includes heart attack and stroke
- Depression
- Eye inflammation
- Hearing loss (with psoriatic arthritis)
- Inflammatory bowel disease, which includes Crohn's disease and ulcerative colitis
- Kidney disease (with psoriasis)
- Liver disease
- Metabolic syndrome, which includes heart disease, abdominal obesity and high blood pressure
- Obesity
- Type 2 diabetes
- Weak bones, which includes osteopenia and osteoporosis

Pregnancy and breastfeeding¹⁷

If you are pregnant or planning to become pregnant, talk to your doctor about how to manage your psoriasis or psoriatic arthritis.

In some women, symptoms improve during pregnancy. In others, symptoms get worse. This can differ for each person and for each pregnancy and birth.

Research suggests that women with severe psoriasis might be more likely to have a baby with a low birth weight. Also, many women experience a flare soon after giving birth.

Also, some treatments are not safe when trying to become pregnant, during pregnancy or while breastfeeding. Talk with your doctor about your treatment. You might need to adjust your treatment temporarily.



Living with psoriasis and psoriatic arthritis

There is no cure for these conditions. But there are many ways to treat the symptoms. Work with your doctor to find the best treatment for you.

The main goals of psoriasis treatment include⁵:

- Effectively and safely clearing skin lesions
- Eliminating symptoms, or staying in remission
- Improving quality of life

Treatment for psoriatic arthritis includes the same goals, as well as¹⁸:

- Keeping joints working properly
- Reducing swelling
- Relieving pain
- Preventing joint damage

For many people, medication and lifestyle changes can help achieve these goals.

Staying on track with treatment

Medication therapies and lifestyle changes can help improve your symptoms. But not all treatments work for everyone. Talk with your doctor about what works best for you. Your needs might change over time. Your doctor can adjust your treatment as needed.

There are several treatments for psoriasis and psoriatic arthritis. Some are available over the counter. Others require a prescription. Treatment depends on the severity of skin lesions or joint problems.

Topical treatments

Topical treatments are usually the first type of treatment given for psoriasis. These are applied directly to the skin. They can include^{6,19}:

- Anthralin to slow skin cell growth
- Calcineurin inhibitors to decrease swelling and lesion buildup on the skin

- Coal tar to reduce swelling, itching and scaling
- Salicylic acid to remove dead skin cells and reduce scaling
- Steroids to relieve swelling and itching
- Vitamin A medications, or retinoids, to slow skin cell growth and relieve swelling
- Vitamin D medications to slow skin cell growth, flatten lesions and remove scales

Phototherapy

Your doctor might also recommend phototherapy. This uses natural or artificial ultraviolet (UV) light. It can help reduce swelling and other symptoms. Some types of phototherapy might include⁶:

- UVA or UVB light
- UVA light with psoralen, a drug that makes the skin more sensitive to treatment

Systemic treatments

Systemic drugs are used for severe cases. They are used when topical or phototherapy treatments do not work. These drugs are taken by mouth or by injection. These can include⁶:

- Disease-modifying drugs to suppress the immune system and slow the disease process
- Nonsteroidal anti-inflammatory drugs to help relieve swelling
- A phosphodiesterase inhibitor to stop inflammation
- Retinoids to slow skin cell growth
- Steroids to help relieve swollen joints

Biologic treatments

Biologics target certain parts of the immune system that cause psoriasis or psoriatic arthritis. These drugs are taken by injection or intravenous infusion. These can include⁶:

- Tumor necrosis factor (TNF)-alpha blockers to reduce TNF-alpha, a chemical in the immune system that can cause inflammation
- Interleukin (IL) 12/23 blockers to reduce IL-12 and IL-23, chemicals in the immune system that can cause inflammation
- IL 17A blocker to reduce IL-17A, another chemical in the immune system that causes inflammation

No matter what therapies are part of your treatment, you should take them exactly as directed by your doctor—at the right times and the correct doses. Do not stop your treatment without asking your doctor first. If your treatment routine starts to feel too hard, ask your doctor or pharmacist for help managing your therapy. Staying on track with treatment is important for controlling your symptoms and improving your health.

Other treatments

Psoriasis

Over-the-counter treatments can also help manage some symptoms. But they are not usually strong enough to improve the skin on their own. They are often used with medicated treatments.⁴

- Bath solutions. Adding oils, colloidal oatmeal, Epsom salt or Dead Sea salt to a bath can help soothe skin. You can soak in this type of bath solution for about 15 minutes. Then, dry off. Apply a moisturizer immediately.²⁰
- Moisturizers. Using fragrance-free moisturizers or lubricants regularly can help soothe the skin and help seal in moisture.^{4,20} Use a moisturizing soap. Apply moisturizer right after bathing, showering or washing your hands.
- Occlusion. Some skin treatments might be better absorbed when occluded, or covered with plastic wrap, or other waterproof dressings or cotton wraps.²⁰ This might not be recommended for every type of treatment. Ask your doctor if this is right for you.

Psoriatic arthritis

Other therapies might also help control or improve symptoms of psoriatic arthritis, including^{21,22}:

- Cold or heat packs on affected joints to relieve swelling, stiffness or pain
- Physical therapy and movement to improve joint movement

Lifestyle changes

Along with medication therapies, lifestyle changes can help you manage your symptoms. Staying active, eating well and limiting stress can help you feel better each day.

Physical activity

Regular, gentle exercise can help keep your joints flexible. Staying active can also help the rest of your body stay healthy while you maintain a healthy weight. This can reduce your risk of heart disease. It can also lessen extra strain on your joints. Exercise can help relieve emotional stress that might make symptoms worse.

You might consider gentle activities such as:

- Aerobic activities like walking or swimming
- Stretching and range-of-motion exercises, like gentle yoga or tai chi
- Strengthening routines like gentle weight training

Talk to your doctor before starting any exercise program. You might also wish to work with a physical therapist or exercise specialist. Together, you can make an exercise plan that is right for you.

Be sure to balance exercise with rest. This is especially important during flares. Ask your doctor how long you should take a break from exercise during flares.

Protecting your bones

Studies suggest that psoriasis and psoriatic arthritis might be linked with weak or brittle bones.^{24,25} These conditions are called osteopenia or osteoporosis. Steroid medications, difficulty staying active and the effects of psoriatic arthritis might all contribute to these problems. Work with your doctor to track your bone health. Your doctor might order a bone density test to measure the strength of your bones and your risk of fracture.

You can help protect your bones when you²⁶:

- Avoid smoking. It is linked to bone loss.
- Eat a well-balanced diet.
- Get enough bone-building calcium and vitamin D in your diet. Ask your doctor how much calcium and vitamin D is right for you.
- Get regular exercise to strengthen bones.
- Limit alcohol. It can lead to bone loss.



Healthful eating

There is no specific diet for psoriasis or psoriatic arthritis. In general, experts suggest a healthful, balanced diet that might lower the risk of heart disease, diabetes and obesity. It's been suggested that eating this way might also reduce inflammation that is linked with psoriasis and psoriatic arthritis. It can also help with keeping a healthy weight. This might help reduce the severity of psoriasis. It might also lower the risk of developing psoriatic arthritis.²³

According to these recommendations, it might be helpful to²³:

- Avoid refined and processed foods
- Avoid saturated and trans fats
- Eat more fruits, vegetables, whole grains and lean sources of protein
- Limit red meat and full-fat dairy

Some studies also suggest that some people with psoriasis have fewer symptoms when avoiding gluten, a protein found in wheat and similar grains.²³ Check with your doctor before making any changes to your diet or starting a new way of eating.

It is also important to limit alcohol intake. Research has shown that alcohol can increase the risk of developing psoriasis. It can also increase the severity of the condition.²³

Emotional health

Sometimes, you might find yourself feeling frustrated or embarrassed about your condition because of your appearance.⁴ This is normal, especially soon after diagnosis, in the early stages or during a flare. Being aware of your feelings can help you manage your emotional health and improve your physical health.

For example, stress might make it harder to deal with the daily challenges of your condition. It might also raise the risk of flares.⁴ You can take steps to understand and control your stress:

- Find out what causes your stress. Keep a journal or diary to help you find possible sources.
- Try to avoid things that cause stress. Make time for things you enjoy.
- Find positive ways to cope. Share your feelings with friends, family or a support group. Try to relax in a quiet space each day.

Some days you might feel sad or depressed about your condition.⁴ This is normal, too. But it's important to know the symptoms of depression and when to get help.

Symptoms of depression can include²⁷:

- Aches and pains that don't go away with treatment
- Being tired or lacking energy
- Eating too much or too little
- Feeling hopeless or negative
- Feeling restless or irritable
- Feeling sad, empty or anxious most of the time
- Feeling worthless, helpless or guilty
- Having a hard time concentrating or making decisions
- Losing interest or pleasure in things you used to enjoy
- Sleeping too much or too little
- Thinking about death or suicide

If you have thoughts of suicide, call 911 or your local emergency services number. You can also call a doctor, mental health professional, crisis center or hotline for help.

Talk with your doctor if you feel depressed. Your doctor might suggest counseling, antidepressant medication or a combination of both. In counseling, you can talk with a therapist about your thoughts and feelings.

Antidepressants help balance brain chemicals that affect your mood. It can take many months before they start to work. You might notice side effects sooner. These might include²⁸:

- Headache
- Lack of sex drive
- Nausea
- Restlessness
- Sleep problems

Talk with your doctor if your antidepressant does not help. You should not stop taking the medication on your own. Your doctor might need to adjust your dose or prescribe a different antidepressant.

Managing flares

Most people will notice times when symptoms get worse. These are called flares. Common causes of psoriasis flares can include⁶:

- Climate changes that dry the skin
- Infection
- Injury to skin
- Some medications
- Stress

Keep track of when you experience flares. Make a note of anything that might have triggered your symptoms. Try to avoid those triggers in the future.

Ongoing care

Work with your doctor to keep track of your progress and your symptoms. You can discuss how well your medication therapy and lifestyle changes are working. Your doctor can also monitor side effects and adjust your treatment as needed. Each visit can help you stay on track with treatment and better manage your condition.

We've provided this information because we believe the more you know about psoriasis and psoriatic arthritis, the better prepared you will be to manage it. In addition, the Walgreens Specialty Pharmacy Care Team is here to provide you with dependable, personalized support to help you manage medication side effects and stay on track with your prescribed therapy. We look forward to being a member of your healthcare team and helping you get the best results from your treatment.

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Resources

You might find it helpful to contact these organizations for additional support and resources.*

American Academy of Dermatology

www.aad.org
866-503-SKIN (7546)

The American Academy of Dermatology is the largest association of dermatologists in the United States. Its website features patient information on several skin conditions, including psoriasis and psoriatic arthritis, as well as a doctor directory.

International Psoriasis Council

www.psoriasis-council.org
972-861-0503

The International Psoriasis Council is a worldwide, nonprofit organization dedicated to psoriasis research, education and patient care. Its website features clinical and educational resources and publications.

National Institute of Arthritis and Musculoskeletal and Skin Diseases

www.niams.nih.gov
877-22-NIAMS (64267)

Part of the National Institutes of Health, the National Institute of Arthritis and Musculoskeletal and Skin Diseases supports research on arthritis and other musculoskeletal and skin diseases. Its website features patient resources for a number of conditions, including psoriasis and psoriatic arthritis, as well as links to clinical trials.

National Psoriasis Foundation

www.psoriasis.org
800-723-9166

The National Psoriasis Foundation is a patient advocacy organization dedicated to finding a cure for psoriasis and psoriatic arthritis. Its website features patient resources, a directory of clinicians, research updates and links to advocacy events and programs.

*The referenced organizations are provided for informational purposes only. They are not affiliated with, and have not provided funding to Walgreens for this booklet. Walgreens does not endorse or recommend any specific organization.

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