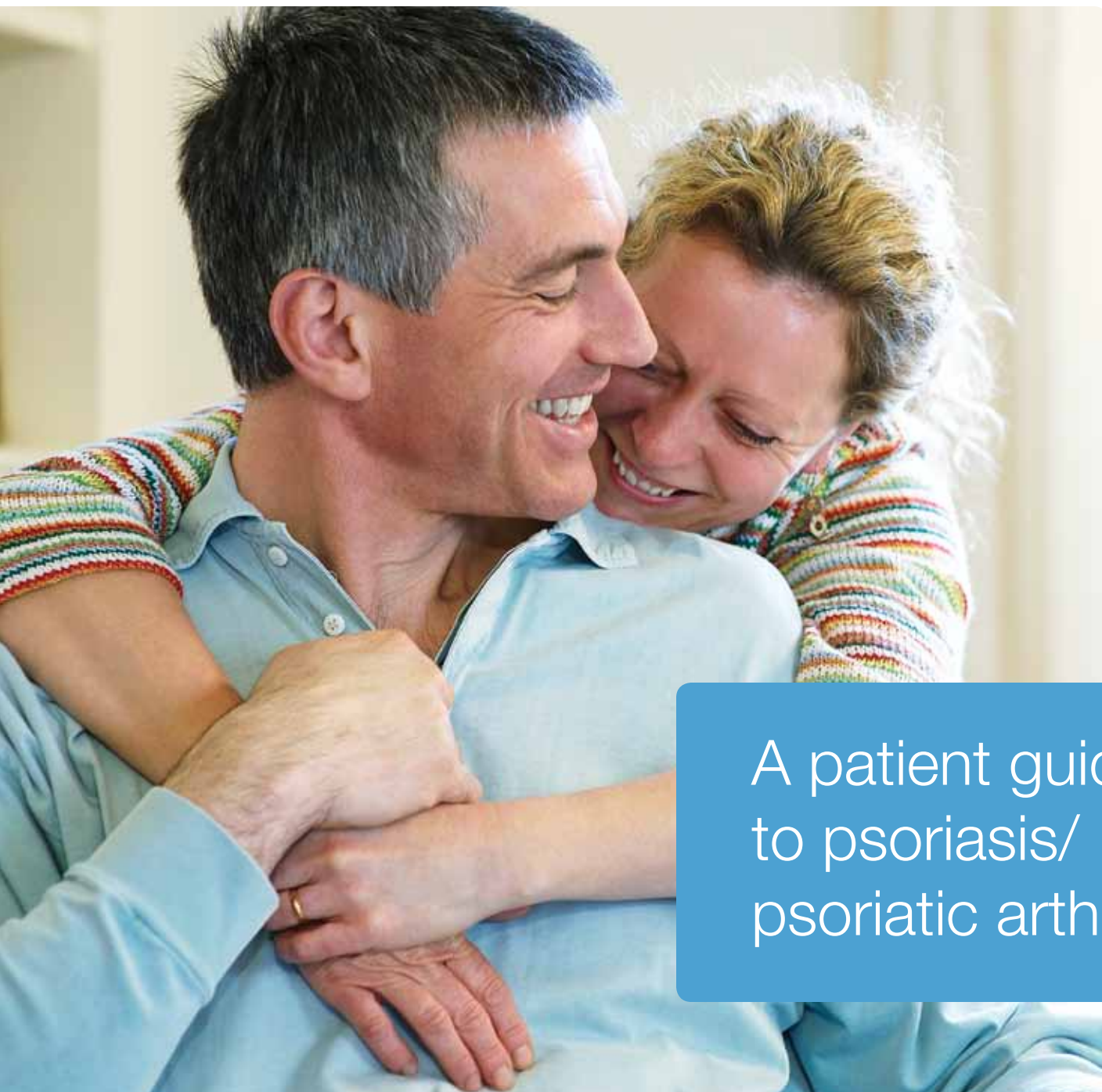


Walgreens



A patient guide
to psoriasis/
psoriatic arthritis



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Understanding psoriasis and psoriatic arthritis

Understanding your diagnosis of psoriasis/psoriatic arthritis can help you take control of your health. Although psoriasis and psoriatic arthritis are chronic or long-term diseases, there are a number of available treatment options that can improve symptoms of these conditions. Beginning treatment soon after your diagnosis can help you maintain a higher quality of life and improve your overall health.

This booklet will provide you with information about psoriasis and psoriatic arthritis, what to expect after your diagnosis and how to manage your symptoms to live a full and active life.

Psoriasis

Who develops psoriasis?

Psoriasis is a frequently occurring, long-term disease that causes the skin to become swollen and reddened. Worldwide, approximately 125 million people have the disease. In the United States, psoriasis affects approximately 7.5 million people—about one in 40—and is more commonly seen among Caucasians versus people of African-American birth. The disease occurs equally in men and women. Although psoriasis can happen at any age, it is more common in people between 15 and 30 years of age and then later in life between 50 and 60 years of age. Psoriasis may be more severe among people who develop the disease earlier in life.

Risk factors and triggers for psoriasis

Although the exact cause of psoriasis is not clear, certain risk factors and triggers (factors that set off your symptoms) can make a person more likely to develop the disease:

- Risk factors
 - Genes: There is some indication that psoriasis is inherited, or passed down through your family. If one or both of your parents were diagnosed with psoriasis, you might have inherited certain genes that made you more likely to develop psoriasis. However, many people can inherit a gene without developing a disease.
 - Colder climates: People who live in colder climates have an increased risk of developing psoriasis. This may be due to less exposure to sunlight, which has been shown to protect against the disease.
 - Infections (invasion of the body by certain intruders): Certain types of infections caused by bacteria, such as streptococcal infections, may result in psoriasis.



1. Levine D, Gottlieb A. Evaluation and management of psoriasis: an internist's guide. *Med Clin N Am.* 2009;93(6):1291–1303.

- Triggers:
 - Medications: Some medications may contribute to the development of psoriasis or worsen the condition if you already have it. Examples of these medications include lithium (given for bipolar disorder), medications for malaria, interferon- α (given for certain liver infections) and beta-blockers (given for high blood pressure).
 - Trauma: People who have an injury to the skin (such as skinned knees, bug bites, sunburns) may develop psoriasis. This usually occurs one to two weeks after the injury.
 - Lifestyle: Smoking, stress and being overweight might increase the chances of developing psoriasis.



Causes of psoriasis

The causes of psoriasis are complicated and not fully understood; however, genes, environmental factors such as medications and infections, and the body's immune system all play a role in the disease. The immune system serves as the body's guard against illness; however, for some diseases, the immune system does not work as it should. Normally, the immune system seeks out and attacks any intruder (for example, bacteria or viruses) that could make a person sick. It helps the body to recover and heal after any illness.

In psoriasis, certain immune system cells, known as T-cells, become overactive and then "attack" the skin. This attack starts a number of events that make skin cells multiply too quickly and result in skin cells "stacking up" on the surface of the skin.

Classification of psoriasis

There are many different types of psoriasis (Table 1). In general, people have only one type of psoriasis at a time. Plaque psoriasis is the most common form of the disease, occurring in about 80 percent to 90 percent of people with psoriasis. Most psoriasis types consist of lesions (abnormal changes to the skin) that are red in color. With some types of psoriasis, these lesions may be covered by a scaly surface.

Diagnosing psoriasis

Your doctor diagnoses psoriasis through a physical examination. Psoriasis may occur on almost any part of the body; however, it is most commonly seen on the elbows, knees, scalp, buttocks and lower back. Fingernails and toenails may be affected as well; therefore, your doctor may examine your nails for small pits, separation or loosening of the nail, or a red-brown coloring of the nail similar to drops of oil. Psoriasis skin lesions are different, depending on the type of psoriasis (Table 1). Your doctor will look at your skin and may make a psoriasis diagnosis based on this examination.

Table 1: Different types of psoriasis

Psoriasis type	Basic information	Lesion description
Plaque	<ul style="list-style-type: none"> • 80% to 90% of people with psoriasis have this form • About 75% of these people develop plaque psoriasis before 40 years of age 	<ul style="list-style-type: none"> • Red, round to oval shape with a dry, thin, silvery-white scale • Vary in size from less than 1 inch to several inches • Can be only a few or many in number • Most often seen on the elbows, knees, scalp and lower back, but also commonly seen on the chest, buttocks and limbs
Inverse	<ul style="list-style-type: none"> • Occurs in 2% to 6% of people with psoriasis • More typical in overweight people 	<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
Erythrodermic	<ul style="list-style-type: none"> • Occurs in 1% to 2% of people with psoriasis • May cause chills and decreased body temperature • Fever and tiredness are common • Potentially life-threatening 	<ul style="list-style-type: none"> • Fiery redness covering nearly the entire body with shedding of scales in large patches rather than smaller flakes
Pustular	<ul style="list-style-type: none"> • Rare form of psoriasis • Some forms may be quite dangerous; fever and liver problems may occur • Primarily seen in adults 	<ul style="list-style-type: none"> • White blisters of pus (not contagious) surrounded by red skin • May occur in one specific area of the body or be spread all over the body
Guttate	<ul style="list-style-type: none"> • Relatively uncommon, occurs in < 2% of people with psoriasis • More common in people less than 30 years of age • Often comes on suddenly • Often seen after streptococcal bacteria infection 	<ul style="list-style-type: none"> • Drop-like, small, pink to red dots • Seen mainly on the chest and back, arms and legs

Disease course

Psoriasis is a long-term disease that can range in severity from mild to severe. The severity of the disease can improve or worsen over time. Some people with psoriasis experience periods when their symptoms get better or go away (remission); however, many of these people will have a return of worsening symptoms (flare).

Psoriatic arthritis

Who develops psoriatic arthritis?

Psoriatic arthritis is a long-term condition that causes swelling in the body's joints of some people with psoriasis. Of the 300 million people in the United States, only an estimated 0.10 percent to 0.25 percent have psoriatic arthritis. In addition, up to 30 percent of people with psoriasis have psoriatic arthritis. Psoriatic arthritis is more likely to develop in people with psoriasis who have lesions on the scalp and buttocks areas as well as those who have nail involvement such as small pits, separation or loosening of the nail, or a red-brown coloring of the nail similar to drops of oil. People who have problems with asymptomatic enthesopathy (disorders of muscle or tendon attachment to bone) also seem to be at an increased risk of developing psoriatic arthritis. Psoriatic arthritis affects men and women equally. Although psoriatic arthritis may occur at any age, most of the time the disease first appears between 30 and 50 years of age.

Causes of psoriatic arthritis

The cause of psoriatic arthritis is not clearly understood; however, like psoriasis, a mixture of genes, environmental factors and state of the immune system may cause psoriatic arthritis. Some people have certain genes that place them at an increased risk of developing psoriatic arthritis. Infections and skin injuries have also been reported to result in episodes of psoriatic arthritis. Finally, psoriatic arthritis may occur when the body's immune system acts abnormally and begins to attack healthy cells and tissues leading to swelling in the joints.

Classification of psoriatic arthritis

There are different types of psoriatic arthritis (Table 2). Psoriatic arthritis can be monoarthritic (swelling of one joint at a time), oligoarthritic (swelling of a few [one to four] joints at a time) or polyarthritic (swelling of several [five or more] joints at a time). Swelling of several joints at a time is most

Table 2: Types of psoriatic arthritis.

Type of psoriatic arthritis	Brief description
Symmetric arthritis	<ul style="list-style-type: none"> • Seen in approximately 25% of people with psoriatic arthritis • Symptoms similar to rheumatoid arthritis (pain, stiffness, swelling, redness and warmth in the joints), but more mild with less deformity • Generally occurs in the same joints on both sides of the body
Asymmetric arthritis	<ul style="list-style-type: none"> • Seen in approximately 70% of people with psoriatic arthritis • Generally mild form of the disease • Does not occur in the same joints on both sides of the body • Can affect any joint including knee, hip, ankle or wrist
Distal interphalangeal predominant	<ul style="list-style-type: none"> • Approximately 5% of people have this type of psoriatic arthritis • Usually involves the joints closest to the nails in the fingers and toes • Changes in the nail are generally seen
Spondylitis	<ul style="list-style-type: none"> • Approximately 5% of people with psoriatic arthritis have spondylitis • Refers to inflammation of the spinal joints (vertebra) • Common symptoms include stiffness of the neck and lower back • Movement may become painful and difficult
Arthritis mutilans	<ul style="list-style-type: none"> • Seen in < 5% of people with psoriatic arthritis • Mainly affects small joints of hands and feet; however, may cause neck and lower back pain as well • Severe form of disease that may lead to deformities

commonly seen in people with psoriatic arthritis. About 40 percent of people have psoriatic arthritis in the joints of their fingers and toes, and about 24 percent experience swelling of an entire toe or finger, resulting in what is known as “sausage” fingers or toes. Any part of the spine may be affected by psoriatic arthritis, but most often areas around the neck or the small of the back are involved.

Diagnosing psoriatic arthritis

If your doctor suspects you have psoriatic arthritis, he or she will look for certain patterns of joint swelling. If you have never been diagnosed with psoriasis before, your doctor may also look for the skin and nail lesions commonly seen with psoriasis. In addition, your doctor may draw blood and test for what is known as a “rheumatoid factor.” People with a different type of arthritis, known as rheumatoid arthritis, often have this rheumatoid factor. Your doctor may want to rule out rheumatoid arthritis as

the cause of your disease with this blood test. Your doctor may also perform X-rays on the affected areas of your body to determine where the joint damage is and how severe it may be.

Your doctor may also use a set of criteria to diagnose psoriatic arthritis known as the Classification of Psoriatic Arthritis or (CASPAR) criteria (Table 3). As shown in Table 3, each criterion has a specific point value associated with it. If a value of at least three points on the CASPAR criteria is reached—in addition to having prolonged stiffness and tender/swollen joints—this will help your doctor confirm a diagnosis of psoriatic arthritis.

There are other diseases that are similar to psoriatic arthritis. These include rheumatoid arthritis (a long-term condition that causes swelling of joints by the immune system attacking healthy tissue), osteoarthritis (a long-term condition that causes

Table 3: CASPAR criteria

Clinical feature	Point value if present
Person currently has psoriasis (psoriatic skin or scalp disease present as diagnosed by a rheumatologist or dermatologist)	2 points
Person has a personal history of psoriasis, but does not currently have symptoms of the disease (in remission)	1 point
Person has a family history of psoriasis, but does not currently have, or have a history of, the disease	1 point
Person currently has, or has a history of, swelling of an entire toe or finger	1 point
Person has new bone forming near a joint	1 point
Person does not have a rheumatoid factor (antibody present in the blood of people with rheumatoid arthritis)	1 point
Person has typical psoriasis nail involvement	1 point

swelling of joints due to usual “wear and tear”) and ankylosing spondylitis (a long-term condition that causes swelling of spinal joints and the joint between the bottom of the spine and the pelvis). When making a diagnosis, your doctor may want to determine if you have one or more of these other conditions. Ruling out these other conditions will aid your doctor in making a diagnosis of psoriatic arthritis (Table 4).

Disease course

The disease course of psoriatic arthritis varies and is often difficult to predict. Many people have a mild case; however, up to 20 percent of people with psoriatic arthritis have a severe case. Severe psoriatic arthritis can result in deformities of the affected joints and, if left untreated, can lead to the development of physical limitations and disabilities, ranging from more limited daily activities to becoming totally bedridden. Although the disease is long-term, symptoms typically tend to worsen (flare) as well get better (go into remission) over time. Some people achieve remission for an extended period of time; however, many of these same individuals eventually experience a disease flare.

Table 4: Comparison of psoriatic arthritis, rheumatoid arthritis, osteoarthritis and ankylosing spondylitis

Disease feature	Psoriatic arthritis	Rheumatoid arthritis	Osteoarthritis	Ankylosing spondylitis
Involvement of peripheral joints (toes/fingers)	May occur on one or both sides of the body	Usually occurs equally on both sides of body	Usually occurs on one side of body	Not seen
Swelling of the sacroiliac joint	Usually occurs on one side of body	Not seen	Not seen	Usually occurs on both sides of body
Female:male ratio	1:1	3:1	3:2	1:3
Enthesitis (swelling at the site where a bone joins to a tendon or ligament)	Yes	No	No	No
High rheumatoid factor present	No	Yes	No	No
Nail involvement present	Yes	No	No	No
Psoriasis present	Common	Uncommon	Uncommon	Uncommon

Living with psoriasis and psoriatic arthritis

Although there is no cure for psoriasis or psoriatic arthritis, there are many ways you can manage the symptoms of these diseases. It is important that you work with your doctor and pharmacist to find the best treatment approach for you. A dermatologist, or doctor who specializes in treating skin diseases, can offer help in treating psoriasis. You may also need to see a rheumatologist—a doctor who specializes in treating arthritis and other bone and joint diseases—for help on the best treatments for psoriatic arthritis.

The main goal of psoriasis therapy is to effectively and safely clear skin lesions on a long-term basis. This is a treatment goal for many people with psoriatic arthritis as well. Other goals of psoriatic arthritis therapy include:

- Relieving pain and stiffness
- Minimizing or stopping permanent damage to joints
- Slowing the progression of the disease

Lifestyle changes and medication help most people with psoriasis/psoriatic arthritis achieve these goals.

Associated comorbidities

Both psoriasis and psoriatic arthritis are often linked to or associated with comorbidities (other diseases) (Table 5). Some of these other diseases may share, or be closely linked to genes of psoriasis or psoriatic arthritis. Others, such as depression, may occur due to the nature of the disease itself. For example, people with severe skin lesions may not want others to see these lesions and, as a result, become depressed.

Your doctor may perform lab tests to determine if you have, or are at risk for, any comorbidities. If you develop one or more of these other diseases, your doctor may refer you to another specialist for guidance on the best treatment approach.

Table 5: Comorbidities Associated With Psoriasis/Psoriatic Arthritis

Comorbidity	Patient information
Heart (cardiovascular) disease	People with psoriasis/psoriatic arthritis are: <ul style="list-style-type: none">• More frequently overweight• More likely to have diabetes• More likely to have high blood pressure and high cholesterol• More at risk to have a heart attack
Cancer	People with psoriasis/psoriatic arthritis may: <ul style="list-style-type: none">• Have an increased risk of developing lymphoma; this type of cancer occurs in your body's lymph system, which is a network of tubes and nodes that carries white blood cells (cells that fight infections)• Be at an increased risk for skin cancer
Mood disorder	People with psoriasis/psoriatic arthritis may: <ul style="list-style-type: none">• Lack self-esteem• Feel depressed
Osteoporosis	People with psoriatic arthritis may: <ul style="list-style-type: none">• Be at an increased risk of developing brittle bones that may be easy to break

Coping with symptoms

Your own symptoms of psoriasis may be very different from another person with the disease. Common symptoms include:

- Red patches on skin covered by silver scales
- Dry, cracked skin that can bleed
- Itching, burning or soreness
- Nail changes such as thickening, pitting or ridges

Psoriasis can occur in a small area or be widespread over a large area of the body. Mild cases of the disease may involve appearance only, but severe cases can cause pain and be disabling. Most types of psoriasis go through cycles, flaring for a few weeks or months, then becoming less severe or going away completely for a time period (remission). If psoriasis does go away, in most cases it will return (flare).

In addition to the symptoms of psoriasis mentioned above, people with psoriatic arthritis have joint problems that make normal movement difficult or uncomfortable. Pain, stiffness, swelling, redness and warmth in the joints are common. Another typical feature of psoriatic arthritis is a reddish/purplish color



over the affected joint. In general, psoriatic arthritis is considered a mild form of arthritis; however, some people experience severe cases leading to deformities and reductions in physical function. Similarly to psoriasis, people with psoriatic arthritis have flares and remissions of the disease.

There are many ways for you to cope with psoriasis symptoms besides prescribed medications, such as:

- **Daily baths:** A bath of at least 15 minutes helps your skin heal by removing scales and calming hot, red or swollen skin. You may want to add oils, colloidal oatmeal, Epsom salts or Dead Sea salts to the bath water. Hot water, harsh soaps and vigorous scrubbing can worsen symptoms and should be avoided.
- **Moisturizers:** Applying a heavy, ointment-based moisturizer right after your bath may help your skin heal. For people with very dry skin, oils may be preferred. Applying a moisturizer several times a day may be required in dry, cold weather.
- **Covering the affected skin overnight:** After applying a moisturizer, wrap the area overnight with plastic. Ask your doctor or pharmacist how to cover affected skin on the face. In the morning, remove the wrap and wash away any scales.
- **Exposure to sunlight:** Small amounts of sunlight can improve skin lesions, but be careful as too much sunlight may cause or worsen psoriasis outbreaks as well as result in damage to your skin, such as sunburn.
- **Avoid triggers:** If possible, find out what causes your psoriasis to flare (stress, smoking, skin injuries, etc.) and try to avoid them.

For more mild cases of psoriatic arthritis, stretching, massage, mild exercise and the application of heat or cold to the affected areas may help reduce symptoms of joint swelling. Applying heat to joints helps reduce muscle tightness. Applying cold to joints helps reduce soreness, inflammation and swelling. It also helps reduce joint pain if a flare is occurring. Be sure to ask your doctor or pharmacist about applying heat or cold to affected areas.

Lifestyle changes

Getting regular physical activity, eating right and managing stress can help you feel better each day. These changes can also help you improve your psoriasis or psoriatic arthritis.

Physical activity

Regular, gentle exercise will help keep your joints flexible and the rest of your body healthy. It can also help you maintain a healthy weight to reduce your risk of heart disease and minimize any extra stress on your joints. Talk with your doctor or physical therapist about different types of exercise. A few types that may help are listed below:

- Stretching and range-of-motion, like gentle yoga or *tai chi*
- Strengthening, such as weight training
- Aerobic, including walking or swimming

It is important to balance exercise with rest, especially if you are experiencing a flare from your psoriatic arthritis. Talk with your doctor or physical therapist about how long your break from exercise should be when you are experiencing a flare.

Healthy eating

It is important to follow a healthy, balanced diet that includes:

- Whole grains, like oatmeal or brown rice
- Fresh fruits and vegetables
- Low or no saturated fat, especially animal fat
- Low amounts of salt and sugar
- The daily recommended amount of vitamins and minerals

Research has also suggested that eating foods rich in omega-3 fatty acids, such as fish, can help reduce inflammation in your body. Foods that may increase inflammation and that should be avoided include red meat, egg yolks, dairy products, sugar, white flour and processed foods.

If you drink alcohol, do so in moderation as too much alcohol may worsen your psoriasis. In addition, if you currently smoke, find support to quit. Cigarette smoke contains many toxic materials that can increase your risk of psoriasis and worsen symptoms. Your doctor or pharmacist can refer you to programs that can help you quit smoking. But avoid using the nicotine patch to quit smoking as it may worsen psoriasis symptoms.

Protecting your bones

Since psoriatic arthritis may contribute to osteoporosis, you may want to keep track of the health of your bones. Although osteoporosis is more commonly known as a disease affecting women, it may affect men and women with psoriatic arthritis equally. You doctor may want you to take a bone density test. This test looks at the strength of your bones and can tell you of your risk of fracture. There are several steps you can take to help prevent osteoporosis, including the following:

- Get enough calcium and vitamin D in your diet; 1,000 mg of calcium and 400 to 600 international units of vitamin D daily is recommended for adults; as with any new medication (prescribed or over-the-counter) or dietary supplement, be sure to speak to your doctor or pharmacist first.
- Do gentle, weight-bearing exercise, like walking, as recommended by your doctor.
- Do not smoke.
- Drink alcohol only in moderation.

Maintaining emotional health

You can also improve your physical health by improving your emotional health. High levels of stress might increase your tendency to experience flares and might make it more difficult to deal with the challenges of living with psoriasis/psoriatic arthritis.

You can take steps to understand and control your stress:

- Spend some time to find out what stresses you by keeping a journal or diary.
- Try to avoid things that contribute to your stress.

- Develop positive ways to cope, like making time for hobbies you enjoy or relaxing in a quiet space each day.

Sometimes, you might find yourself feeling frustrated or sad about your psoriasis/psoriatic arthritis. It's normal to feel this way, especially when first diagnosed, in the early stages of the disease or during a flare. It can help to seek support from friends and family or take extra time to do things that make you happy. You might want to find a support group or online message board for people with psoriasis or psoriatic arthritis.

It's also important to know that symptoms of depression may include some or all of the following:

- Feeling sad, empty or anxious most of the time
- Losing interest or pleasure in activities that you previously enjoyed
- Being tired or lacking energy
- Feeling restless or irritable
- Eating too much or too little
- Having difficulty concentrating or making decisions
- Feeling worthless, helpless or guilty
- Sleeping too much or too little
- Thinking about death or suicide

If you have thoughts of suicide, you should call 9-1-1 or your local emergency services number. If you don't want to do that, contact your doctor, mental health professional, crisis center or hotline right away.

If you think you may be depressed, talk with your doctor. Your doctor may recommend counseling, medications or a combination of both.

Medication therapies

Medication therapies, along with lifestyle changes, can help you improve your overall health. Not all treatments work for everyone, so it is important that you talk with your doctor or pharmacist about what works best for you now and as your needs change with time.



There are several types of medications prescribed to treat psoriasis and psoriatic arthritis. Many of these medications may be applied directly to the psoriasis skin lesion, particularly if your case is mild and confined to a specific area. Common medications include:

- Topical medications
 - Corticosteroids, which help to relieve swelling and itching
 - Vitamin D analogs, which slow down the growth of skin cells
 - Anthralin, which helps to normalize skin cell activity and make skin smoother
 - Topical retinoids, which also normalize skin cell activity and may relieve swelling
 - Calcineurin inhibitors, which interfere with T-cell activity, resulting in a decrease in swelling and lesion buildup on the skin

- Salicylic acid, which aids in promoting removal of dead skin cells and reduces scaling of lesions
- Coal tar, which reduces swelling, itching and scaling
- Oral or injectable medications
 - Nonsteroidal anti-inflammatory drugs (for psoriatic arthritis), which help relieve swelling in joints
 - Disease-modifying drugs, which suppress the immune system to slow down the disease process
 - Biologic response modifiers, which target parts of the immune system to reduce joint swelling

In addition to these prescribed medications, your doctor may recommend phototherapy, or exposure to natural or artificial ultraviolet light in moderation. More information about medication therapies for psoriasis and psoriatic arthritis is provided in the companion piece you received with this booklet, *Understanding your psoriasis and psoriatic arthritis medications*.

Psoriasis and pregnancy

There is not a lot of information on psoriasis and pregnancy, despite the fact that the disease affects many women. Some women will need psoriasis treatment during pregnancy. Other women may see improvement of symptoms during pregnancy and treatment may be stopped until after birth. In order to collect more safety information on pregnancy and psoriasis, your doctor may want to enroll you in a “pregnancy exposure” registry. These registries gather information from women who are pregnant and who also have psoriasis. This information can help doctors make better decisions when treating psoriasis in pregnant women in the future.

If you have been diagnosed with psoriasis/psoriatic arthritis and you are pregnant or plan to become pregnant soon, talk with your doctor or pharmacist about your medications. Some medications for psoriasis and psoriatic arthritis are not considered

safe during pregnancy and you may need to stop taking them temporarily. Some medications can also affect fertility for both men and women. If you are planning to become pregnant talk with your doctor or pharmacist first to find out if you should be concerned. For women, if you plan to nurse your baby, it is important to ask your doctor or pharmacist which medications are safe to take before you begin nursing your baby.

Considering other therapies

People with psoriatic arthritis may consider other therapies to control or improve symptoms. These include physical therapy and, very rarely, surgery. There are many different types of physical therapy that may be helpful for you, including:

- Using exercise, movement, stretching and positioning to improve function of affected joints
- Massage
- Applying heat or cold to the affected joints
- Using electrical currents to activate nerves in the affected joints

Ask your doctor about the potential role of physical therapy in improving joint problems in psoriatic arthritis.

If nothing works, surgery may be an option. However, as surgery is rarely seen as a solution for these patients, there is little information available. Be sure to ask your doctor about any concerns you may have.

Ongoing care

You should continue to see your doctor regularly to see how well your medication and other therapies are working. Regular visits will also help your doctor adjust treatment if necessary. To monitor your progress, your doctor will likely ask you questions about the symptoms of your disease and may perform lab tests. Your doctor will also monitor any side effects you might experience from medications and make changes if needed.

To learn more

The more informed you are, the better you can manage your health. Our specialty pharmacy Care Team provides personalized, supportive and dependable care to help you achieve the best results from your prescribed therapy.

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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. Their website contains information for patients on many different skin diseases including psoriasis and psoriatic arthritis. Their site also contains a listing of foundations, institutions and support groups.

International Psoriasis Council

www.psoriasisCouncil.org
212-369-0406

The International Psoriasis Council is a worldwide, non-profit organization that promotes the advancement of psoriasis research and treatment by providing a space for doctors, researchers and the general public, to learn, work together and come up with new ideas regarding psoriasis.

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. A registry of research studies on rheumatoid arthritis is available on the website.

National Psoriasis Foundation

www.psoriasis.org
800-723-9166

The National Psoriasis Foundation is the largest psoriasis patient advocacy organization in the world. Their website contains information on events that raise psoriasis awareness, information on treatment options, and a searchable directory of doctors and their experience treating patients with psoriasis and psoriatic arthritis.

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