

What is psoriatic arthritis?

- Psoriatic arthritis (PsA) is a chronic, systemic inflammatory arthritis that is associated with skin psoriasis.
- About 20-30% of persons with psoriasis develop PsA and on average, PsA develops about 10 years after the skin disease.
- The varied involvement of synovium, cartilage, bone, entheses and tendons along with skin and nails results in diverse clinical features.
- The joint and skin involvement in psoriatic disease can lead in impaired function and reduced quality of life measures.

What are common symptoms of PsA?

- **Joint pain**
 - Can involve peripheral or axial joints.
 - Can affect a few (oligoarticular) or multiple (polyarticular) joints.
 - Can be asymmetrical or symmetrical.
- **Joint stiffness**
 - Usually worse in the mornings.
 - Spinal involvement is associated stiffness of lower back.
- **Skin involvement**
 - Personal or family history of psoriasis.
- **Nail disease**
 - Nail pitting or nail separation is often associated with PsA.

What are the most common signs of PsA?

- **Joint swelling** – Located in fingers, wrists, toes, ankles and knees.
- **Enthesitis** – Seen in about 30-50% and most commonly seen involves Achilles tendon and planta fascia.
- **Dactylitis** – Diffuse swelling of fingers or toe; “sausage digit”.
- **Psoriasis** - Groin, intergluteal cleft, umbilical area, hairline, ears.
- **Nail disease** – Pitting, nail separation or onycholysis.



Psoriasis – skin lesions



Psoriasis – nail disease



Psoriatic arthritis



Dactylitis and enthesitis – images from alamy.com

Who is at risk for PsA?

- The etiology of PsA is not known. Genetic, immunologic and environmental factors contribute to pathogenesis.
- PsA typically starts between 30 and 55 years of age.
- PsA affects men and women equally.
- Reported to be less common in Asians and Blacks.

Subtypes of PsA

clinical subtypes

There are 5

- Oligoarticular (35%) – affects 4 or fewer joints; typically asymmetrical.
- Polyarticular (50%) – affects 5 or more joints. Can be symmetric and similar to rheumatoid arthritis.
- Distal (5-20%) – affects distal interphalangeal joints of hands and/or feet.
- Arthritis mutilans (2-5%) – destructive with severe deformities.
- Axial or spondyloarthritis – involves spine and sacroiliac joints. May also affect peripheral joints

Early treatment of PsA

- Prompt diagnosis and early treatment of PsA can substantially improve the long term prognosis in PsA.

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