

## Treatment of Psoriatic arthritis

Treatment of psoriatic arthritis (PsA) is determined by the clinical presentation and based on the organ system most affected – skin, joint (peripheral or axial), entheses and/or other comorbidities.

### Non-steroidal Anti-Inflammatory Drugs

- NSAIDs may be sufficient for treatment for those with mild, oligoarticular PsA.
- NSAIDs can also be used along with other therapies for management of flares.
- Side effects include cardiovascular events and gastrointestinal (GI) bleeding.

### Disease Modifying Anti-Rheumatic Drugs

- DMARDs are often prescribed as initial treatment. DMARDs however, have limited efficacy data for management of psoriasis and PsA

Medication	Typical doses	Common side effects	Lab tests
Methotrexate (oral or SC)	15-25 mg once a week	Nausea, diarrhea, teratogenicity, cytopenias, hepatotoxicity	CBC, LFTs every 8 -12 weeks
Leflunomide (oral)	10-20 mg daily	Teratogenicity, diarrhea, hepatotoxicity, neuropathy	CBC, LFTs every 8 -12 weeks
Sulfasalazine (oral)	2-3 g a day	Nausea, diarrhea, rash, liver toxicity	CBC, LFTs every 8-12 weeks

### Corticosteroids

- Oral steroids have limited use in PsA and **are best avoided**.
- Intra articular steroids can be helpful in management of PsA.

## Biologic medications

- Biologic DMARDs differ from conventional DMARDs in their ability to target specific components of the immune response involved in the pathophysiology of PsA.
- Biologics reduce immune function; therefore it is important to be vigilant for signs of infection.

Target	Medications	Common side effects	Lab tests
Tumor-necrosis factor blockade (anti-TNF)	Adalimumab (sc) Certolizumab(sc) Etanercept (sc) Golimumab (sc/iv) Infliximab (iv)	Injection site (or infusion) reactions, increased risk for infections	TB, hepatitis screen  CBC, chemistries
T-cell costimulation	Abatacept (sc/iv)	Injection site (or infusion) reactions, increased risk for infections	TB, hepatitis screen  CBC, chemistries
IL-17 inhibition	Secukinumab(sc) Ixekizumab (sc)	Injection site reaction, increased risk for infections	TB, hepatitis screen. CBC, chemistries
Anti-IL12/23	Ustekinumab (sc)	Increased risk for infections, malignancy	TB, hepatitis
Anti-IL 23	Guselkumab (sc)	Infections, hypersensitivity reactions	TB, hepatitis screen
JAK inhibitor	Tofacitinib (oral) Upadacitinib (oral)	Serious infections, GI perforation, cytopenias, LFT abnormalities	TB, hepatitis screen CBC, chemistries, lipids
PDE-4 inhibitor	Apremilast (oral)	Diarrhea, depression, weight loss	