with the support of
Johnson&Johnson

PSORIATIC ARTHRITIS

We Are Here To Help!

ARTHRITIS FOUNDATION OF SOUTH AFRICA
EST 1973

SARAA
South African Rheumatism & Arthritis Association

This information leaflet is published by the Arthritis Foundation as part of its continuing education programme for all people with arthritis.

Arthritis Foundation is a registered Non-Profit Organisation No 002-847 NPO

INTRODUCTION

This booklet aims to help people who have psoriatic arthritis, and their families and friends. It helps you understand psoriatic arthritis - how it develops, and how to deal with it. It also puts to rest some of the myths about this common condition.

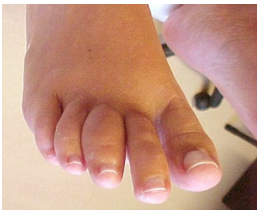
The booklet first explains the facts about psoriatic arthritis and gives hints and advice on living with it more easily. It then answers some common questions.

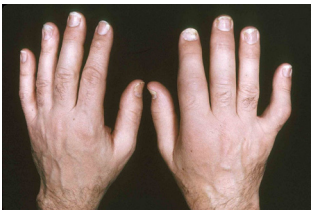
WHAT IS PSORIATIC ARTHRITIS?

Psoriatic arthritis is a form of arthritis that occurs in patients who have a skin condition called psoriasis, or who have a close family member with psoriasis. It is a chronic form of arthritis which can present in different ways. It can be mild and only affect a few joints but may be more destructive. If you have psoriasis, the risk of developing arthritis is 20 to 30%.

WHAT ARE THE SYMPTOMS OF PSORIATIC ARTHRITIS?

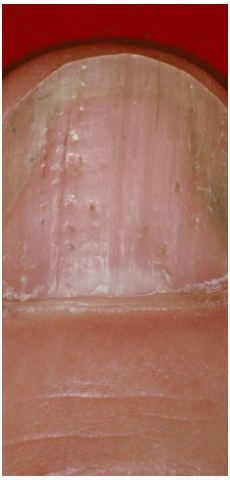
Psoriatic arthritis causes pain, swelling and stiffness in the joints. Almost any joint can be affected but the pattern of involvement varies. The symptoms can be slowly progressive or have a very quick onset. They can be mild or severe causing you to be unable to move and use the joint. The joints that are affected can be large joints like knees and shoulders, or small joints like the hands and toes. One can also develop swollen fingers or toes that look like sausages, called dactylitis. It can also affect the spine especially the lower back.





Inflammation is what happens in the joints because of the disease process. This is usually associated with stiffness of the joints and body in the mornings that lasts at least 30 minutes.

Most people with psoriatic arthritis have psoriasis, although arthritis may occur before the psoriasis starts. Some people have nail abnormalities which can look like pits in the nail, lifting of the nail edge, or crumbly nails.



The disease can also affect tendons and the area where tendons anchor to bone (the enthesis), causing tendonitis or enthesitis. It commonly affects the enthesis where the Achilles tendon attaches to the ankle and the attachment of the tendon under the foot (plantar fasciitis) but can be other sites around various joints and where tendons attach to the pelvis.

WHAT ARE THE CAUSES OF PSORIATIC ARTHRITIS?

The cause of psoriasis and psoriatic arthritis is unknown, but it is probably a combination of genetic and environmental factors, such as infections that allow the abnormal reaction in the immune system to start. This reaction results in the cells of the immune system mistakenly attacking healthy cells and tissues. The abnormal immune response causes inflammation in your joints and skin which results in the typical picture seen in psoriasis and psoriatic arthritis.

A certain gene called HLA-B27 is associated with psoriatic arthritis. Not all people who have this gene get psoriatic arthritis, and not all people who have psoriatic arthritis have the HLA-B27 gene.

HOW IS PSORIATIC ARTHRITIS DIAGNOSED?

There is no single test to diagnose psoriatic arthritis. Your doctor will make the diagnosis based on your medical history, your symptoms, the examination of your joints and spine. Blood tests can rule out other causes of arthritis, but don't confirm the disease. Your doctor may request an ultrasound scan of affected joints to look for signs of inflammation or an X-ray to look for signs of damage to joints.

WHAT ARE THE TREATMENT OPTIONS FOR PSORIATIC ARTHRITIS?

Ideally this disease should be treated by a rheumatologist. The treatment for psoriatic arthritis is tailor-made for each patient, depending on the severity of the disease, the level of pain and the number of joints affected.

Treatment for psoriatic arthritis aims to treat the underlying disease to try to prevent damage, and to relieve symptoms. It's important to maintain function and quality of life. This usually involves using a variety of medications.

- The medicines used to treat the disease process of psoriatic arthritis are the disease-modifying anti-rheumatic drugs (DMARDs).

Treatment for symptoms of disease including inflammation are:

- Non-steroidal anti-inflammatory drugs (NSAIDs)

- Corticosteroids injections can be used for localised problems such a joint or enthesis but taking oral corticosteroids is not recommended. It can cause a flare of psoriasis.

DMARDS

Disease-modifying anti-rheumatic drugs (DMARDs) are medicines that treat the underlying disease process. They have an effect on the abnormal reaction in the immune system and can help ease your symptoms and slow the progression of damage that can be caused by the disease. They don't suppress the immune system. The earlier in the course of the disease you start treatment with a DMARD, the more effective it will be. These include methotrexate, sulphasalazine and leflunamide.

BIOLOGICAL DMARDS AND TARGETED SYNTHETIC DMARDS

These medications target specific parts of the immune system that trigger inflammation and lead to joint damage. Your rheumatologist will consider using these medications if other DMARDs have not been effective enough. There are several biologic DMARDs and targeted synthetic DMARDs available to treat psoriatic arthritis via infusion, injection or as oral medication.

- The TNF-alpha Inhibitors such as adalimumab, etanercept, golimumab , and infliximab
- Secukinumab
- Ustekinumab
- Guselkumab
- Risankisumab
- Ixekizumab
- Upadacitinib
- Baricitinib

WHAT ARE THE ASSOCIATED DISEASES THAT CAN OCCUR WITH PSORIATIC ARTHRITIS?

Obesity

Obesity is associated with psoriasis in several ways. It can increase the risk of developing psoriasis and psoriatic arthritis as well as increasing the severity of the disease and reducing the response to treatment. Weight loss of only 10% can reduce disease severity and improve the response to treatments

Cardiovascular Risk

Psoriatic arthritis significantly increases the risk of cardiovascular disease (heart disease) and cerebrovascular disease (stroke) due to the chronic inflammation associated with the disease. This risk can be as high as 40%. Other risk factors (co-morbid diseases) for cardiovascular disease are also more common in patients such as high blood pressure, increased cholesterol, obesity and diabetes. Treating psoriatic arthritis includes comprehensive cardiovascular risk management, involving early identification of any comorbidities and treating them along with lifestyle modifications.

Type 2 Diabetes

People with psoriatic arthritis are known to have an increased risk of developing type 2 diabetes. This happens when you can't use the hormone insulin properly and your blood sugar levels become elevated. A study found that psoriatic arthritis increases the risk of type 2 diabetes by 50 %.

Osteoporosis

Osteoporosis, which causes bones to become thin, weak, and prone to fractures, and psoriatic arthritis are closely linked. You may be at risk for osteoporosis and not know it. Because osteoporosis is often a silent disease (it rarely causes symptoms until a fracture occurs). Your doctor will send you for a bone density scan to test for it.

Depression

Mental health conditions such as depression and anxiety are common in people with psoriatic arthritis. Symptoms of depression include loss of interest in activities, persistent helplessness, or sadness, abnormal sleep patterns, difficulty concentrating, and withdrawing from family and friends. It is important to treat depression, which may include taking antidepressant medication.

Fatty Liver Disease

Psoriasis and psoriatic arthritis are associated with a high risk of fatty liver disease which occurs when fat accumulates in the liver. This can lead to inflammation and damage to the liver. Alcohol can cause liver damage and fat deposit, but it can also happen without alcohol use and then it's termed Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD). It is primarily managed through diet and lifestyle changes like weight loss and exercise. Having this condition may affect which medications your doctor can prescribe, as some of these medicines are broken down in the liver.

Eye Inflammation

People with psoriatic arthritis can get an eye disease cause uveitis. Symptoms include redness, eye swelling, eye pain, watery eyes, blurred and impaired vision, and sensitivity to light. It typically comes on suddenly and becomes severe quickly. This will need to be seen by an ophthalmologist or eye specialist.

WHAT ELSE CAN YOU DO TO HELP YOUR CONDITION?

Protect Your Joints

Changing the way, you carry out everyday tasks can make a tremendous difference in how you feel. For example, you can avoid straining your finger joints by using gadgets such as jar openers to twist the lids from jars, by lifting heavy pans or other objects with both hands, and by pushing doors open with your whole body instead of just your fingers.

Maintain a Healthy Weight

Maintaining a healthy weight places less strain on your joints, leading to reduced pain and increased energy and mobility. The best way to increase nutrients while limiting calories is to eat more plant-based foods — fruits, vegetables and whole grains

Exercise Regularly

Exercise can help keep your joints flexible and your muscles strong. Types of exercises that are less stressful on joints include cycling, swimming and walking but any exercise is good as long as you don't feel it's hurting you.

Stop Smoking

Smoking is associated with a higher risk of developing psoriasis and with more-severe symptoms of psoriasis

Limit Alcohol Use

Alcohol can increase your risk of psoriasis, decrease the effectiveness of your treatment and increase side effects from some medications, such as methotrexate.

GENERAL ADVICE: LIVING WELL WITH PSORIATIC ARTHRITIS UNDERSTAND YOUR TREATMENT PLAN:

Knowledge is power

Several studies have shown that the more you know and understand about your disease and treatment, the better you do overall. You're being treated for this condition called psoriatic arthritis: know what it is and what the various medicines are that you've been given. Different medicines have different actions in the body. Some treat the disease and some will treat symptoms and not change the underlying disease. Discuss this with your doctor so that you know what to expect from the various medicines.

Consistency is Key

Even when you feel great, it may just mean that the underlying disease is controlled but a change in medicine can allow inflammation to flare up again. There may be medication you can stop or skip but rather have a conversation with your doctor about which it is. We want to prevent damage before it happens, not just react to pain.

ESSENTIAL DAILY HABITS

Morning Mobility

Combat morning stiffness - which can last to several hours - with gentle stretching, warm showers, or heat therapy.

Pacing and Movement

Although any type of exercise can be done by people with psoriatic arthritis and is necessary as part of the treatment for the metabolic conditions mentioned, it may be advisable to avoid "boom-and-bust" cycles of overexertion followed by exhaustion. Prioritise low-impact exercises like swimming, yoga, or cycling.

Joint Protection

Reduce excess mechanical stress on joints. There are many assistive devices available that can “ spread the load” such as taps that open by using the whole hand and not just by turning something with fingers. Use larger joints to carry weight (e.g., using a shoulder strap instead of carrying bags by the fingers).

Anti-Inflammatory Nutrition:

A diet rich in Omega-3 fatty acids (fatty fish), fruits, and vegetables supports overall health and may help manage systemic inflammation. Sugars in fruit are good but avoid processed sugars found in sweetened foods and drinks. Too much salt can also increase inflammation.

MANAGING TRIGGERS AND FLARES

Prioritize Sleep: Aim for 7–9 hours. Inflammation is naturally higher at night which can be due to various causes but it's good to protect yourself from this. Maintain a consistent routine of reducing stress at night and having a calm environment.. Implement a 1-hour "no screen" rule before bed to minimize blue light, which can affect circadian rhythms. High cortisol associated with stress increases inflammation. Combat this before sleep with deep breathing exercises (e.g., inhale for 4 seconds, exhale for 6 seconds), yoga, or journaling to reduce anxiety. Limit alcohol, caffeine, and highly processed, sugary foods before bed, as they can trigger inflammation.
Choose healthy, anti-inflammatory snacks like berries or chamomile tea. Gentle stretching or moving stiff joints before bed can help. Rubbing on topical pain treatments or having a warm showers or bath before bed can help ease aches. Use pillows to support you where needed.

Mental Health: Stress management through meditation or support groups isn't "extra"—it is a core part of your treatment.

Symptom Journaling: Tracking daily pain, fatigue, and "brain fog" helps identify personal triggers and guides treatment adjustments.

Vaccinations: People on immunosuppressive therapy should stay current with vaccinations. Preventing any infections that can be prevented with vaccination is the ideal way of fighting them. Some, like the influenza vaccine are given yearly but others are done a lot less often.

RED FLAGS: WHEN TO CONTACT A SPECIALIST

Seek immediate medical advice if experiencing:

- Sudden eye pain or vision changes.
- "Sausage-like" swelling of an entire finger or toe (dactylitis).
- New, severe back pain or stiffness that improves with movement.
- Signs of infection, such as fever or unusual skin warmth, while on biologic therapy.

USEFUL WEBSITES

arthritis.org
Arthritis foundation of South Africa

psoriasis.org
National Psoriasis Foundation

livingwithpsoriaticarthritis.org

mayoclinic.com

uptodate.com

rheuminfo.com

hopkinsarthritis.org
/arthritis-info/psoriatic-arthritis

with the support of
Johnson&Johnson

We Are Here To Help!

GET IN TOUCH

Email: info@arthritis.org.za

YOU CAN ALSO:

Become a member of the Arthritis Foundation.

Donate or leave a bequest towards AFSA work/services:

Account Name:
Arthritis Foundation of South Africa
Bank:
Standard Bank
Account Number:
070965226
Branch code:
020909
Swift Code:
SBZAZAJJ

HELPLINE: +27 86130 30 30

ARTHRITIS FOUNDATION OF SOUTH AFRICA
EST 1973

SARAA
South African Rheumatism & Arthritis Association

INCREASING AWARENESS, PROVIDING EDUCATION AND OFFERING SUPPORT