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Psoriatic Arthritis Can Be Crippling

Every year, 150,000 to 260,000 people are diagnosed with psoriasis for the first time, according to the National Psoriasis Foundation. They join approximately 6 to 7 million Americans already diagnosed who will spend between \$1.6 and \$3.2 billion annually treating this chronic, inflammatory skin disease. In addition to the burning, itching, and embarrassment caused by skin lesions, the National Institutes of Health point out that 10 to 30% of those diagnosed with psoriasis will also suffer with psoriatic arthritis. At present, about 1 million people are living with psoriatic arthritis.

Like other forms of arthritis, psoriatic arthritis causes pain, stiffness, and swelling in and around the joints. It can be mild or severe; left untreated, this disease can leave a person disabled, disfigured, and debilitated. Its symptoms include generalized fatigue, swollen fingers and toes, morning stiffness, reduced range of motion, and tenderness, throbbing, pain, and stiffness over joints and tendons. Further, the eyes can become red and painful, as in conjunctivitis, and toe and finger nails may become discolored, pitted, or separated from the nail bed. The American Academy of Dermatology points out that the fingers and toes are most commonly affected, but joints in the neck, back, knees, ankles, and other places can be involved. Often, the area around an affected joint feels hot to the touch, and may become purplish in color.

Both psoriasis and psoriatic arthritis are autoimmune diseases. Instead of just fighting harmful viruses and bacteria, the body's immune system begins to attack healthy tissues and organs. Although the cause of these conditions is not known, experts believe they are the combined result of a genetic predisposition (created by mutated genes) triggered by environmental factors. Research has shown that about 70% of people who develop psoriatic arthritis begin with psoriasis first, usually about 10 years earlier, although it can happen in as little as a few months. However, while it is relatively rare, some people suffer from joint problems and never develop the skin lesions of psoriasis.

Just as there are several types of psoriasis, psoriatic arthritis occurs in various forms:

-**Symmetric arthritis** is similar to rheumatoid arthritis, but milder and causing less deformity, although it can be disabling. It is symmetrical, affecting multiple pairs of joints on both sides of the body. The accompanying skin lesions tend to be severe.

-**Asymmetric arthritis** can affect a few or many joints, often on just one side of the body. Hips, knees, ankles, and wrists are frequently involved, but any joint can be affected. Usually, the joint is warm, tender, and red. This form is usually mild as well, but it can become disabling.

-**Distal interphalangeal predominant (DIP)** only occurs in about 5% of people with psoriatic arthritis. It affects the joint closest to the nail in fingers and toes, and nail changes are normally quite apparent.

-**Spondylitis** is arthritis of the spinal column, also affecting about 5% of those with psoriatic arthritis. Motion is painful, as there is inflammation and stiffness of the neck, lower back, sacroiliac, or spinal vertebrae. In addition to the spine, the disease can also be present in the hands, legs, arms, feet, and hips.

-**Arthritis mutilans** is severe, affecting less than 5% of people with psoriatic arthritis. It is debilitating and deforming, attacking the small joints of the hands and feet while sometimes involving the neck or lower back as well.

Without intervention, psoriatic arthritis is a crippling disease that causes deterioration of the joints throughout one's lifetime. It can develop at any time, but most commonly emerges between the ages of 30-50. A slightly higher percentage of men than women develop psoriatic arthritis. The American Academy of Dermatology notes that over half of the people living with psoriatic arthritis have some physical limitations. Disability can be held at bay with early diagnosis and treatment, however.

Unfortunately, with psoriatic arthritis, joint damage can occur rather quickly and is irreversible. That is why early diagnosis and treatment is so important. Medications used to treat psoriatic arthritis include both prescription and over-the-counter non-steroidal anti-inflammatory Drugs (NSAIDs) to alleviate pain, swelling, and stiffness in the joints. More severe pain and swelling are treated with prescription drugs known as disease-modifying anti-rheumatic drugs (DMARDs). The effects of the psoriatic arthritis can also be treated by blocking overactive immune cells with biologics (drugs made from human or animal proteins); there is now evidence that some biologics may also slow the progression of joint damage.

In addition to drug therapy, the pain of psoriatic arthritis can be lessened and joint function improved with physical, occupational, and massage therapies. Thermal therapy, using hot baths and ice packs on joints, can reduce pain and swelling. Exercise plays an important role, too, in improving joint mobility, controlling weight, and maintaining strength. In extreme cases, surgery can lessen pain and help improve movement in people with badly damaged joints.

If you or someone you know may have psoriatic arthritis, there is help. Contact the American Academy of Dermatology at www.aad.org (toll free at 1-866-503-7546) or the National Psoriasis Foundation at www.psoriasis.org (1-800-723-9166) for further information and referrals. Additional information about this and other public health concerns is available by contacting the Central Connecticut Health District at www.ccthd.org (860-721-2822).