Psoriatic Arthritis & You

What You Must Know

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- control disease
- stop pain
- soothe skin

Ways to Find NATURAL RELIEF

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Psoriatic Arthritis & You
A SPECIAL PUBLICATION OF
Arthritis Today

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Dear Readers,

Welcome to Psoriatic Arthritis & You, a magazine created for people who, like you, are newly diagnosed with psoriatic arthritis (PsA). This magazine will answer some of the most common questions about this disease — who does it affect and why, how can it affect your body, what medications might you take, and how can you take better care of yourself, physically and mentally.

We’d like to thank Celgene for providing exclusive support for this publication, which has allowed us to make it available to you at no cost. However, all content in Psoriatic Arthritis & You was developed independently by the experts you trust at the Arthritis Foundation. If you find the information in these pages helpful, you’ll find much more like it in Arthritis Today, the award-winning consumer health magazine published six times a year by the Arthritis Foundation. Visit us online arthritis.org. To learn more about the Arthritis Foundation and how it is working for the more than 52 million adults and 300,000 children with arthritis in the United States, turn to page 24.

We hope you find the information in Psoriatic Arthritis & You useful. Remember, managing PsA is a team effort, but you are the most important member of that team. Learn about your condition and take an active role in your treatment.

– THE EDITORS

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An Immune System Malfunction

Roughly 30 percent of people with the skin condition known as psoriasis also develop psoriatic arthritis (PsA), a form of inflammatory arthritis. Like rheumatoid arthritis, systemic lupus erythematosus and others, it produces widespread inflammation throughout the body and can cause joint pain, stiffness and swelling as well as periodic flares with fatigue and low-grade fever. PsA is an autoimmune disease that results from a glitch in the immune system, which normally defends your body against germs and other disease-causing invaders. If you have psoriatic arthritis, the immune system overreacts, attacking healthy tissue and producing potentially destructive inflammation. It can affect other systems and organs in the body in addition to joints. If left untreated, it can limit your ability to be active and independent. (The most common form of arthritis, osteoarthritis, is typically not inflammatory. It occurs when a joint loses protective cartilage due to wear, injury, genetics and other causes.)
The Psoriasis Connection

Psoriasis causes patches of skin to become thick, reddish and inflamed, often with silvery-white scales. These patches – which sometimes itch and burn – may appear anywhere on the body, but are most common on the elbows, knees, scalp, back, face, palms and feet. The severity of a case of psoriasis is measured, in part, by how much of the body and where the patches cover, according to the American Academy of Dermatology. More than 10 percent coverage is considered severe. Psoriasis appears first in 60 to 80 percent of patients, usually followed within 10 years by arthritis; however, the arthritis may not develop for up to 20 years after psoriasis emerges. Some patients are diagnosed with both diseases at the same time, and up to 20 percent have psoriatic arthritis symptoms before psoriasis.

What Causes Psoriatic Arthritis?

No one knows what causes PsA specifically, but we have clues. About 2 out of 5 people with psoriatic arthritis or psoriasis have at least one family member who has either PsA or psoriasis. That’s a powerful indication that many people with psoriatic arthritis inherit a predisposition to developing the condition. Scientists have identified several genes, including one called HLA-B27, that appear to raise the risk for PsA and certain other types of arthritis.

Only a fraction of psoriasis patients end up with psoriatic arthritis, so doctors suspect that certain triggers set off joint problems. Some yet undiscovered element in the environment may be the culprit, or an infection may trigger PsA. Some evidence suggests that joint trauma also may make you vulnerable to psoriatic arthritis.
Your Health Care Team

Psoriatic arthritis is a complex disease that is best controlled with expertise from a team of health professionals in addition to your primary care doctor.

- **A rheumatologist**, a physician who treats different types of arthritis and other musculoskeletal diseases, will most likely manage your primary symptoms – joint pain and stiffness.

- **A dermatologist** will treat your skin. Most people have psoriasis before developing psoriatic arthritis, so you may already see a dermatologist.

- **A physical therapist** can help retain mobility that joint changes and stiffness can undermine.

- **An occupational therapist** can help you overcome physical limitations that pain and stiffness might cause and that interfere with daily life.

- **A cardiologist** or other specialists may join your health care team in certain cases. PsA increases the risk of heart disease and may affect other parts of the body, such as the eyes, lungs and digestive system. Your primary care physician or rheumatologist will refer you to a specialist if other symptoms emerge.

TREATING PsA

Although there is no cure for PsA, there are effective treatments that can dramatically ease the symptoms. Your doctor will likely recommend nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen or naproxen, to help control pain, and/or a disease-modifying antirheumatic drug (DMARD). Disease-modifying drugs ease pain, dampen inflammation and help prevent joint damage. (For a full explanation of the medications used to treat psoriatic arthritis, see page 20.) Some of the medicines your doctor will recommend for managing psoriatic arthritis will help control psoriasis symptoms, too.
Staying physically active and eating an anti-inflammatory diet – with plenty of fruits, vegetables, whole grains and healthful fats – will help you manage your disease. Your overall health may take a hit from the systemwide effects of PsA, so keeping healthful habits is important to help your body cope. Losing excess fat can ease symptoms and pressure on joints, control inflammation and make medications more effective. And exercising your joints can help reduce pain and stiffness by improving range of motion and building muscle strength. Walking, swimming, bicycling, yoga, tai chi and other low-impact workouts are good choices.

DO-IT-YOURSELF MEDICINE?
There is little evidence that most medicinal herbs or other dietary supplements will ease PsA symptoms. (See page 21 for a couple to consider.) However, stress and anxiety can make your symptoms feel worse, so doctors often encourage patients to try meditation, yoga and other stress-reduction techniques.

What Is an Enthesis, and What Does It Have To Do With PsA?
An enthesis is the point where a tendon or ligament attaches to muscle and bone, such as the Achilles tendon at the heel, or around the knee or elbow. Pain and tenderness at these sites is known as enthesitis – a hallmark of psoriatic arthritis. Enthesitis occurs in only a few forms of arthritis, known collectively as the spondyloarthropathies, which primarily affect the spine.
This complex disease doesn’t stop at the skin and joints. Knowing how it works will help you control it.

BY TIMOTHY GOWER

If you have psoriatic arthritis (PsA), meeting a fellow patient inevitably leads to the question, “Where does it get you?” For some, the pain, stiffness and swelling are worst in the knees or joints in the spine. But the disease is just as likely to affect the ankles, wrists or elbows. It might even be in your fingers, making one or more swell so much they resemble hot dogs – a condition called dactylitis – and feel so rigid you can’t make a fist.

In the past, physicians assumed that patients with these symptoms had rheumatoid arthritis (RA). But over the last half-century, doctors have discovered that psoriatic arthritis is a unique, often challenging medical condition with distinct features that set it apart from other forms of inflammatory arthritis. “What we’re finding out is that psoriatic arthritis is actually a very complex disease,” says M. Elaine Husni, MD, director of the Cleveland Clinic’s Arthritis & Musculoskeletal Treatment Center.

Indeed, psoriatic arthritis can look and feel very different even from one patient to the next. Moreover, the condition can change over time. “That’s what makes the disease so difficult to diagnose,” says Dr. Husni. However, she adds, researchers are learning more about PsA and its relationship with the skin condition psoriasis. What they’re finding is leading to new treatments and better care for patients.

Runaway Inflammation
PsA is a chronic form of arthritis that involves runaway inflammation. In people with good health, inflammation plays an important role in the body’s defense network. The immune system releases inflammatory chemicals to help heal wounds and destroy potentially harmful bacteria and other microscopic invaders. In PsA and other forms of inflammatory arthritis, the immune system mistakenly produces inflammation in healthy joints and other tissue, causing pain, stiffness and swelling, and leading to joint damage. Symptoms of psoriatic arthritis are worse in the morning but can be present all day.

Psoriatic arthritis is unlike other types of inflammatory arthritis in a major way:
It strikes people who have (or will develop) psoriasis. Like PsA, psoriasis is an autoimmune disease – that is, it occurs because the body’s defense system develops a glitch that results in damage to normal, healthy tissue. In the case of psoriasis, misfired signals from the immune system cause skin cells to grow too fast. There are several forms of psoriasis, but the most common is plaque psoriasis, in which patches of skin turn red and thick, often with silvery-white scales.

Not everyone with psoriasis develops psoriatic arthritis, but a significant proportion do. Estimates vary, but some research suggests the figure is 1 in 3 or even higher. In most cases, people develop psoriasis first and psoriatic arthritis follows, usually within a decade. Less often, patients are diagnosed with both conditions at the same time, or PsA symptoms precede psoriasis.

“Why Me?”
No one is certain what causes psoriatic arthritis, but studies show that 40 percent of people with psoriasis or psoriatic arthritis have a close relative with psoriasis or PsA, suggesting that certain inherited genes predispose a person. But simply having the genes doesn’t guarantee you’ll get PsA, says Olivia Ghaw, MD, an assistant professor of medicine at Icahn School of Medicine and a rheumatologist at The Mount Sinai Hospital in New York City. “There’s usually some other activating event, which we believe may be some sort of infection,” possibly from a virus, says Dr. Ghaw.

What’s more, joint injury from trauma or repetitive stress may raise the risk of developing psoriatic arthritis. Recent animal studies indicate that joint trauma stresses the enthesis – the point where a tendon or ligament attaches to a muscle or bone – generating high levels of inflammation.

Another important, if still mysterious connection: Being overweight seems to increase the risk for developing PsA. A 2012 study by Harvard researchers found that women who gained more than 100 pounds after age 18 were seven times more likely to develop psoriatic arthritis – whether or not they had the skin condition – than women who didn’t gain a significant amount of weight.

A Tricky Diagnosis
Psoriatic arthritis often goes undetected. By some estimates, up to half of psoriasis patients have undiagnosed PsA. “It could be that some patients are so overwhelmed by their psoriasis that they don’t mention their joint pain and stiffness to their doctors,” says Susan M. Goodman, MD, a rheumatologist at the Hospital for Special Surgery in New York City.

If a patient with psoriasis complains of chronic joint pain and stiffness, a rheumatologist may suspect psoriatic arthritis, but a doctor less familiar with PsA may suspect some other form of arthritis, such as rheumatoid arthritis (RA), osteoarthritis or gout.

A doctor also may suspect some other form of arthritis in those less-common cases in which a patient develops PsA symptoms before psoriasis. To further complicate matters, people with psoriasis can get other forms of arthritis.

While some of the treatments for PsA and RA are the same, it’s important to distinguish which type of arthritis a patient has, says Dr. Goodman, especially because new medications that specifically target psoriatic arthritis have recently hit the market, and others may be available soon.

Anyone with chronic joint symptoms should be evaluated by a rheumatologist. He will diagnose PsA by looking for telltale signs of the disease as well as by ruling out other forms of arthritis. In addition to psoriasis, signs include the following:

> Damage to fingernails and toenails, such as cracks or pitting.
> Dactylitis, or severe inflammation in the finger and toe joints, giving them a sausage-like puffiness. This affects close to half of PsA patients.
> Enthesitis, or pain and tenderness where ligaments and tendons attach to bone, such as the Achilles tendon at the heel, and around the knee, elbow and spine.
> X-rays may reveal evidence of bone growth around the small joints in
the hand or inflammation-related damage to the sacroiliac joints (which connect the spine to the pelvis), which Dr. Goodman explains are common signs of PsA.

In addition, a doctor may order blood tests to help rule out RA. Most people with PsA test negative for two proteins in the blood, called rheumatoid factor (RF) and anticyclic citrullinated peptide (anti-CCP), that are markers of RA. He may also extract fluid from a joint to rule out gout.

**The Five Types of PsA**

Psoriatic arthritis can affect joints throughout the body – some more commonly than others. Moreover, PsA tends to occur in specific patterns, which have been identified as five distinct varieties of the disease. Some patients develop more than one.

1. **ASYMMETRIC OLIGOARTHRITIS** affects fewer than five joints (oligo-means “few”), but usually not in matching sets – that is, your right knee might be painful, but not your left knee. Dactylitis (swollen fingers or toes) is often the first symptom.

2. **SYMMETRIC POLYARTHRITIS** affects five or more joints (poly-means “many”), often in matched pairs – that is, both hands or both feet.

3. **DISTAL ARTHRITIS** strikes the joints in the tips of fingers and toes. It occurs in only 5 to 10 percent of PsA patients (most of them male), but is rare in any other form of arthritis.

4. **SPONDYLOARTHRITIS** affects the joints of the spine. Some patients also have joint inflammation where the spine connects to the pelvis. About 5 percent of people with PsA develop only spine symptoms, though it often accompanies other types of PsA.

5. **ARTHRITIS MUTILANS**, the most severe form of PsA, carries a high risk of damaging and deforming joints.

**More Than Skin-Deep**

In his 30 years as a dermatologist, Jerry Bagel, MD, has seen firsthand that the effects of psoriasis can be more than skin-deep. There was the teenage girl with shattered self-esteem after being turned away from a public pool by a lifeguard who thought the scaly patches on her skin might be contagious. Another young man was so ashamed of his psoriasis that he holed up in his bedroom.

“Many people who have psoriasis feel isolated,” says Dr. Bagel, director of the Psoriasis Treatment Center of Central New Jersey, in East Windsor.

Living with psoriasis can take an emotional toll. A 2014 study in the *Journal of Investigative Dermatology* found that psoriasis patients are 57 percent more likely than other people to be depressed; they use four times more antidepressants. People with psoriasis and other serious skin disorders also have higher rates of sexual dysfunction and suicide.

Studies show that successful treatment of the skin disorder usually lessens the psychological damage, but some patients report modest feelings of anxiety after their skin has cleared. “Even though the psoriasis is gone, you worry that it could come back,” says Dr. Bagel. Following your doctor’s instructions and taking all prescribed medications can lessen that risk.

Fortunately, this form is rare, affecting only 1 to 5 percent of PsA patients.

**Not Just Joints**

Psoriatic arthritis is much more than a joint disease. “The whole body is in a state of inflammation,” says Dr. Ghaw, so other organs and tissues can be affected. For example, 7 percent of people with PsA develop eye inflammation, called “uveitis,” that can cause redness, irritation and disturbed vision, which in some cases is permanent.

Psoriatic arthritis is also closely linked with inflammatory bowel disease, especially the form called Crohn’s disease, which causes diarrhea and other gastrointestinal issues. A 2013 study in *Annals of the Rheumatic Diseases* found that women in the U.S. who had psoriasis were four times more likely than others to develop Crohn’s disease; those who had both psoriasis and psoriatic arthritis had a nearly 6.5 times increased risk.

The inflammation that causes PsA may also harm the lungs, causing a condition known as interstitial lung disease that leads to shortness of breath, coughing and fatigue.

Even more concerning is the connection between psoriasis, PsA and cardiovascular disease. Chronic inflammation can damage blood vessels, increasing the risk for heart attacks and strokes, explains Dr. Ghaw. A 2013 study in the *Journal of the European Academy of Dermatology and Venereology* found that having psoriasis raises the risk of developing cardiovascular disease by 25 percent, while PsA increases the chances even more – by 57 percent. “We screen more vigilantly for cardiovascular disease in these patients,” says Dr. Ghaw.

Minimizing these risks and coping with PsA may sound like a full-time job, but eating right, exercising and other healthy lifestyle practices in conjunction with effective medications will go a long way in managing your psoriatic arthritis. “Many people,” says Dr. Husni, “do really well with this disease.”
Psoriatic arthritis has created plenty of challenges for Richard Kandalec, but the 65-year-old has found ways to continue the outdoors activities he loves.

Kandalec was diagnosed with psoriasis in his early 30s. Embarrassed by the red, flaky skin patches, the Mentor, Ohio, resident often wore long sleeves, even in the summer and in the woodworking, welding and industrial arts classes he taught – which was risky because his clothes could catch on the machines.

When Kandalec learned a few years later that he also had psoriatic arthritis, he says, “It was tough.”

He tried numerous medications before finding one that worked. Still, he’s had to have joint surgery in both thumbs, several fingers and toes, and fusion surgery in his wrist.

He manages his PsA with medications and, on the advice of his health care team, he cut out gluten due to an allergy and takes supplements containing turmeric, which has anti-inflammatory properties. And he gets creative to keep doing what he loves.

A drummer, he uses Gig Grip bands to hold his drumsticks, and although he had to give up mountain biking, in 2014 he logged more than 1,600 miles on his three-wheeled recumbent cycle. Kandalec also works for a local park system, giving lessons in snowshoeing and cross-country skiing.

“I have to be aware of my limitations, but I have adapted fairly well,” he says. “I found the recumbent bicycle and I found a way to play the drums. I am happy.”

— CATHERINE WINTERS

WHEN HIS DISEASE THROWS UP A ROADBLOCK, HE BLAZES A NEW TRAIL.

At 32 and recently married, Nandi Thorn is at a crossroads. Diagnosed with psoriatic arthritis in 2008, she has kept her symptoms mostly controlled without medication since 2011.

But recently, she’s had constant discomfort in her right knee, and now she has stiffness in her right hip, too. She says her PsA is fairly mild compared with other cases, but she knows she might have to start medication again to prevent further damage to her joints.

As her rheumatologist said years ago, “You don’t want to ruin your joints, especially at your young age.”

She had had psoriasis, but had never heard of psoriatic arthritis, so when her
Dear Jessica,
Remember how much you loved loosening the soil with me?
I remember.

Love,
Little Shovel

YOU DON’T HAVE TO LEAVE BEHIND THE THINGS YOU LOVE BECAUSE of PSORIATIC ARTHRITIS

Please see Important Safety Information on the next page.
OTEZLA MAY HELP YOU GET BACK TO WHAT you LOVE

Otezla® (apremilast) is a prescription medicine approved for the treatment of adult patients with active psoriatic arthritis. Otezla is different—it’s not a biologic or an injection. It’s a daily pill you take once in the morning and once at night.* Also, the Otezla Prescribing Information has no requirement for routine lab monitoring.

In clinical studies, some people taking Otezla for 4 months had improvements in their joint swelling and joint tenderness.

In these studies, some people also experienced significant improvement in physical activities of daily living, joint pain, and swelling of joints, such as fingers, toes, knees, and heels, affected by psoriatic arthritis. The most common side effects in these studies were diarrhea, nausea, and headache. Otezla can help the swelling and tenderness of psoriatic arthritis, so you can do more of the things you love to do.

*For your first day, you only take one pill.

IMPORTANT SAFETY INFORMATION

You must not take Otezla® (apremilast) if you are allergic to apremilast or to any of the ingredients in Otezla.

Otezla is associated with an increase in adverse reactions of depression. In clinical studies, some patients reported depression, suicidal thoughts, and suicidal behavior while taking Otezla. Some patients stopped taking Otezla due to depression. Before starting Otezla, tell your doctor if you have had feelings of depression, suicidal thoughts, or suicidal behavior. Be sure to tell your doctor if any of these symptoms or other mood changes develop or worsen during treatment with Otezla.

Some patients taking Otezla lost body weight. Your doctor should monitor your weight regularly. If unexplained or significant weight loss occurs, your doctor will decide if you should continue taking Otezla.

Some medicines may make Otezla less effective, and should not be taken with Otezla. Tell your doctor...
Dear Jeanie,

It’s been a long time since we rode together. Please come back to me.

Love,
Your Bike

about all the medicines you take, including prescription and nonprescription medicines.

Side effects of Otezla (apremilast) were diarrhea, headache, and nausea.

These are not all the possible side effects with Otezla. Ask your doctor about other potential side effects. Tell your doctor about any side effect that bothers you or does not go away.

Tell your doctor if you are pregnant, planning to become pregnant, or planning to breastfeed. Otezla has not been studied in pregnant women or in women who are breastfeeding.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-332-1088.

Please see Brief Summary of Prescribing Information at the end of this ad.
WHAT PEOPLE ARE SAYING about OTEZLA

Jeanie’s STORY

“I decided to start on Otezla because my doctor highly recommended it.”

Before Jeanie’s symptoms started, she was always laughing and often working out. As the pain in her joints and back started to occur gradually, she tried to laugh it off as if it were no big deal. But over time, the pain got worse. Soon, she began to feel as though she couldn’t do anything without pain. She couldn’t sit through a long movie, let alone ride her bike.

WHY she CHOSE OTEZLA

Finally, Jeanie saw a rheumatologist who told her “you have psoriatic arthritis.” She was prescribed anti-inflammatory medications, but they didn’t help. She decided to try Otezla (apremilast) after her doctor told her about it.

“I began to notice a change in how I felt within the first few months of taking Otezla.”

The swelling in her fingers and toes lessened, and the joint pain decreased. She experienced headache as a side effect, which she told her doctor about, and it eventually went away. She’s gotten back on her bike, and she is slowly starting to work out again.

NOTE: Not everyone responds to Otezla the same way. Your experience may be different.

John’s STORY

As a former football player and a father of seven, John always considered himself extremely active. Even after being diagnosed with psoriasis, he remained active. Over the years, though, John started to notice a change in his fingernails, and he also began to experience pain in his hips, knees, shoulders, and hands when playing golf. One morning, after a golf game, John woke up and couldn’t move. He decided to see a rheumatologist.

CHOOSING OTEZLA

The rheumatologist diagnosed John with psoriatic arthritis. John and his doctor tried several medications with no results, and just as he was getting frustrated, he asked his doctor about Otezla (apremilast). After his doctor explained some of the side effects such as depression and weight loss, and interacting with other medicines that could make Otezla less effective, John began Otezla. During the next few months, he began to see an improvement in his mobility and no longer limped down the stairs in the morning.

“I was able to wrestle and play with my 4-year-old boys!”

Looking back, John realizes how important it is to ask your doctor about treatment options.

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Looking back, John realizes how important it is to ask your doctor about treatment options.

NOTE: Not everyone responds to Otezla the same way. Your experience may be different.

“For me, finding the right treatment started when I asked my doctor about Otezla.”
Dear Pat,
I miss making pancakes for the kids on Sunday mornings. I know you do, too.

Love,
Your Whisk

WHAT you SHOULD BE ASKING

Take the first step to understanding your condition and treatment by answering the following questions. Then continue reading for questions to ask your doctor if Otezla® (apremilast) is right for you.

QUESTIONS TO ask YOURSELF

• How long have you been experiencing psoriatic arthritis symptoms?
• Have your symptoms made it difficult to continue doing the things you love?
• When it comes to treatment options, what is important to you?
• What type of treatment are you currently on?
• How is your current treatment working for you?

QUESTIONS TO ask YOUR DOCTOR

• How does Otezla help treat my symptoms?
• How is Otezla taken?
• What makes Otezla different?
• How does Otezla work?
• How can I save on Otezla?
WHAT you NEED TO KNOW

OTEZLA IS DELIVERED by a SPECIALTY PHARMACY

Unlike a retail pharmacy, specialty pharmacies deliver your medication directly to you.

**STEP 1:** Your doctor will send your prescription to a specialty pharmacy. This may happen the same day of your visit, or may take a few days. If you don’t know the name of your specialty pharmacy, or don’t think you have one, ask someone from your doctor’s office for the information.

**STEP 2:** Your specialty pharmacy should call you to set up delivery of your prescription. This call will come from an unfamiliar number—be sure to pick up the phone. Don’t worry if you don’t hear from your specialty pharmacy right away. They may need to call your insurance company first. If you don’t hear from them within a week or so after being prescribed Otezla® (apremilast), call SupportPlus™, and we can help.

**STEP 3:** Otezla will be delivered to your home. Once your specialty pharmacy receives approval from your insurance company, they will fill the prescription and send your Otezla directly to you.

WE’RE HERE TO HELP with EVERY STEP OF THE WAY

Getting your prescription—Our team will work directly with your insurance company and specialty pharmacy to get your Otezla prescription approved. If you’re running out of Otezla, and haven’t received your prescription, you may be eligible for a Bridge Pack*, a 2-week supply of Otezla. Call us if you have questions, need help getting your prescription or a Bridge Pack.

Answering questions about taking Otezla—You get comprehensive support and information. You also have access to trained nurses who can answer your questions 24 hours a day, 7 days a week.

Out-of-pocket savings on Otezla—Whether you have commercial insurance, are uninsured, on Medicare or Medicaid, or have a different type of insurance, we’ll do our best to help you save on out-of-pocket costs, and tell you about a $0 co-pay†.

NEED HELP WITH YOUR INSURANCE COMPANY? WE’RE HERE FOR YOU.

If you would like assistance, your SupportPlus™ team is here for you. Call them at 1-844-4OTEZLA (1-844-468-3952).

*Certain restrictions apply.
†Certain restrictions apply; eligibility not based on income. This offer is not valid for persons eligible for reimbursement of this product, in whole or in part under Medicaid, Medicare, or similar state or federal programs. Offer not valid for cash-paying patients.

Please see Important Safety Information on previous pages.
Dear Kevin,

I miss our long walks in the park and how you used to hold me so tight.

Love,
Buster’s Leash
right knee started hurting and swelling in 2007, she saw several doctors before she was finally diagnosed with PsA.

She was relieved to have a diagnosis, but the medication caused intense fatigue, acne and hair loss. Still, it seemed to control her disease, and in 2011, her rheumatologist gave her the OK to go off her meds.

Since then, she has managed her symptoms by trying to avoid her triggers for flares – “stress, not getting enough sleep, and travel,” she says. She travels for work, but she practices yoga to relieve stress, gets plenty of sleep and tries to eat healthfully.

She also works out five or six days per week, mixing yoga with running. “[Exercise] has always been very important to me, not only to stay healthy, but also to clear my mind,” she says.

Her recent aches prompted Thorn to schedule an appointment with her rheumatologist.

“I am very open to medication,” she says. “I understand you can’t do everything naturally.” But she wants a medication she can tolerate better.

“My arthritis is very manageable at this point,” she says. “But I need to protect my joints. That is a big priority.”

—C.W.

HE HAD LOST HOPE. NOW HE’S PLANNING HIS FUTURE AND PLAYING MUSIC AGAIN.

Two years ago, Andrew Check didn’t know what was wrong with him. He was in constant pain, could barely walk, and at 21 years old, he thought he’d never be able to finish college or play music again.

Check was a college student in 2011 when he sprained his ankle. He iced it, but a month later, not only had the pain intensified in his left ankle, but his right foot hurt, too. Within weeks, the 6-foot, 2-inch, 220-pound sophomore was using a cane. “The pain was so bad it was the only alternative I had,” he says.

His doctors said plantar fasciitis, collapsed arches, maybe gout, but no treatments helped. He could stand for only 20 minutes at a time. At home in Cleveland, Ohio, he resorted to crawling. And his hands swelled – a huge setback for Check, who performs Hungarian music on a cimbalom (similar to a hammer dulcimer) that’s been in his family for nearly a century. “I thought I was going to have to give up my music,” he says.

Depressed, he lost 40 pounds. “At the darkest point during my struggle with arthritis, I felt that I wasn’t going to be able to finish my education.”

In 2013, he finally saw a rheumatologist who noticed flaking on his scalp and diagnosed PsA. After trying a few disease-modifying medications, he found one that worked – literally overnight. The morning after his first dose, his pain was gone.

He graduated in 2014 and now is considering graduate school and a psychology career working with special-needs kids. He runs a little, walks a lot, regained the weight he lost, and is again playing the cimbalom.

Although he still has flares, “they are much more manageable than the constant pain I had,” he says. He stretches every morning, wears comfy shoes and listens to his body.

Most important, “I keep looking forward,” he says. “I had a close call, and now I have a chance to do everything I planned to do. It feels like I was reborn.”

—C.W.
If you’ve recently been diagnosed with psoriatic arthritis (PsA), you’re no doubt wondering what’s in store. Take heart: Doctors have more and better tools today than ever before to effectively treat and manage this form of inflammatory arthritis.

“It’s a better time than any in the past to receive this diagnosis,” says rheumatologist and dermatologist Joseph F. Merola, MD, co-director of the Center for Skin and Related Musculoskeletal Diseases at Brigham and Women’s Hospital in Boston.

Your rheumatologist will customize your plan based on considerations such as the severity of your disease, how many and which joints are involved, and your response to different medications. Beyond your doctor’s medicine bag, there are plenty of moves you can make on your own to boost your health and feel your absolute best. Here’s a guide to what you can expect – and what you can do.

The Goal of Treatment
In psoriatic arthritis, the immune system’s attacks on the body cause inflammation, especially in the joints. Over time this inflammation can damage the joints and the
muscles, tendons and ligaments that support them. Early diagnosis and treatment can help prevent destruction.

“Ultimately the goal is to achieve either a state of remission or low disease activity,” says Philip J. Mease, MD, director of rheumatology clinical research at The Swedish Medical Center and clinical professor of medicine at the University of Washington in Seattle. Dr. Mease has conducted many trials on emerging therapies for rheumatic diseases.

(Both Drs. Mease and Merola have received research funding and other financial support from some of the companies whose drugs are mentioned in this article.)

Remission and low disease activity are defined by a number of different scoring systems that measure, for instance, the number of inflamed joints, the change in the percentage of skin affected by psoriasis, and the amount of inflammatory markers in the blood.

Formal scoring system aside, Dr. Mease says, “We’re still trying to get patients to a state of being as comfortable as is safely possible, with reduced pain, reduced stiffness, improved function and reduced fatigue, which is often missed as an aspect of the disease.”

Says Dr. Merola, “Psoriatic arthritis is unique among the other arthritis conditions in that we also have to think about a whole other organ – we have to think about the skin as well as the joints.”

Another goal is managing the health threats that often go hand in hand with PsA. Chief among them is an increased risk for cardiovascular disease (CVD), because inflammation drives the formation of artery-clogging plaque in the blood vessels. Making matters worse for the heart, people with PsA often develop metabolic syndrome, a cluster of hazards that include obesity, high blood pressure and unhealthy cholesterol levels.

“If the patient doesn’t have a really

Natural Relief

Complementary and alternative medicine (CAM) strategies can contribute to symptom relief, though they shouldn’t replace medical care or medications.

**FISH OIL SUPPLEMENTS.** Omega-3 fatty acids are the beneficial fats in salmon and other fatty fish. “I think 1,000 milligrams two to three times a day has a very mild effect on lowering inflammation,” says Eric Matteson, MD, chair of the rheumatology department at Mayo Clinic in Rochester, Minn.

**GLUCOSAMINE AND CHONDROITIN SULFATE.** This supplement duo is popular among people with joint pain. Though the evidence behind them is mixed, “I’m mildly positive about these,” says Philip Mease, MD, director of rheumatology research at The Swedish Medical Center in Seattle.

**ACUPUNCTURE.** This ancient practice stimulates the release of endorphins, the body’s natural painkillers, says Charis F. Meng, MD, assistant professor of clinical medicine at Weill Cornell Medical College in New York. Dr. Meng is a rheumatologist and a certified acupuncturist. For chronic pain, “you need a series [of acupuncture treatments] to really build up those endorphins and have a clinical response.” If you feel a little better after the first few treatments, Dr. Meng recommends sessions twice a week for a total of eight to 10 treatments, then gradually scaling back to once a week or month.
Psoriatic Arthritis & You

attentive primary care doctor to address some of these elements, we’ll sometimes take this on ourselves and be the ones to prescribe the statin for lipid control or be the ones to cheerlead weight-loss efforts and make sure high blood pressure is controlled,” says Dr. Mease.

Other problems that can accompany PsA include depression and an increased risk for thinning bones (osteoopenia and its more severe sibling, osteoporosis), as well as eye and digestive problems.

**Starter Drugs**

In mild cases of psoriatic arthritis, nonsteroidal anti-inflammatory drugs (NSAIDs) – either over-the-counter or prescription – and corticosteroids may be enough to relieve joint symptoms. NSAIDs include ibuprofen (Advil, Motrin) and naproxen (Aleve); corticosteroids may either be taken orally or injected directly into the affected joint or joints.

For mild skin symptoms, “We might use topicals or UV phototherapy,” says Dr. Merola. Topical treatments include corticosteroids and creams containing certain vitamin derivatives. In light therapy (UV phototherapy), the skin is regularly exposed, under medical supervision, to ultraviolet light.

But many patients need more aggressive therapy for both skin and joints – medications that target the disease process itself, not just its symptoms.

The next step in treating psoriatic arthritis is usually the drug methotrexate (Otrexup, Rasuvo, Rheumatrex, Trexall), prescribed alone or together with another medication. It’s a first-line therapy for rheumatoid arthritis (RA) that’s also used to treat PsA. Methotrexate is what’s referred to as a traditional disease-modifying antirheumatic drug (DMARD); it blocks several enzymes involved in the immune system.

Interestingly, some recent research suggests that in people with PsA, methotrexate may not modify the underlying disease, though it may help with some symptoms. Insurance companies, however, typically require doctors to try it before moving on to other drugs, such as biologic response modifiers, or “biologics.”

“There’s a certain art to this,” says Dr. Mease. “If we know a patient is not going to manage with methotrexate alone, we’ll sometimes push to use a biologic right out of the gate,” but it often requires some negotiating with the insurance company.

What’s more, many doctors, citing flaws in the research, remain convinced that methotrexate works.

“We all firmly believe that it’s good for skin disease and it certainly treats the joint disease,” says Dr. Merola. A new study, currently underway, should help clarify whether methotrexate can slow disease progression in PsA.

Doctors typically assess how well methotrexate is working after three months, Dr. Mease says. If it isn’t working well, they have a host of other choices, including other traditional DMARDs and newer medications.

**Stepping It Up**

After trying a traditional DMARD such as methotrexate, doctors typically move on to biologics or other medications. These also keep the disease under control by tamping down an overactive immune system.

The newest medication doctors are using is the oral drug apremilast (Otezla), approved in 2014. It is not a biologic, but is the first in a new class of targeted therapies that work via a different mechanism. Known as a selective phosphodiesterase 4 (PDE4) inhibitor, it blocks a certain enzyme involved in inflammation. It comes as a tablet and is taken twice a day. It doesn’t carry a risk of infection or other serious side effects, as biologics do. “Its safety profile is very, very good,” says Dr. Mease.

Stomach upset is a common side effect of apremilast, but tends to resolve quickly. Starting at a low dose and increasing it gradually can help.

Another recent drug is the biologic ustekinumab (Stelara), approved by the FDA in 2013. Instead of blocking TNF-alpha, as other biologics commonly used to treat PsA do, it blocks inflammatory proteins known as...
interleukin-12 and interleukin-23. It is given by injection once every three months. Like all biologics, it also increases the risk of infections.

Biologics, like ustekinumab, are genetically engineered from a living organism, such as a virus, gene or protein. Because they are grown in labs, and not made from chemicals like many other drugs, they cost a lot more to produce. And because they suppress the immune system, they can increase the risk of infections. (Many biologics carry a boxed warning in the package insert, as mandated by the U.S. Food and Drug Administration.) But, says Dr. Mease, “We know the biologics do a good job.”

The biologics for PsA that have been around the longest suppress an inflammatory protein known as tumor necrosis factor-alpha, or TNF-alpha. These drugs – known as anti-TNFs or TNF inhibitors – alter the disease’s effect on the body by controlling inflammation in joints, skin and the gastrointestinal tract. Doctors have five to choose from – adalimumab (Humira), certolizumab (Cimzia), etanercept (Enbrel) and golimumab (Simponi) are given by injection; infliximab (Remicade) is given by infusion in a doctor’s office. Different drugs have different recommended dosing schedules; you may need a dose once a week, once every two weeks, once a month or once every two months.

“The anti-TNFs in particular have really revolutionized our ability to care for these patients,” says Dr. Mease. “We have the confidence that anti-TNFs work on all aspects of the disease,” controlling disease activity, making people more comfortable and improving their daily functioning.

Biologics, all of which work slightly differently, may lose their effectiveness over time. That’s why ongoing drug discovery is so important.

More options to treat PsA may be available soon. Researchers are testing a new type of medication that targets interleukin-17 (an immune system protein involved in inflammation) as well as several drugs that are currently approved to treat rheumatoid arthritis.

What You Can Do
Taking medication is just one aspect of treating PsA. Exercise and a healthy diet are also critical to managing your symptoms.

Getting regular exercise is one of the most vital steps you can take. Exercise can help keep your joints flexible and preserve your ability to get around. It can also take the edge off of depression, improve sleep and ease stress (which may make PsA symptoms worse).

Just don’t overdo it. “If you exercise to the point of having pain, that’s your body telling you to be careful,” says Dr. Merola. Consider low-impact workouts. “Swimming, aqua aerobics and stretching exercises are really great.”

Exercise also can make it easier to lose weight, which for many people with PsA is key. “We’re now learning that controlling weight can actually be a treatment unto itself,” says Dr. Mease. “There’s growing evidence that by reducing weight, you can improve your chances of achieving minimal disease activity.”

In one recent study, a combination of weight loss and exercise was more effective at reducing symptoms than doing either one alone or relying solely on medications. Losing weight if you’re obese can also make anti-TNF drugs work better.

If you have physical limitations that make it difficult to exercise or if you have spine involvement, consider working with a physical therapist, who can recommend the right moves for you. If you’re having trouble performing normal daily activities, you may want to consult an occupational therapist.

What you put on your plate matters, too. Following a balanced diet low in processed foods and rich in fruits, vegetables and fatty fish may temper inflammation, not to mention protect against heart disease. Says Dr. Merola, “A good old healthy Mediterranean-type diet is probably beneficial.”

A full and fantastic life with PsA should be well within your reach. “It’s a very encouraging time to be getting this diagnosis,” says Dr. Merola. “We’re able to prevent a lot of the joint destruction and disability and really have people lead normal, healthy lives without restriction on anything they do.”
The Arthritis Foundation is working to make sure people with arthritis have access to the health care they need.

A mom can’t afford her medications. A little boy has to travel hours to see an arthritis specialist. Research that may lead to a cure needs funding. These are a few of the challenges the Arthritis Foundation is tackling to make sure state and federal laws and policies give people with arthritis access to the care and medications they need.

Foundation staff and volunteers regularly communicate with members of Congress, state legislators and policy makers, sharing their stories and seeking support on behalf of the more than 52 million adults and 300,000 children in the U.S. with some form of arthritis. And the Arthritis Caucus, a bipartisan body of 73 members of Congress, helps ensure laws and regulations improve the lives of people with arthritis.

Currently, the Arthritis Foundation is focusing on several major challenges, including out-of-pocket medication costs and funding for critical research that may lead to a cure.

The Arthritis Foundation helped save the Centers for Disease Control and Prevention’s Arthritis Program from the Congressional chopping block, and has been instrumental in getting arthritis research in the running for Department of Defense funding. Here’s a look at some other recent wins by the Foundation and its advocates – and issues they still face.

**Out-of-Pocket Drug Costs**

*Patients’ Access to Treatments Act:* At the federal level, House Bill H.R. 460 seeks to eliminate insurance specialty tiers for prescriptions. The Arthritis Foundation also is backing legislation in many states to limit a patient’s out-of-pocket costs on a monthly and annual basis.

*Why it’s important:* Specialty tiers shift more of the cost of expensive drugs, such as biologics, to patients. This can cost hundreds of dollars out of pocket every month, potentially
causing some patients to go without critical medications.

**Where it stands:** H.R. 460, with 140 bipartisan cosponsors in the House, will be reintroduced in 2015. Efforts are underway to get a companion Senate bill introduced. The Foundation also is backing legislation to cap monthly co-pays to help patients with high medication expenses. It is targeting out-of-pocket expenses in 30 states, and has seen successes so far in Montana, Louisiana and Maryland.

**New Drugs**

**“Biosimilar” drugs:** A new generation of drugs based on existing biologics is making its way to the marketplace.

**Why they’re important:** These drugs, called “biosimilars,” are expected to lower costs and improve access to life-changing medications. Unlike synthetic generic drugs, biosimilars are developed from proteins in living cells; the complexity of the molecules and slight differences in manufacturing make them difficult or impossible to replicate exactly, adding an element of uncertainty.

**Where it stands:** The Arthritis Foundation is part of an important coalition to ensure patients’ safety and access to these drugs. That includes making sure biosimilars have distinct names to prevent confusion and to make it possible to track a patient’s use and potential adverse effects. The Foundation also is working to ensure that insurance companies are not making decisions that doctors should make. Supportive legislation has been passed in Massachusetts and Delaware.

**Understanding Insurance Plans**

**Formulary transparency:** Insurance company websites typically show whether a medication or service is covered, but they don’t show what the patient will actually pay. The Foundation wants a “window-shopping approach” for patients to compare costs based on their conditions and treatments.

**Why it’s important:** Patients need to be able to find out whether their plan covers the therapies they need, their out-of-pocket cost, and how it compares with other plans.

**Where it stands:** Measures have been passed in California and Illinois to make it easier for patients to know if a plan covers the drugs they need.

**“Fail-First” Policy**

**Step therapy/fail-first policy:** Insurers commonly require patients to try cheaper drugs before approving a more expensive prescribed medication. That may happen if the patient switches insurance or the insurer changes its prescription coverage.

**Why it’s important:** A patient’s condition might worsen while trying a drug that isn’t as effective as one that’s been proven to work. The Foundation supports legislation that puts limits on these policies and that allows a patient to stay on a medication that works.

**Where it stands:** Legislation has passed in Connecticut that bars insurers from requiring a patient to use a drug for more than 60 days before changing. It also gives doctors an option to override the requirement.

**Insurance Authorization**

**Prior authorization:** Insurers often take an unreasonable period of time to review a case before approving certain specialty drugs for a patient.

**Why it’s important:** This delays the patient’s treatment, potentially allowing his condition to worsen, putting him at risk. Some policies allow up to 15 days for preauthorization and up to three days for life-threatening and emergency treatments. And the insurer still could deny it, creating more delays and risks for the patient. The Foundation supports legislation that provides shorter, more reasonable review periods.

**Where it stands:** Legislation is pending in Iowa and Illinois.

**Adequate Networks**

**Narrow provider networks:** In some cases, people buy insurance plans and then find that it has a “narrow network” – listed doctors aren’t taking new patients, or the nearest in-network hospital is hours away.

**Why it’s important:** Without access to affordable care, patients may be forced to use out-of-network providers at a much higher cost. Although the Patient Protection and Affordable Care Act (Obamacare) requires that insurance bought through a health insurance exchange provides adequate in-network providers, some states do not have adequate-network requirements.

**Where it stands:** The Foundation is working with coalition partners to develop model language that can be presented to the National Association of Insurance Commissioners to adopt in their home states. —JILL TYRER
Eating right, exercising and simply keeping your lifestyle healthy are some of the best ways to manage your psoriatic arthritis and its symptoms. Being overweight or obese is a big contributor to the disease and the pain and skin problems that go with it. So if you’re overweight, stick to a healthy diet and make sure to exercise; studies show that dieting and exercise together are more effective for weight loss than just dieting. And the exercise itself will help relieve your joint pain and stiffness and pay off for your heart, your mental health and plenty more.

“Good nutrition and exercise are important in people with psoriatic arthritis to help them maintain a healthy weight and to preserve muscle mass and physical fitness, especially as they age,” says Ana-Maria Orbai, MD, a rheumatologist at the Johns Hopkins Arthritis Center in Baltimore. “A balanced, healthy diet and exercise program may potentially overcome the unfavorable risk profile of people with psoriatic arthritis for obesity, diabetes and cardiovascular disease.”

**Start slowly.** Before you begin exercising, consult your doctor and bring inflammation under control, says Maura Daly Iversen, professor and chair of the Department of Physical Therapy, Movement & Rehabilitation Sciences at Northeastern University in Boston. “Start slowly and build intensity gradually,” she says. Although some muscle ache is normal, beware of joint pain. “Don’t ever push through [joint] pain, which could be a signal you’re damaging joints,” she adds.

**Mix up your routine.** Find activities you enjoy so you’ll stick with them, and mix them up to get all the benefits. Aerobic, or cardio, exercise delivers the most direct cardiovascular benefits, and stretching and strengthening activities will give you stronger, more flexible muscles along with better balance. A good weekly routine could include three sessions of moderate aerobic activity plus two classes, such as yoga or Pilates, which combine stretching and strengthening moves. “The key is alternating types to reduce boredom and overuse,” Iversen says.

**Keep it low-impact.** Whether...
they’re cardio, stretching or strengthening, pick activities that don’t aggravate joints. “Walking, cycling [or] yoga – and swimming or [water] aerobics done in a temperate, not cold, pool are good choices,” says Iversen. “Think low-impact activities that involve controlled movements.” Elliptical machines, treadmills and other exercise equipment that produce minimal joint impact are also good options, she adds. For the up to 50 percent of people whose psoriatic arthritis affects the spine, keeping exercise low-impact is especially important, says Dr. Orbai. People with PsA generally should skip boot camps, Iversen says. “Such high-intensity, hammering exercises may harm joints.”

- **Consult a pro.** People whose PsA affects the spine are advised to work with a physical therapist (PT) so they exercise safely, Dr. Orbai says. “Consulting a PT or trainer is a good idea for anyone new to exercise or who has had any previous musculoskeletal injury,” she adds. Weight-training can be safe and quickly improves muscular strength, she says. “If you’re new to resistance training, however, work with a trainer knowledgeable about inflammatory arthritis.” – EMILY DELZELL

No diet can cure psoriatic arthritis (PsA), but the right foods can give your health a big boost. These foods can tamp down inflammation and help deter problems that often tag along with PsA, including obesity and a stepped-up risk for cardiovascular disease (CVD). Here are five foods that belong on your plate.

- **Fatty fish.** The omega-3 fatty acids in salmon, trout, mackerel and sardines are known to soothe inflammation, the villain behind many PsA symptoms. Diets rich in fatty fish have also been shown to help lower the risk of CVD.

- **Nuts.** Walnuts, pumpkin seeds, flaxseeds and flaxseed oil contain a type of omega-3 called alpha-linolenic acid (ALA) that also helps fight CVD. In studies, nuts have been shown to lower cholesterol and reduce inflammation. One study shows that snacking on nuts even appears to help people reduce the risk of weight gain – but that doesn’t mean they’ll help you lose weight; they’re high in fat.

**TRY TAI CHI**

It’s a great low-impact option for anyone with joint pain. And if you have fibromyalgia, which affects up to 1 in 4 people with psoriatic arthritis, it might be especially effective. A 2010 study showed practicing tai chi reduced pain and improved mental and physical function in people with fibromyalgia.
Olive oil. In a Spanish study, a group of people who followed a Mediterranean diet supplemented with either extra-virgin olive oil or nuts had 30 percent fewer heart attacks and strokes than people who got advice on following a low-fat diet. Olive oil contains phenolic compounds, including oleocanthal, which battle inflammation. Just don’t go overboard; it contains about 120 calories per tablespoon.

Lean protein. Skinless chicken and pork are both rich in protein and low in fat. “The problems that we see with body composition in our patients with inflammatory arthritis are loss of muscle and gaining of fat,” says Rebecca Manno, MD, assistant professor of medicine in the division of rheumatology at Johns Hopkins University School of Medicine. “Protein has to be an important part of rebuilding muscle, and most people do not have a sufficient intake.” Not a meat eater? Add whey protein to your oatmeal or use it in a protein shake, she says.

Colorful vegetables. Veggie-rich diets are famously heart-healthy, and in one recent study, women who ate more cruciferous veggies – think broccoli, Brussels sprouts, kale and cauliflower – had lower levels of inflammation than those who ate fewer of the vegetables. Dr. Manno recommends eating colorful veggies in place of starchy carbs.

And keep in mind that what you eat might not be as important as how much you eat, especially if you’re overweight. Excess body fat produces inflammation. “I think the most important dietary aspect of managing arthritis is portion control, as obesity is a major contributor to most forms of inflammatory arthritis,” says Eric Matteson, MD, professor of medicine and chair of the rheumatology department at Mayo Clinic. —MARIANNE WAIT

SIMPLE STEPS TO FITNESS

If you want to work out but can’t remember the last time you exercised, don’t despair. These tricks can help get you started.

Match exercise to your personality. What did you enjoy when you were young – a time when practically everyone was active, asks Iversen. Love the outdoors? Look for trails to take nature walks. “If you liked to ice skate, maybe tai chi would be a good option; it has a lot of the same movements,” she says.

Find what motivates you. Working out with a friend can keep you motivated, but if you prefer going solo, consider mobile fitness devices or apps, like the Arthritis Foundation’s new Walk With Ease app.

Get more activity in your daily routine. Park farther from the entrance to stores or your office, and use the stairs instead of the elevator, Iversen says.

Do something fun. Gardening or a day at the museum or park with young children can boost your activity quota. Love animals? Research shows people who own dogs walk about 160 minutes a week – enough to meet government guidelines for maintaining physical fitness. —E.D.

Foods to Watch Out For

Fruits, vegetables, whole grains and healthy fats help control inflammation from your disease, while other foods do just the opposite. Here are some to avoid.

1. SATURATED FATS. Red meat and full-fat dairy products promote inflammation. Stick with lean meats, fish and low-fat dairy products to get the nutritional benefits without the inflammatory fats.

2. ALCOHOL. By dilating blood vessels, alcohol allows more white blood cells to get into an inner layer of skin, says Jerry Bagel, MD, of the Psoriasis Treatment Center of Central New Jersey. These cells produce inflammatory molecules “that induce the epidermis to grow too quickly,” leading to skin symptoms.

3. REFINED SUGAR. Sugary foods and drinks add to weight and spur inflammation. Cutting back on sugar also can help fight metabolic syndrome, which is common in people with PsA.

4. PROCESSED FOODS. “Eat real food. Not [processed] food from a package or freezer,” says Dr. Manno, and try to do your own cooking. Many packaged foods are high in sodium and contain hydrogenated oils, which promote inflammation. —M.W.
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