

# Psoriatic Arthritis

## About Psoriatic Arthritis

Psoriatic arthritis (PsA) is a chronic (long-lasting) autoimmune disease. In autoimmune diseases, the immune system, which fights viruses and bacteria, mistakenly attacks healthy cells and tissue, too. This causes pain and inflammation in joints, tendons and the skin (psoriasis).

Psoriasis is an autoimmune disease that causes dead skin cells to build up quickly, making itchy, painful patches on the skin. On lighter skin, the patches may appear reddish; on darker skin they may be salmon-colored or purplish brown. You can have psoriatic arthritis without psoriasis, but it's not common. In most PsA cases, psoriasis appears before joint symptoms.

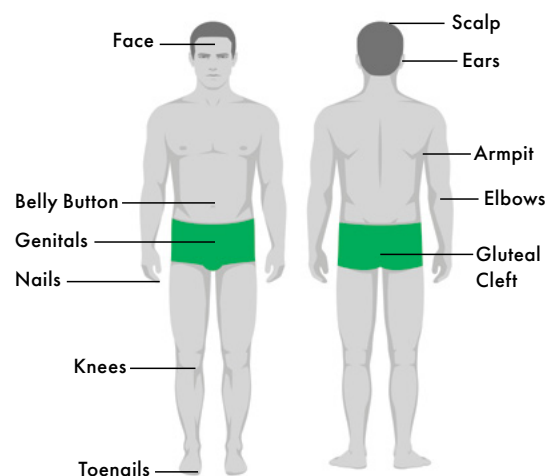
PsA may affect large joints, especially in the hips and knees, and joints in the fingers, toes and spine. Skin patches often appear on the knees, elbows, scalp and other areas. Fingernails and toenails may also be affected. Some people also get eye inflammation and vision problems.

Scientists don't know what causes psoriatic arthritis, but they think that genes and environmental triggers play a role.

## Signs and Symptoms of Psoriatic Arthritis

Psoriatic arthritis symptoms may come and go. They can be stronger in some people than others and can affect different body parts each time. The most common PsA symptoms are:

- Pain and swelling in one or more joints
- Joints that are stiff, red or warm
- Pain and tenderness where tendons attach to bone
- Pain in the lower back, above the tailbone
- Joint stiffness or pain that is worse in the morning and gets better as you move
- Swollen, sausage-like fingers and/or toes
- Pain in and around the feet and ankles, especially at the back of the heel or the sole of the foot
- Fingernails and/or toenails pitting, thickening or separating from the nail bed
- Eye problems, such as blurred vision or dry eyes.



Common Psoriasis Sites

## ➔ FAST FACTS

- Psoriatic arthritis affects as many men as women, but their symptoms and responses to treatment often differ.
- PsA usually appears between 30 and 55 years old.
- People with PsA are more likely to get heart disease or stroke and diabetes.
- Up to 30% of people with psoriasis will develop PsA.

## For More Information

**Psoriatic Arthritis Information  
& Resources:**

[arthritis.org/about-psoriatic-arthritis](https://arthritis.org/about-psoriatic-arthritis)

**Arthritis Foundation Helpline:**  
800-283-7800

[arthritis.org/helpline](https://arthritis.org/helpline)

## Diagnosing Psoriatic Arthritis

There is no test to diagnose psoriatic arthritis. Your doctor will:

- Ask about symptoms and your personal and family medical history.
- Do a physical exam, checking your skin and joints and testing how far you can move your joints.
- Possibly order X-rays or other lab tests to rule out other conditions.

## Treating Arthritis

The goals of PsA treatment are to reduce inflammation, skin symptoms and joint pain, to keep your joints moving and prevent long-term damage.

Prescription and over-the-counter medications help reduce inflammation and relieve skin and joint pain. Some work on both joint and skin symptoms. Others work only on skin or only on arthritis symptoms.

These medications may be:

- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as aspirin or ibuprofen
- Disease-modifying antirheumatic drugs (DMARDs), such as methotrexate, biologics and other drugs
- Corticosteroid pills to ease symptoms from inflammation or injections into a joint to reduce pain and swelling
- Topical treatments that contain corticosteroids, NSAIDs, vitamin D analogues and retinoids.

These medicines come as pills, ointments and creams, injections and infusions. Your doctor may adjust your medications to help you reach remission (low or no disease activity). Sunlight or specialized ultraviolet light therapy can help psoriasis symptoms.

## Self-Management Tips

Good self-care can help you manage your PsA and psoriasis. This includes:

- Stopping smoking or vaping
- Exercising regularly and staying a healthy weight by eating a healthy, anti-inflammatory diet. That includes whole fruits and vegetables, whole grains, nuts and beans, fish and lean meats and not much sugar, alcohol or processed foods and snacks.
- Keeping your skin moisturized
- In addition to your prescribed medications, consider trying massage, acupuncture, hot and cold and other therapies
- Managing stress. Relaxing through meditation or visualization may help
- Staying close to supportive friends and family members
- Getting counseling to cope with social or emotional issues
- Taking fish oil, vitamin D, selenium and B12 supplements may also help. Ask your doctor.

## → FAQs

### Should I see a dermatologist and a rheumatologist for PsA?

If you have severe skin symptoms but not much joint involvement, your dermatologist may handle your care. If you have worse joint than skin symptoms, you may only need a rheumatologist, who specializes in joint diseases. If both joint and skin symptoms are a problem, you may need both.

### Does PsA ever go away?

There is no cure for PsA, but remission is possible. You and your health care team will decide what medicine you need to reach remission. It's still possible to have flares (periods when symptoms get worse). But your doctors will work with you to get you into remission again.

### Can I use topical pain relievers on my joints if I have psoriasis patches?

Topical pain relievers may help joint pain, but they can sometimes irritate skin with psoriasis. Ask your health care provider if topicals are OK to use.