

## About Psoriatic Arthritis

Psoriatic arthritis (PsA) is a chronic (long-lasting) autoimmune disease in which the body's immune system mistakenly attacks healthy tissue, causing pain and inflammation in the joints and often the skin (psoriasis). Like PsA, psoriasis is also a chronic autoimmune disease and causes itchy, painful, patches on the skin and a silvery-white build-up of dead skin cells. It's possible to have psoriatic arthritis without having psoriasis and vice versa. In most PsA cases, psoriasis appears before joint symptoms.

PsA may affect large joints, especially in the lower body, and joints in the fingers, toes and spine. Skin symptoms commonly appear on the knees, elbows and scalp, but fingernails and toenails may be affected. Some people with PsA experience eye inflammation (uveitis) and vision problems.

The cause of psoriatic arthritis is unknown. But scientists think that genes, environmental triggers and an improperly functioning immune system are contributing factors.

## Signs and Symptoms of Psoriatic Arthritis

Psoriatic arthritis symptoms may come and go, varying in strength from person to person and affecting 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 to the touch.
- Pain in the lower back, above the tailbone (axial arthritis).
- Joint stiffness or pain that is worse in the morning and improves with movement.
- Swollen fingers and/or toes that have a sausage-like appearance (dactylitis).

## FAST FACTS

- **Psoriatic arthritis affects men and women equally, but their symptoms may vary.**
  - **It usually develops between the ages of 30 and 55.**
  - **People with PsA are at increased risk for cardiovascular disease and diabetes.**
  - **Up to 30 percent of people with psoriasis will develop PsA.**
- Pain in and around the feet and ankles, especially at the back of the heel or the sole of the foot (Achilles tendonitis and plantar fasciitis).
  - Pitting, thickening or separation from the nail bed in the fingernails and/or toenails.
  - Eye problems, such as blurred vision or dry eyes.

## Diagnosing Psoriatic Arthritis

There is no single test to diagnose psoriatic arthritis, so the doctor will likely:

- Ask about symptoms and personal and family medical history.
- Perform a physical exam, checking for skin and joint symptoms and testing range of motion. Your doctor may order X-rays or other lab tests to rule out other conditions.

## For More Information



**More About  
Psoriatic Arthritis**

**Tools and Resources**  
[arthritis.org/resources](https://arthritis.org/resources)

**Arthritis Foundation Helpline**  
**1-800-283-7800 (toll-free)**

## Treating Psoriatic Arthritis

The goals of psoriatic treatment are to reduce inflammation, control skin symptoms, relieve joint pain, retain joint function and prevent long-term joint damage.

Prescription and over-the-counter medications help to reduce inflammation and relieve pain from PsA and psoriasis. Some work on symptoms of both conditions; others work only on skin psoriasis or only on arthritis.

These medications may include:

- Nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen and naproxen.
- Disease-modifying antirheumatic drugs (DMARDs), such as methotrexate, biologics and targeted synthetic drugs.
- Topical treatments such as corticosteroids, NSAIDs, vitamin D analog and retinoids.

Medications are available as pills, ointments and creams, injections and infusions. Sunlight or specialized ultraviolet light therapy can help psoriasis symptoms.



## SELF-MANAGEMENT TIPS

**Practicing good self-care can help you manage your disease. These include:**

- Maintaining a healthy weight through regular exercise and a healthy diet.
- Practicing yoga and/or tai chi.
- Keeping your skin moisturized.
- Utilizing complementary therapies such as massage and acupuncture.
- Managing stress through relaxation techniques (meditation, visualization, etc.).
- Going to counseling to cope with emotional health issues.

## FAQ

**Do I need to see a dermatologist and a rheumatologist to treat my PsA?** It depends. If you have severe psoriasis but minimal joint involvement, your dermatologist may be able to direct your care. But if you have active joint symptoms with little or no psoriasis symptoms, you may only need to see a rheumatologist. If both joint and skin symptoms pose a major problem, you'll likely need to see both.

**Are there non-drug ways to treat PsA?** Your doctor will likely prescribe medication, but there are ways to help manage pain and inflammation, care for your skin and improve your daily life. The options include hot and cold therapy; relaxation techniques like meditation and visualization; massage; topical treatments; acupuncture, an anti-inflammatory diet and regular exercise. Taking supplements such as fish oil, vitamin D, selenium and B12 may also help.

**Does PsA ever go away?** There is no cure for PsA, but achieving remission (little to no disease activity) is possible. You and your health care team will determine your medication regimen to achieve and maintain remission. But it's still possible to "flare," or experience times when symptoms get worse. But hang in there – your team of doctors will work with you to get you as close to remission again as possible.

**Can I use topical pain relievers on my joints if I have psoriasis patches?** Many people find that topical analgesics help painful joints, but there is little research on how they might affect psoriasis patches. Give different products a try, and stop using them if they irritate your skin. Before applying, avoid picking at your patches, and apply products gently and carefully to minimize irritation.