



Psoriatic arthritis

Your questions answered

Q. What is psoriatic arthritis (PsA)?

A. Psoriatic arthritis is a type of inflammatory arthritis that causes pain, swelling and stiffness in the joints. It's associated with the chronic skin and nail condition [psoriasis](#).

How PsA develops, and its severity will differ for each person. However, most people will have psoriasis first, followed by PsA.

Psoriatic arthritis can occur at any age but usually appears in adults between 30-50 years old. It affects both men and women.

The good news is that PsA can be treated effectively with medicine and self-care.

Q. What causes psoriatic arthritis?

A. Psoriatic arthritis is an autoimmune disease. That means it occurs as a result of a faulty immune system.

Your immune system is designed to look out for and attack foreign bodies – like bacteria and viruses – that can make you sick. For reasons we don't fully understand, when you have PsA, your immune system gets confused. It targets your joints and healthy tissues as if they were foreign bodies. This causes ongoing inflammation and pain. It also causes the rapid build-up of skin cells, resulting in the scaly rash we know as psoriasis.

We don't know why this happens, but scientists believe a complex mix of genes and environmental factors, including smoking, is involved.

Q. What happens to the joints and skin in someone with PsA?

A. To better understand your condition, knowing some basic information about your joints and skin is helpful.

Joints

Joints are places where bones meet. Bones, muscles, ligaments and tendons work together so you can twist, bend and move about.

The ends of your bones are covered in a thin layer of cartilage. It acts like a slippery cushion absorbing shock and helping your joint move smoothly.

The joint is wrapped inside a tough capsule filled with synovial fluid. This fluid lubricates and nourishes the cartilage and other structures in the joint.

Ligaments hold the joint together by joining one bone to another. Your muscles are attached to the bones by tendons. As muscles contract, they pull on the bones to move the joint.

Entheses are the tissues that connect your ligaments or tendons to your bones.

In PsA, the immune system attack on the joints causes a build-up of synovial fluid and inflammation of the tissues that line the joint (synovial membrane). This causes pain, heat and swelling. Joints can become stiff and painful to move.

Ligaments, tendons and entheses can also be affected and become inflamed and painful.

Skin

Your skin is constantly changing. Every 28-30, days your body creates new skin cells, and you shed the old cells.

When you have psoriasis, this cycle occurs much more quickly. New skin cells appear within 4-7 days, but your body hasn't removed the old ones.

This leads to the build-up of skin cells as raised, scaly skin patches (plaques).

Q. What are the symptoms of psoriatic arthritis?

A. There are several types of PsA, and the symptoms you experience will depend on the type you have and the severity of your condition. You may experience some of the following:

- joint pain
- joint swelling, heat and redness
- joint stiffness, especially in the morning or after sitting or being inactive for a while
- scaly, dry and itchy skin patches (psoriasis)
- inflammation of your entheses (enthesitis), often at the heel or the sole of your foot
- small dents (pitting) in your fingernails and toenails
- back pain
- swollen fingers or toes (dactylitis) caused by inflammation of the tendon in the digits (also called 'sausage' fingers or toes)
- inflammation of the eyes (called uveitis), causing eye pain and redness
- physical and/or mental tiredness that doesn't go away (fatigue).

How PsA develops, and its severity will differ for each person. Symptoms can develop gradually or can start with a sudden, severe attack. Your symptoms can change daily, and they can sometimes become much worse. This is a flare or flare-up. At other times, your symptoms may go away. This is called remission.

Q. How is psoriatic arthritis diagnosed?

A. Discussing your symptoms with your doctor is essential if you're experiencing joint pain and inflammation. Many things can cause joint pain and swelling, including injuries, infection, and arthritis. Getting a diagnosis as soon as possible means that treatment can start quickly. Early treatment will help you to control the inflammation, manage pain more effectively and minimise the risk of long-term joint damage and disability.

There's no single medical test that will diagnose PsA. And the symptoms of psoriatic arthritis can resemble other types of arthritis (e.g. [rheumatoid arthritis](#), [gout](#), [osteoarthritis](#)).

Your doctor will diagnose your condition using a combination of exams and tests, including:

- discussing your symptoms and medical history with you
- physical examination - including your joints, skin and nails to look for any signs of change, including inflammation, rashes, nail pitting
- blood tests that highlight the presence of inflammation or particular proteins or antibodies (e.g. HLA-B27).

Test results also help rule out other conditions that may have similar symptoms.

Your GP will refer you to a [rheumatologist](#) if they think you have PsA. Rheumatologists are doctors who specialise in diagnosing and treating problems with joints, muscles, bones and the immune system. You may also be referred to a [dermatologist](#) to help manage your psoriasis and an [ophthalmologist](#) if your eyes are affected.

Q. How is psoriatic arthritis treated?

A. While there's no cure for PsA, there are many treatments to help you manage the condition and its symptoms so you can continue to lead a healthy and active life. The ultimate goal is to reach a stage where you have very low or no disease activity - or remission. This can take trial and error, but some people can achieve remission or low disease activity once they start treatment.

Medicines

Your rheumatologist will recommend and prescribe medicines for your PsA. Most people need to take more than one medicine because different medicines work differently.

The types of medicines used to treat PsA and manage its symptoms include:

- non-steroidal anti-inflammatories (NSAIDs) to control inflammation and provide pain relief.
- corticosteroids (or steroids) - that act quickly to control or reduce inflammation when injected into a joint. Note: corticosteroids in tablet form and taken orally are usually avoided as they can cause psoriasis to flare.
- disease-modifying anti-rheumatic drugs (DMARDs), which reduce the activity of your immune system. There are different categories of DMARD:
 - conventional synthetic DMARDs or csDMARDs - e.g. methotrexate. Your rheumatologist will prescribe one of these medicines when you're first diagnosed. They've been used for many years to treat PsA and are very effective for most people. They're called first-line medicine because they're tried first. They may be used on their own or along with other DMARDs. Many DMARDs are effective for treating psoriasis and psoriatic arthritis.
 - biological DMARDs or bDMARDs - e.g. adalimumab. bDMARDs are used if the csDMARD hasn't worked well enough to control your PsA or stops working. They're called second-line medicines.
 - targeted synthetic DMARDs (tsDMARDs) - e.g. tofacitinib. They're also a second-line medicine.
- skin treatments- there is a range of treatments to help you manage your psoriasis. You'll usually start with ointments and creams. Your doctor may recommend tablets and/or ultraviolet (UV) light therapy if these don't work effectively.

The medicines that your rheumatologist prescribes will depend on your particular symptoms and how much pain and inflammation you have.

Your medicines may also change over time. Your rheumatologist might need to try different medicines to find out which will work best for you, or you may need another or a different medicine if your condition or symptoms worsen.

Usually, you need to have tried a certain number of medicines before another is recommended for you. For example, bDMARDs are only prescribed if your PsA is active and if you haven't had success with standard treatments.

You'll need to see your doctor regularly for blood tests to see if the medicines are working for you and to monitor for side effects.

Q. What else can I do to control my symptoms?

A. There are other things you can do to manage your PsA.

Learn about your condition. Understanding PsA allows you to make informed decisions about your healthcare and actively manage it.

Exercise regularly. This is essential to managing your condition. [Exercise](#) can improve symptoms, including stiffness, pain, and fatigue, and reduce inflammation. It helps increase your flexibility and range of movement, so it's easier to do many everyday activities. Being active is also essential for your overall health and wellbeing. It helps keep your muscles, bones and joints strong so that you can keep moving. It reduces your risk of developing other conditions such as heart disease, [osteoporosis](#), and diabetes. It boosts your mood, benefits your mental health, helps with weight control and improves [sleep](#). Low-impact aerobic activities like exercising in warm water, cycling and walking can be a good place to start. Activities like strength training and tai chi are also beneficial. A physiotherapist or an exercise physiologist can give you information and support if you need help starting. They'll also ensure you exercise safely to avoid injuring or straining your joints.

Manage your weight. Being [overweight or obese](#) increases inflammation throughout your body. This inflammation affects not only your joints but also your blood vessels and insulin levels. This can increase your risk of chronic health conditions, including heart disease and diabetes. People with PsA already have a higher risk of developing these conditions, so losing weight is an important thing you can do to reduce this risk. Being overweight or obese also limits the effectiveness of some medicines used to treat PsA. Losing weight can be challenging, especially when pain impacts your ability to participate in physical activity. But it may help you to know that even a small amount of weight loss can help to improve your symptoms.

The best way to start losing weight is to eat a balanced diet while slowly increasing your physical activity levels. Small changes can make a big difference. Set yourself realistic goals and be consistent in your efforts to achieve them. And talk to your GP or dietitian for information and support.

Learn ways to manage your pain. Pain is the most common symptom of PsA, so it's crucial to learn ways to manage it effectively. Read our [A-Z guide for managing pain](#) for more information.

Work closely with your healthcare team. The best way to live well with PsA is by working closely with the people in your healthcare team (e.g. GP, rheumatologist, physio). Keep them informed about how you're doing and if you've experienced any changes in your symptoms or tried new medicines, complementary therapies, supplements or other treatments.

Use aids and equipment. [Supports](#) such as long-handled shoehorns, reachers and canes can reduce joint strain and make life easier, especially if your condition has reduced your flexibility and mobility. An occupational therapist can advise you on aids, equipment and home modifications. You can also check out our range of aids in [our online shop](#).



Protect your joints. Splints, orthotics and other supports may help reduce pain and prevent joint damage or inflammation. A physiotherapist or podiatrist can advise you on whether these strategies could be helpful for you.

Talk to an OT. An occupational therapist can advise on pacing yourself, managing fatigue, and how to modify your daily activities at home and work to reduce strain and pain on affected joints.

Sleep well. Not getting enough [quality sleep](#) can worsen your symptoms; however, getting a good night's sleep when you have PsA and chronic pain can be difficult. If you're having problems sleeping, talk with your doctor about ways to deal with this. There are many options available to help you sleep better.

Manage stress. Stress can also aggravate your symptoms, so learning to deal with stress is extremely helpful. Things you can do to manage stress include planning your day and setting priorities, using [relaxation techniques](#) such as going for a walk, [getting a massage](#) or [listening to music](#), and, where possible, avoiding people and situations that cause you stress.

Practise mindfulness. Regularly practising [mindfulness meditation](#) can improve your mood, relieve stress, improve sleep, improve mental health and reduce pain.

Eat a healthy, balanced diet. While there's no specific diet for PsA, it's important to have a healthy, balanced diet to maintain general health and prevent weight gain and other health problems, such as diabetes and heart disease.

Quit smoking. Smoking is linked to the development of PsA. Smokers also have a greater risk of severe PsA, more frequent and severe flares of psoriasis, may be less likely to have remissions, and are more likely to develop other health problems such as heart disease, inflammatory bowel disease, diabetes and lung cancer. If you're a smoker, you may be less likely to be as active, and less physical activity can increase your pain too. Quitting smoking is challenging, but there is support available to help you. Talk to your GP for more information.

Q. Are there any complications I should be aware of?

A. Some people living with PsA develop an eye problem called uveitis, which causes a painful red eye with blurred vision and sensitivity to light. It can happen in one eye or both eyes.

Treatment is usually with prescription eye drops, which reduce the chance of permanent eye damage.

Ask your GP or rheumatologist what you should do if you develop any eye symptoms.

Q. What about surgery?

A. People with PsA rarely need surgery. It may be necessary in some cases if a joint is very painful, there's a risk of losing joint function, or if a tendon has become damaged and needs to be repaired.

If your doctor thinks surgery might be a good option, they'll refer you to an orthopaedic surgeon. Together, you can discuss the benefits and risks of surgery, alternatives and what will happen if you do nothing. You can then decide if it's right for you. For more information, read Choosing Wisely Australia's [5 questions to ask your doctor or other healthcare provider before you get any test, treatment, or procedure](#).

Q. Where can I get more help?

A. Many people and support organisations can help you manage your musculoskeletal condition. They include:

- your doctor
- your rheumatologist



- [physiotherapist](#)
- [exercise physiologist](#)
- [occupational therapist](#)
- Musculoskeletal Australia | msk.org.au | National Arthritis and Back Pain+ Help Line: 1800 263 265

Q. How can Musculoskeletal Australia help?

A. Our nurses are available for you to speak with about psoriatic arthritis, pain or any other musculoskeletal issues you have. You can contact them on weekdays between 9am-5pm. Phone 1800 263 265 or email helpline@msk.org.au. We also have a range of services – including free webinars – you can access on our [website](#).

More to explore

- [Patient education: Psoriatic arthritis treatment \(Beyond the Basics\)](#)
UpToDate
- [Psoriatic arthritis](#)
Arthritis Foundation
- [Psoriatic arthritis](#)
American College of Rheumatology
- [Psoriatic arthritis](#)
Arthritis Society
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