Psoriatic Arthritis

- Inflammatory arthritis affecting about 1/4 of patients with psoriasis

Risk factors

- Psoriasis features (severe, scalp, groin, inverse, koebner phenomenon, hx iritis)
- Typically >10y psoriasis prior to PsA, but minority onset same time/PsA first
- FHx psoriasis/PsA (40%)

Patterns of Disease - *can overlap and change over time*

- Oligoarthritis (most common initial presentation; 70%)
- DIP predominant
- Symmetric polyarthritis
- Axial spondyloarthritis
- Arthritis mutilans (<5%)

Disease Domains - important for targeting treatment

- Peripheral inflammatory arthritis, spondyloarthritis, dactylitis, enthesitis, cutaneous psoriasis, nail psoriasis
- Associated diseases: IBD, uveitis (anterior)

Distinguishing from Rheumatoid Arthritis

	PsA	RA
Disease pattern	Typically asymmetric oligo to polyarthritis	Typically symmetric polyarthritis
DIP involvement	Yes	No
Dactylitis	Yes	No
Enthesitis	Yes	No
Sacroiliitis	Yes	No
Seropositivity (RF/CCP)	No (<5%)	Majority (50-80%)
Possible XR changes	Erosions, Periostitis, Enthesophytes, Sacroiliitis	Erosions, Periarticular osteopenia

Treatments

- PT, OT, weight loss, smoking cessation
- NSAIDs - all arthritis domains
- csDMARDs for peripheral disease, not axial: methotrexate (also treats PsO), sulfasalazine, leflunomide
- Biologics: TNFi, IL17i, IL12/23i, IL23i, JAKi, CTLA4 analogue, PDE4i