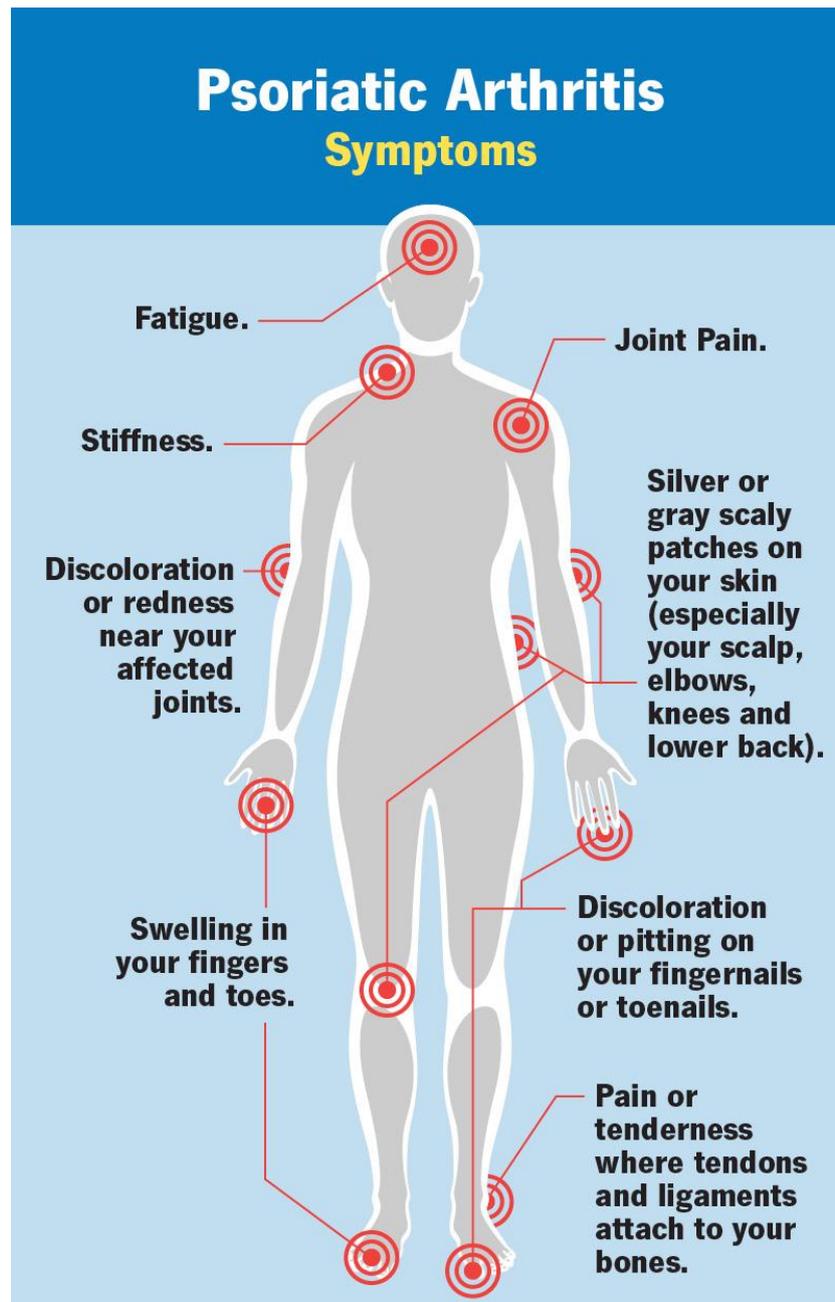


Psoriatic Arthritis



What is psoriatic arthritis?

Psoriatic arthritis (PsA) is a **long-term inflammatory condition** that affects the joints and sometimes the spine. It is associated with **psoriasis**, a skin condition that causes red, scaly patches.

Psoriatic arthritis can vary widely from person to person and may cause periods of flare-ups and remission.

Who is affected?

Psoriatic arthritis can affect:

- Adults of any age (commonly between 30–50 years)
- People with psoriasis (not everyone with psoriasis develops arthritis)
- Men and women equally

Joint symptoms may appear **before, after, or at the same time** as skin symptoms.

Common symptoms

Symptoms may include:

- Joint pain, swelling, and stiffness
- Morning stiffness lasting longer than 30 minutes
- Swollen fingers or toes (often called “sausage digits”)
- Pain where tendons attach to bone (e.g. heel, elbow)
- Back or buttock pain if the spine is affected
- Fatigue and low energy
- Nail changes such as pitting or separation from the nail bed

Symptoms often fluctuate, with **flare-ups** and quieter periods.

What causes psoriatic arthritis?

Psoriatic arthritis is an **autoimmune condition**, where the immune system causes inflammation in the joints and tissues.

Factors involved include:

- Genetic predisposition

- Immune system changes
- Environmental triggers such as infections or stress

It is **not caused by wear and tear**.

How is psoriatic arthritis diagnosed?

Diagnosis is usually based on:

- Your symptoms and medical history
- Physical examination of joints, skin, and nails
- Blood tests to check inflammation and exclude other conditions
- Imaging such as X-rays, ultrasound, or MRI if needed

Early diagnosis is important to reduce joint damage.

Treatment and management

There is no cure, but psoriatic arthritis can be **effectively managed**.

Medication

Medication is usually prescribed by a rheumatologist and may include:

- Anti-inflammatory medication
- Disease-modifying anti-rheumatic drugs (DMARDs)
- Biologic therapies

These help reduce inflammation, control symptoms, and protect joints.

Physiotherapy and exercise

Physiotherapy can help with:

- Maintaining joint movement and flexibility
- Improving strength and fitness
- Managing pain and stiffness
- Advice on pacing and flare-up management

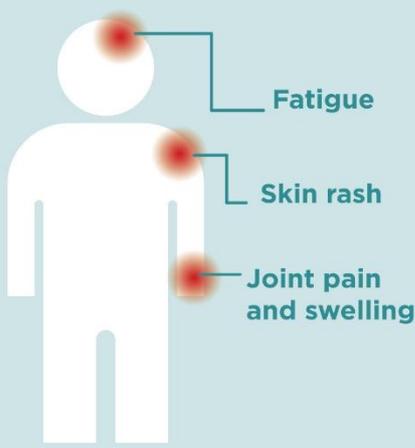
Regular, low-impact exercise is encouraged.

Self-management and lifestyle

- Stay physically active within your limits
- Pace activities and avoid overdoing it during flare-ups
- Maintain a healthy weight to reduce joint strain
- Manage stress, which can trigger flare-ups
- Look after skin and nails as advised

Psoriatic arthritis flare

A period of acutely worsening symptoms, including skin problems and/or joint pain.

Symptoms	Causes	Treatment
 <ul style="list-style-type: none">FatigueSkin rashJoint pain and swelling	<ul style="list-style-type: none"> Stress Injury or illness Not taking meds Unhealthy lifestyle	<ul style="list-style-type: none">• Adjust medications• Reduce activity• Heat or ice therapy• Eat whole foods• Gentle exercise• Avoid known triggers• Take care of mental health• Call your doctor

When should I seek further help?

Contact your GP or rheumatology team if:

- Symptoms suddenly worsen
- Joints become very swollen, hot, or painful
- Fatigue significantly affects daily life

- Medication causes side effects
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Outlook

With early diagnosis and appropriate treatment, many people with psoriatic arthritis lead **active and fulfilling lives**. Regular monitoring and self-management are key.

If you have concerns or questions, speak to your GP, rheumatologist, or physiotherapist for further advice.