



Royal Berkshire  
NHS Foundation Trust

# Psoriatic Arthritis

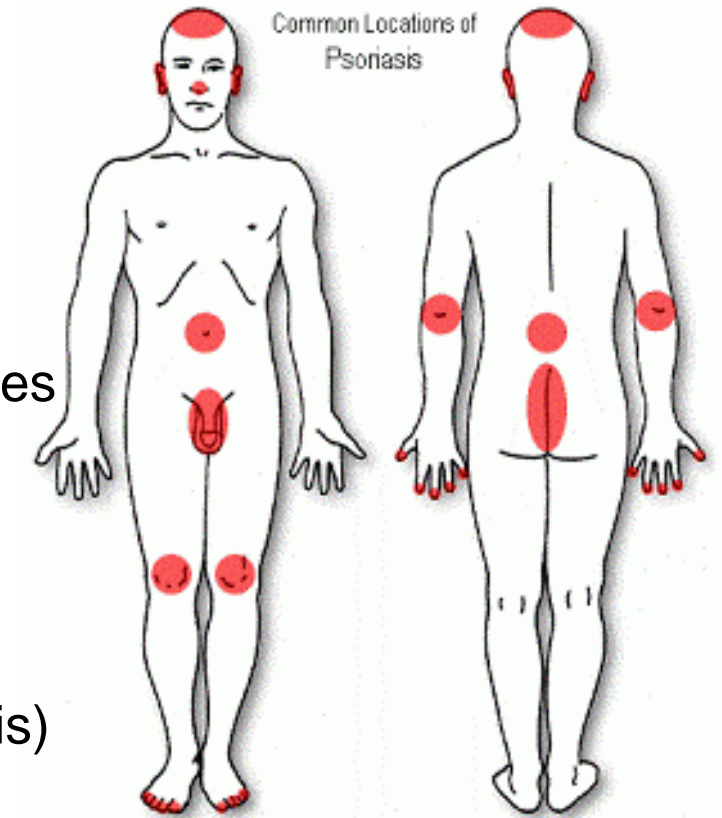
## Welcome

# What is psoriatic arthritis?

- An autoimmune inflammatory arthritis
- Often associated with psoriasis (up to 40%)
- Causes inflammation in and around the joints
- Can affect any age
- Early treatment is key

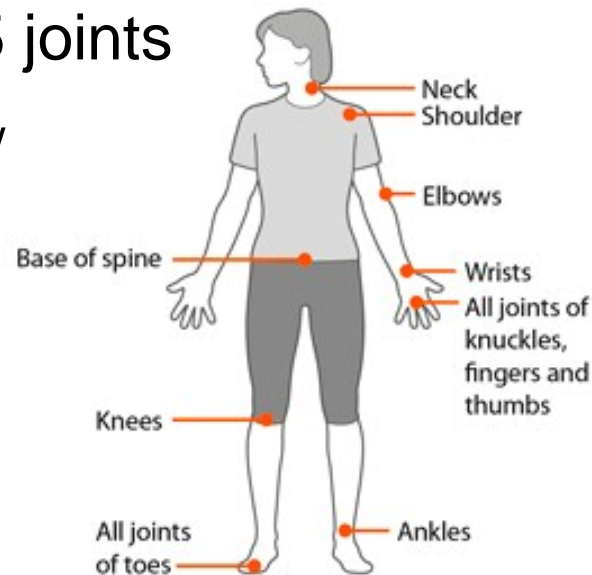
# What is psoriasis?

- Chronic scaling disease of the skin
- Affects 2-3% of UK population
- Red, raised scaly patches known as plaques
- Commonly elbows, knees, scalp, ears
- Can have nail changes
- Up to 40% of people with psoriasis can get an associated arthritis (psoriatic arthritis)



# Types of presentation of Psoriatic Arthritis

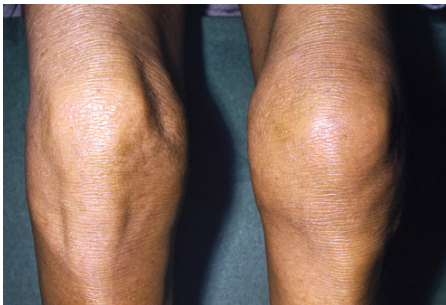
- Peripheral - affects the joints in the limbs
- Axial Spondyloarthritis - affects the spine
- ‘Oligoarticular’- in less than 5 joints
- ‘Extra articular’- affects eyes/  
skin/bowels/nails



Joints commonly affected by psoriatic arthritis

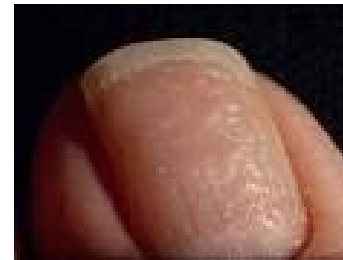
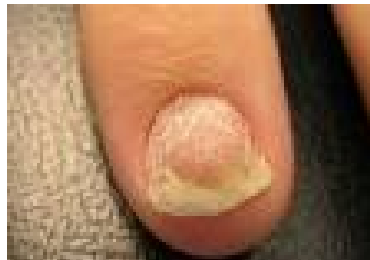
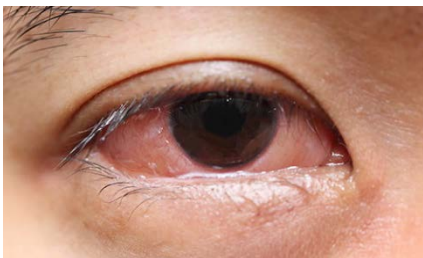
## Common signs and symptoms

- Painful joints
- Swelling
- Stiffness, especially in the mornings
- Fatigue
- Inflammation of tendons attaching to bone (enthesitis)
- Sausage-like swelling of fingers or toes (dactylitis)



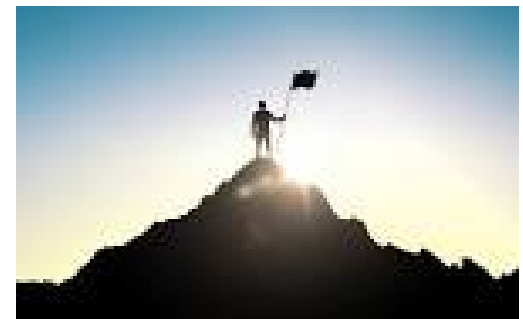
## Other areas possibly affected

- **Skin:** Red scaly skin rash
- **Nails:** Thickening, discolouration and pitting of the nails
- **Eyes:** Eye inflammation
- **Bowels:** Bowel symptoms
- **CV system:** Increased cardiovascular risk



## Aims of treatment

- To relieve pain, swelling and stiffness
- Manage fatigue
- Improve general function
- Prevent deformity and disability
- Manage other associated features of the disease
- Achieve clinical remission



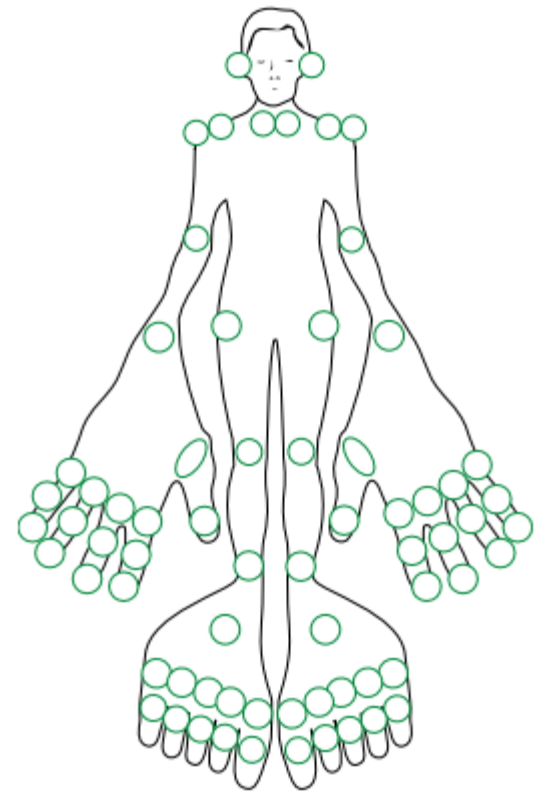
# Assessment of disease activity

## Psoriatic Arthritis Response Criteria (PSARC)

- Tender Joint count (68)
- Swollen joint count (66)
- Patient Global Assessment (0-5)
- Clinician Global Assessment (0-5)

## ESR/CRP

Used to determine treatment changes





## Treatment may include

- Medication
- Injections
- Exercise
- Self-management techniques
- Joint protection strategies

# Medication

## DMARDs

- examples

## Steroid

- Injection in to muscle
- Tablets (prednisolone)
- Joint injection

## Biologics

## Blood monitoring

- DAWN system (according to area)
- Red and white cells
- Inflammatory markers (CRP or ESR)
- Liver, kidney and some bone biochemistry
- Annual cholesterol and BP check



# Exercise

- Improves joint movement and eases stiffness
- Strengthens muscles
- Lowers your cardiovascular risk
- Keeps your bones strong
- Weight control
- Improves function and mood
- Can help with pain relief



# Principles of exercise

– Improving mobility and flexibility:

1. Slow movement
2. Move as far as you can then nudge into the stiffness.
3. Hold the stretch for a few seconds
4. Low repetitions (maximum of 5 in one go)



## Principles of exercise (cont.)

– Improving strength in the early stages:

1. Slow and controlled movement
2. Ensure you get to the end of the range
3. Low repetitions to begin with
4. Gradually increase resistance/weight beginning with low reps again



## Principles of exercise cont.

- Improving endurance:
  1. Ties in with fatigue management
  2. Gradual increase in activity



## Good ways to exercise

- Walking
- Exercises in water
- Cycling
- Tai Chi/Yoga/Pilates
- Anything you enjoy





## **Specific exercises for your arthritis**

1. Fingers, hands and wrists
2. Elbows and shoulders
3. Neck and jaw

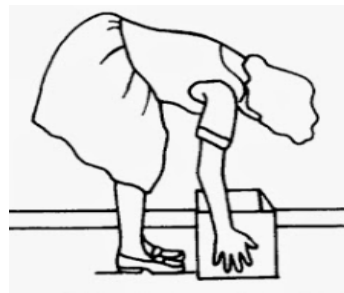
## **Specific exercises for your arthritis**

4. Feet and ankles
5. Knees and hips
6. Posture

# Comfort break

# Joint protection principles

- Use largest possible joint
- Distribute weight across multiple joints
- Reduce weight of tasks
- Use joints in good alignment
- Widen grips and change hand position regularly
- Adapt the way you do things and use ergonomic equipment if needed.



## Looking after your hands

- Gentle hand exercises to maintain movement
- Gentle strengthening e.g. putty or stress ball
- Splints:
  - Off the shelf and soft splints for function.
  - Occasionally thermoplastic resting splints are made.



# Fatigue

- What is fatigue?
- Causes
- Features of fatigue



# Fatigue management principles

The 4 P's:

- Pacing
  - Planning
  - Prioritising
  - Problem solving
- Balance activity with rest.
  - Use diaries to monitor fatigue if needed.



# Flare management

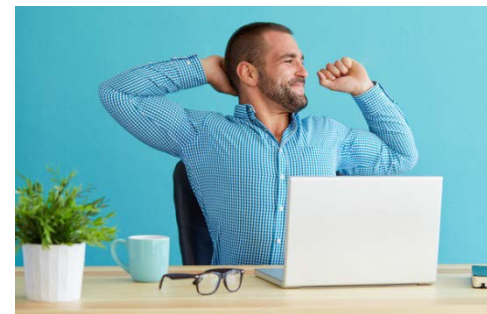
- Relative rest balanced with gentle activity
- Use adapted techniques or equipment
- Use cold pack on hot/swollen joints (care to be taken if you have Diabetes or circulatory problems)
- Use simple painkillers e.g. Paracetamol
- Phone GP if in doubt
- Rheumatology helpline 0118 322 6574





## Helpful tips and hints

- Footwear and insoles
- Use of heat/cold
- TENS
- Regular change of position for joints
- Healthy diet
- Avoid smoking and excessive alcohol
- Fit movement in to “wasted minutes”
- Listen to your body



## Going forwards

Continue prescribed medication

Complete blood tests on time

Attend your clinic appointments

Further review in physiotherapy or occupational therapy as required

Put in to practice all you have learnt today!

# Further resources

- Versus Arthritis  
[www.versusarthritis.org](http://www.versusarthritis.org)  
0300 790 0400
- Psoriasis and Psoriatic Arthritis Alliance  
[www.papaa.org](http://www.papaa.org)  
01923 672837

