

key points

SELECTED BY

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Psoriatic arthritis (PsA) is a chronic, autoimmune disease, affecting up to 1% of the adult population and up to 40% of those with psoriasis. There is no universally accepted definition or diagnostic criteria for the disease although the CASPAR classification of PsA is now the most widely used. PsA has a peak age of onset between 35 and 55 years with an equal gender distribution. Around 20% of patients develop PsA before psoriasis.

Enthesitis, pain and tenderness at the insertion of any tendon onto the bone, is characteristic and screening for enthesitis should include palpation of the lateral epicondyle of the humerus, the medial condyle of the femur and the achilles tendon insertion.

There are no diagnostic blood tests for PsA. The presence of rheumatoid factor or anti-CCP antibodies does not preclude a diagnosis of PsA, but should prompt careful scrutiny of the diagnosis. X-rays of the hands and feet should be performed at baseline for all those with suspected inflammatory arthritis. Features of back pain that suggest an inflammatory cause, rather than a mechanical problem, include the presence of early morning stiffness and pain that is relieved by exercise and exacerbated by rest.

Any patient with suspected inflammatory arthritis and a six-week history of painful, swollen joints should be referred for specialist assessment. NSAIDs have an important role but also have drawbacks. Intra-articular injections may be given for monoarthritis, or when only a limited number of joints are involved and oral steroids can be used occasionally for short-term polyarticular symptom relief. All DMARDs require monitoring and should be initiated under specialist care.

Surgery does not appear to offer beneficial effects for enthesopathies but it can be used to remove bony spurs and may also be required for end-stage damage to large joints. Aggressive treatment of early stage progressive PsA can substantially improve the long-term prognosis.

Patients with PsA have a higher self-rated disease severity than those with psoriasis only and a 60% higher risk of premature mortality than the general population, their life expectancy is estimated to be approximately three years shorter. Aggressive treatment of early stage progressive PsA can substantially improve the long-term prognosis.