

## Psoriasis and Psoriatic Arthritis – “There’s more than meets the Eye!”

Rheumatologists routinely treat diseases of the bone, muscle, joint, and skin. Many of these conditions include inflammatory skin disease such as cutaneous vasculitis, eczema and psoriasis. A significant number of patients with inflammatory skin disease may develop an inflammatory arthritis at some point in the disease course. Some patients with psoriasis may develop a condition known as psoriatic arthritis (PsA). In addition to arthritis, these patients may develop other complications including ocular and gastrointestinal disease. Psoriatic arthritis is one type of arthritis seen in patients with the group of arthritic conditions referred to as spondyloarthropathies. See the accompanying figure for illustration of the various organs involved.

### Diagnosis

There is no laboratory test used to diagnose PsA. Diagnosis is based on history, physical examination and radiographic features. The rheumatoid factor is usually negative, and if positive, is usually of a low titer. The C-reactive protein and sedimentation rate may be variably elevated. Although there is no widely accepted classification or diagnostic criteria, several clinical features are used to facilitate the diagnosis in PsA patients.

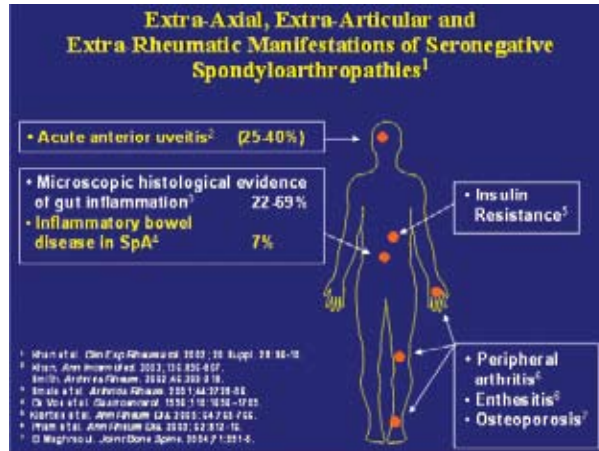
### Treatment

The treatment for psoriatic arthritis usually involves the use of nonsteroidals and other anti-inflammatory or chemotherapeutic agents. The goal of the therapy is to target those rapidly dividing cells which do not allow normally regenerating skin cells to properly develop. In some cases corticosteroids may be used, but they have a greater effect on the skin than on the joints. Those drugs that have shown the best clinical response in PsA are shown in the accompanying table.

Within the last 10 years, biologic drugs have been developed that specifically target factors in the body that contribute to be proliferation of cells in patients with psoriatic arthritis. Three of the biologic drugs that are approved by the FDA include Enbrel (etanercept), Humira (adalimumab), and Remicade (infliximab). These drugs are given by way of an injection into the skin or intravenously. All 3 agents are quite effective in improving the joints of patients with psoriatic arthritis. Representative clinical response data are shown in the accompanying graph.

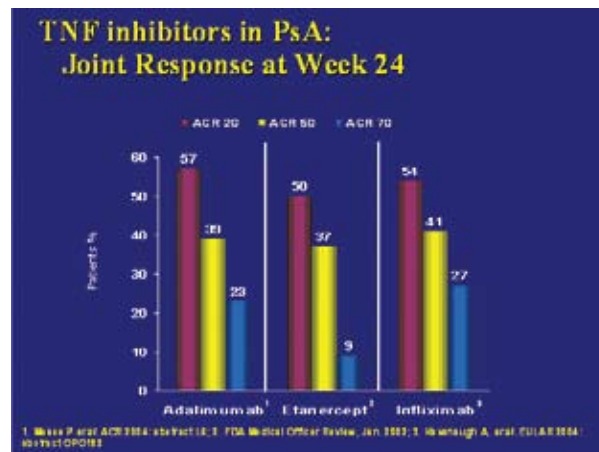
### Summary

This is a very exciting time both for physicians and patients with psoriatic arthritis. The newer biologic treatments have allowed some patients to obtain complete remission of both their skin and joint disease. Although these agents are quite effective, there are side effects which need to be discussed with individual patients and their physicians.



Treatment	Clinical Utility
NSAIDs	Effective for alleviation of mild inflammation associated with mild joint involvement
Hydroxyurea	Antineoplastic agent effective for skin disease
Mycophenolate mofetil	Immunosuppressant agent effective in skin disease
Acitretin	Retinoid effective in moderate-to-severe skin disease
Methotrexate	Antimetabolite agent, indicated for use in severe cases effective in measures of joint disease activity but not proven to delay radiographic progression of disease
Cyclosporine	Suppression of T-cell activation; short-term efficacy against moderate-to-severe skin lesions. Effective in measures of joint disease activity but not proven to delay radiographic progression of disease.

Moore F, Oeffs ES. J Am Acad Dermatol. 2005;52:1-19.



## About the Author

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Dr. Wells is a board certified Rheumatologist and the director of the Rheumatology and Immunotherapy Center in Oak Creek, WI. He is also a Clinical Assistant Professor at Rosalind Franklin University of Medicine and Science/ Chicago Medical School in Chicago, IL and Adjunct Assistant Professor at Duke University Medical Center in Durham, NC. He received his MD from the University of South Florida College of Medicine in Tampa, FL. He earned his PhD in immunology from the University of South Carolina School of Medicine in Columbia, SC.

Dr. Wells has over 15 year’s research experience with an emphasis on inflammatory disorders. His clinical efforts focus on the management and treatment of all aspects of rheumatology with an emphasis on the use of ultrasound in clinical practice.

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