CANADIAN SPONDYLO ARTHRITIS ASSOCIATION

Psoriatic Arthritis

GUIDEBOOK

Answers and practical advice

sparthritis.ca

ABOUT THE CANADIAN SPONDYLOARTHRITIS ASSOCIATION (CSA)

The Canadian Spondylitis Association is a federally incorporated, not-for-profit organization that provides support and information for people with Psoriatic Arthritis and their loved ones.

Membership of the CSA can go a long way towards improving your health and lifestyle. ASAS, the Assessment of Spondyloarthritis International Society, recommends belonging to a patient organization as an additional treatment option.

Here are some reasons why you should become a CSA member today!

- You'll benefit from up-to-date information on treatment and research.
- Be notified about upcoming events, programs and campaigns.
- Receive our electronic newsletter which provides current and credible information.
- Connect with others in our facebook community.
- Join an existing support group or start one in your community.
- Share your voice to the advocacy efforts the CSA provides on behalf of people living with Psoriatic Arthritis.

Get involved and support research into PsA

- Support other people affected by PsA.
- Support our awareness plan to focus on early diagnosis, individual empowerment and self-management.

To join the CSA

If you'd like to join online, please go to our website www.sparthritis.ca
or email us at info@sparthritis.ca

Membership is FREE!

EMAIL: info@sparthritis.ca
WEB: www.sparthritis.ca

CANADIAN SPONDYLOARTHRITIS ASSOCIATION

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All information is provided for your general knowledge only and is not a substitute for the advice from and care by health professionals. Please consult your health care professional regarding details of symptoms, diagnosis and medication or treatment. Any information or links do not imply endorsement.

WHAT IS PSORIATIC ARTHRITIS?

Psoriatic arthritis is pronounced p-so-ri-atic arthri-tis [p silent] and called PsA for short.

ARTHRITIS means inflammation of the joints.

PSORIASIS is a chronic inflammatory skin condition which presents most commonly with red scaly plaques over the extensor surfaces of the elbows and knees, as well as in the scalp. Specific nail lesions are also common in people with psoriasis.

Psoriatic arthritis is defined as inflammatory arthritis associated with psoriasis, usually negative for rheumatoid factor.

The primary clinical feature is inflammatory arthritis; which may present with:

- Pain
- Swelling
- Stiffness
- Redness
- Reduction of mobility

PsA affects 20-30% of people with psoriasis. PsA may be more common than previously thought and may affect 0.25-0.5% of the population.

Psoriasis most commonly occurs between the ages of 15 and 25 and PsA most commonly develops between the ages of 25 and 50. However, both psoriasis and PsA can occur at any age, including in childhood. Men and women are equally affected.

PsA affects both the peripheral (joints not including the spine) and spinal joints. It also affects tendons (tendinitis), the insertion of tendons and ligaments into bone (enthesitis) and swelling of whole fingers or toes (dactylitis) in addition to the involvement of the skin and nails.

There is currently no cure for PsA. It is managed by medications and/or non-drug therapy such as physiotherapy and occupational therapy. Healthy nutrition, proper rest and regular exercise also help to self-manage the disease.

People with PsA are often battling against pain, stiffness and fatigue on a daily basis. This can lead to feelings of isolation, particularly just after diagnosis.

As well as the inevitable pain of the disease, PsA often generates feelings of frustration and fear. To help people adjust to their diagnosis, it is important that they have the support and encouragement of family,

friends, and work colleagues. The Canadian Spondylitis Association can also provide support and education for those with a diagnosis and their loved ones.

Pain and stiffness in the joints are worse following periods of immobility such as sitting for prolonged periods of time or sleep. Many people are awakened at night because of joint pain.

The affected joints may be swollen, and there may be an associated redness and heat. However, joint pain, stiffness and swelling often improve with exercise.

It is important people be diagnosed early after the onset of symptoms so that appropriate treatment is initiated, and individuals do not suffer unnecessarily. Appropriate treatment may also prevent later functional disability. If the joint inflammation remains untreated it may lead to joint damage with the development of deformities. In PsA, joints may become totally fused, unable to move or they may become extremely loose.

Any joint can be involved in PsA

The arthritis of PsA usually begins gradually and involves one or more joints. It often affects the joints in the lower limbs, but any joint of the body may be affected. Within a short period, a number of joints are involved.

There is peripheral arthritis and axial arthritis/spondylitis in PsA patients and five patterns traditionally described. Affected people tend to fall into one of these patterns, although many people overlap between two or more patterns.

Peripheral arthritis

Common sites include the joints of the feet and hands, the knees, ankles, shoulders and less commonly the hips. These joints are usually referred to as the **peripheral joints**.

A typical clinical feature of PsA is the involvement of the end joints (distal joints) of the fingers and toes, and the asymmetric distribution where joints on one side of the body are affected and not the other. Commonly, the fingernails of affected people, especially

when the end joints are affected, demonstrate the nail changes that are typical of psoriasis.

Spondylitis

PsA can also affect the joints in the back (called axial skeleton). The joints of the back (spine) are involved in about half of people with PsA. Inflammatory arthritis of the back or neck, technically called spondylitis, causes back or neck pain. The back or neck pain is associated with stiffness and is worse after periods of rest, especially after sleep. The pain and stiffness can be so severe that it can awake sufferers during the night. The pain and stiffness improve gradually with activity and after a hot shower. Persistent inflammation in the joints of the back may lead to marked restriction in the mobility of the spine (back and neck), making it difficult to turn one's neck or to bend forward or sideways.

Some patients have axial involvement but are not symptomatic from it, and it can only be detected when x-rays are performed

.

The patterns are:

- Spondylitis with or without sacroiliitis
- Asymmetrical oligoarticular arthritis
- Symmetrical polyarthritis
- Distal interphalangeal
- Arthritis mutilans

Spondylitis with or without sacroiliitis

This pattern occurs in about 1 in 20 cases. 'Spondylitis' means inflammation of the joints of the spine. 'Sacroiliitis' means inflammation of the joint between the lower spine (sacrum) and the pelvis. Back pain is the main symptom.

Asymmetrical oligoarticular arthritis

This is a common pattern, particularly early in the course of the disease, and tends to be the least severe. 'Oligo' means 'a few'. In this pattern, usually fewer than five joints are affected at any time. A common situation is for one large joint to be affected (for example, a knee) plus a few small joints in the fingers or toes.

Symmetrical polyarthritis

This pattern is also quite common. Symmetrical means that if a joint is affected on the right side of the body (such as a right elbow) the same joint on the left side is also affected. Polyarthritis means that 5 or more joints become inflamed, usually including several of the smaller joints in the wrists and fingers. The more joints that are affected, the higher likelihood of symmetrical polyarthritis.

Distal interphalangeal joint predominant

This is a pattern which occurs in more than 50% of people living with PsA, where the small joints closest to the nails (distal interphalangeal joints) in the fingers and toes are mainly affected.

Arthritis mutilans

This is a rare pattern where a severe and destructive form of arthritis leads to flail joints - meaning an abnormal degree of mobility and loss of function.

What happens?

PsA is an extremely variable condition. Some people with PsA have virtually no symptoms whereas others suffer severe joint pain and restricted mobility. Environmental factors such as trauma or infection, as well as stress (physical or psychological), may trigger flares. Once the disease is triggered, PsA is usually a chronic relapsing condition. Chronic means that it is persistent. Relapsing means that, at times, the disease flares up (relapses) and at other times it settles down. There is usually no apparent reason why the inflammation may flare up for a while and then settle down.

The amount of joint damage that may eventually develop can range from mild to severe. At the outset of the disease, it is difficult to predict for an individual how badly the disease will progress. However, modern medicines that are commonly used these days aim to suppress the inflammation in the joints and prevent joint damage.

What causes PsA?

PsA is a complex disease. There are genetic, environmental, and immunological factors involved in the onset and progression of PsA. PsA is an immune-mediated inflammatory disease that primarily affects

the skin, the joints, and related structures. It is believed that environmental factors initiate immunological processes in genetically susceptible individuals.

What is the risk of passing it on to my children?

Genetic factors seem to be important, as PsA occurs more commonly in relatives of affected people. However, it is not a straightforward hereditary condition. It is thought that a factor in the environment may trigger the immune system to cause the inflammation in people who are genetically prone to it.

How can I be sure I have PsA?

There is no specific test which clearly diagnoses early PsA. When you first develop symptoms of arthritis it can be difficult for a doctor to confirm that you have PsA. This is because there are many other causes of joint pain and arthritis. However, if you have developed psoriasis within the previous few years and then an arthritis develops, there is a good chance that the diagnosis is PsA.

In time, the pattern and course of the disease tends to become typical and a doctor may be able to give a firm diagnosis.

Some tests may be done, such as blood tests and x-rays. These can help to rule out other types of arthritis. For example, most people with rheumatoid arthritis have an antibody in their blood called rheumatoid factor. This does not usually occur in PsA. PsA is described in medical textbooks as a 'seronegative' type of arthritis – that is, 'antibody-negative'. The x-ray appearance of joints affected by PsA tends to be different to that seen in rheumatoid arthritis and osteoarthritis.

How does PsA affect the body?

PsA and Joints

The common main symptoms are pain and stiffness of affected joints. The stiffness is usually worse first thing in the morning, or after you have been resting. The inflammation causes swelling and redness around the affected joints. Over time, in some cases, the inflammation can damage the joint. The extent of joint damage can vary from case to case. However, joint damage can cause significant deformity and disability.

PsA and the skin (including nails)

Psoriasis is a long-term (chronic) scaling disease of the skin. IT IS NOT CONTAGIOUS. It appears as red, raised scaly patches known as plaques. Any part of the skin surface may be involved, but the plaques most commonly appear on the elbows, knees and scalp. It can be itchy.

Nail changes, including pitting (tiny depressions in the nail) and onycholysis (painless detachment of the nail from the nail bed, usually starting at the tip and/or sides), are present in 40% to 50% of people with psoriasis. People with psoriasis and characteristic nail changes are more likely to develop PsA, compared to those with psoriasis without nail changes.

People with psoriasis and characteristic nail changes are more likely to develop psoriatic arthritis, compared to those with psoriasis without nail changes.

Although the most common form features red, raised, scaly plaques, there are a number of types of psoriasis. These look different and may require specific treatment.

Remember, although psoriasis is a chronic condition it can be controlled and go into remission (go away; often temporarily and sometimes permanently). Not all people will be affected in the same way and doctors will class the condition as mild, moderate or severe.

Although it has been suggested that more severe psoriasis is a

Dactylitis, commonly known as 'sausage digit' is defined as the inflammatory swelling of the entire finger or toe.

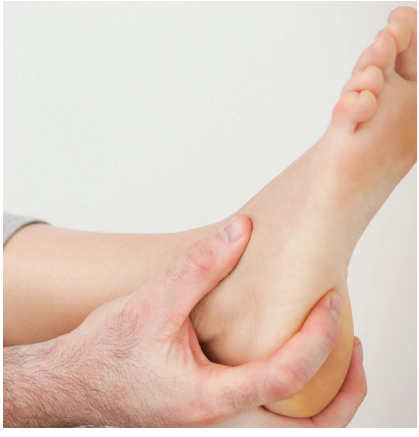
risk factor for developing PsA, there is no direct relationship between the severity of skin and joint manifestations in people with PsA.

PsA without psoriasis

Although PsA most often occurs in people with psoriasis, once the clinical picture becomes clear, it is possible to make the diagnosis before the psoriasis is detected. We now know that 15% of people with PsA develop their arthritis before the appearance of psoriasis. Many who present with typical PsA features who do not have psoriasis may have relatives with psoriasis, and the diagnosis is then made easier.

Dactylitis

A common and typical manifestation that is characteristic of PsA is



The most common sites to be affected by enthesitis are the plantar fascia on the soles of the feet (called plantar fasciitis) and Achilles tendon insertion at the back of the heel.

dactylitis. Dactylitis, commonly known as 'sausage digit' is defined as the inflammatory swelling of the entire finger or toe. This is due to inflammation of the joints, tendons, bones and soft tissues of the finger or toe. Persistent dactylitis leads to destruction of the joints in that digit. When dactylitis first occurs, it presents as a red, hot, painful finger or toe. If not treated, it may become chronic, painful, but with persistent swelling, and may result in reduced function in the finger or toe affected.

Enthesitis

Enthesitis is another important indicator of PsA. Enthesitis is defined as inflammation at the

site where ligaments or tendons attach to bone. People present with pain and swelling in these sites. The most common sites to be affected by enthesitis are the plantar fascia on the soles of the feet (called plantar fasciitis) and Achilles tendon insertion at the back of the heel. Enthesitis can also affect other sites including tendon insertion sites around the knee or knee caps, shoulders, elbows, sides of the hip, ischial tuberosity (the bone deep in the buttocks that one sits on), and the chest wall.

Tendonitis

Other manifestations include tendonitis or tenosynovitis defined as the inflammation of the tendon sheath. Tendons in the hands are usually involved and moving the finger can be painful. Painful thickening of the tendon sheath can be felt on examination. Tenosynovitis can lead to a stiff finger or a 'trigger' finger. The finger gets stuck in a particular position when bending and can be straightened only after applying some amount of force. A snapping sound is heard when the finger is forcibly straightened. Tendon sheaths around the wrists and ankles may also be involved, causing pain upon movement of the wrists or ankles.

PsA and the eyes

Eye involvement is not uncommon. Inflammation of the membrane covering the eyes (conjunctivitis) can lead to redness, eye discharge, and itching. It usually does not affect vision.

More serious involvement of the eye can cause inflammation of the uvea, termed uveitis or iritis. Uveitis causes redness, pain blurred vision, and if left untreated can lead to vision loss. If you experience any symptoms, see a doctor as soon as possible.

PsA and the bowel

Inflammation of the mucosal surfaces of the bowel can cause inflammatory bowel disease. Bowel involvement resembles Crohn's disease and/or ulcerative colitis and can cause abdominal pain, loose stools, and bleeding. Severe inflammatory bowel disease can be life threatening as it can cause rupturing of the bowel, severe bleeding, and loss of bowel function. Speak to your doctor about any changes you experience.

PsA and the heart

People with PsA have a higher risk of developing cardio-vascular events than the general population. To lower your risk:

- Your PsA should be well controlled
- Your GP should evaluate your cardiovascular risk
- Determine if necessary cholesterol lowering drugs and blood pressure lowering drugs should be used
- People with PsA have a higher prevalence of diabetes; thus, high blood sugar – an important risk factor for heart disease – should be measured and if high it needs to be treated
- People with PsA should not smoke
- People that are overweight should better manage their weight

Rarely, inflammation can develop in other places such as the aorta (a main blood vessel) or lungs.

PsA and Diabetes

PsA and psoriasis can increase your risk of type 2 diabetes. Chronic inflammation plays a critical role in the development of diabetes which is also a disease of chronic inflammation. It is important to tell your doctor if you are experiencing any symptoms of diabetes including fatigue, hunger, thirst and frequent urination.

PsA and Osteoporosis

Osteoporosis is a disease where the bones can get weaker and put you at increased risk of fractures. Those with PsA and psoriasis seem to be at a higher risk of developing osteoporosis. Regular aerobic exercise including some weight bearing exercises can help reduce your risk.

PsA and fatigue

Individuals with PsA often complain of fatigue. It may be defined as an overwhelming, sustained sense of exhaustion and reduced capacity for physical and mental work. About 45% of people with PsA report fatigue on clinical evaluation. Changes in fatigue often reflect changes in the clinical disease activity in PsA. However, other factors contributing to fatigue such as poor sleep, anxiety, depression and chronic pain should be evaluated.

PsA and Depression

Many people with PsA and psoriasis can also suffer from symptoms of depression. The chronic pain and social aspects associated with PsA and psoriasis can put people at a greater risk of mood disorders such as depression and anxiety. Always talk to your doctor if you experience any changes in your mood. We have included a section further along in this guidebook to talk about mental health.

MANAGING YOUR PSA

PsA is managed by a combination of medication, to reduce pain and inflammation, and exercise.

Medication: Pharmaco-therapy is key to the management of PsA.

NON-STEROIDAL ANTI INFLAMMATORY DRUGS (NSAIDS) act by blocking the inflammation that occurs in the lining of your joints. They can be very effective in controlling pain and stiffness. Usually, you'll find your symptoms improve within hours of taking these drugs but the effect will only last for a few hours, so you have to take the tablets regularly. Some people find that NSAIDs work well at first but become less effective after a few weeks. In this situation, it sometimes helps to try a different NSAID.

Like all drugs, NSAIDs can have side-effects, so your doctor will reduce the risk of these, by prescribing the lowest effective dose for the shortest possible period of time and selecting the best NSAID based on other health conditions you may have.

NSAIDs can cause digestive problems (stomach upsets, indigestion or damage to the lining of the stomach) so in some cases NSAIDs will be prescribed along with a drug called a proton pump inhibitor (PPI) that will help to protect the stomach.

NSAIDs also carry an increased risk of heart attack or stroke. Although the increased risk is small, your doctor will be cautious about prescribing NSAIDs if there are other factors that may increase your overall risk, for example, smoking, circulation problems, high blood pressure, high cholesterol or diabetes.

The most common NSAIDs prescribed for PsA include Naproxen (Anaprox®, Naprosyn®, various generics), and celecoxib (Celebrex®, various generics). Others that may be prescribed include ibuprofen (Advil®, Motrin®, various generics), diclofenac (Arthrotec®, various generics), and ketoprofen (various generics).

CORTICOSTEROIDS are not usually recommended for PsA. They are used for rapid relief of severe disease symptoms and when the patient needs symptoms to be controlled quickly (work, travel etc.). When steroids are used for people with psoriasis and PsA, there's a risk that the psoriasis can

become worse when the drug is stopped.

The most common oral corticosteroids that may be prescribed is prednisone (various generics). For intra-articular injections, methylprednisolone (Depo Medrol®, various generics) is most commonly used.

DISEASE MODIFYING ANTI RHEUMATIC DRUGS (DMARDS) are the first line of management along with NSAIDs, although they have not been shown to be very effective. These drugs aim to prevent psoriatic arthritis from getting worse and can take up to six months before you may notice any significant change.

For some DMARDs you'll need to have regular blood tests, and in some cases a urine test at regular intervals. The tests allow your doctor to monitor the effects of the drug on your condition but also to check for possible side-effects, including problems with your liver, kidneys or blood count.

You can take NSAIDs along with DMARDs, and some people may need to take more than one DMARD at a time.

There are many DMARDs available the most commonly prescribed is Methotrexate (Metoject®, Rheumatrex®, Methoxtrexate Sodium®, generics) and Leflunomide (Arava®, generics). A newer DMARD that has been approved is Tofacitinib (Xeljanz®) or upatacitinib (Rinvoq®) which targets an enzyme that is responsible for inflammation.

Other DMARDs that may be used in certain situations include sulfasalazine (Salazopyrin®, various generics), azathioprine (Imuran®, various generics), hydroxychloroquine (Plaquenil®, various generics) and cyclosporin (Neoral®, various generics). Apremilast (Otezla®) can also be used in place of a DMARD but itself has not yet been shown to be disease modifying.

BIOLOGIC MEDICATIONS: Patients with PsA may not be adequately controlled by NSAIDs and DMARDs but can be treated by a new class of medications called biologics.

They are prescribed by rheumatologists and are injected under the skin or given intravenously and work to prevent inflammation that may result from an overactive immune system. Currently,

there are many anti-TNF options such as adalimumab, certolizumab pegol, etanercept, golimumab, and infliximab. There are many IL options such as and guselkumab, ixekizumab, secukinumab, ustekinumab and bimekizumab.
A soluble fusion protein called abatacept is also available.

Several additional medications are currently under investigation.

BIOSIMILARS: New types of biologics have been approved by Health Canada. These are called "biosimilars". As the name suggests, they are similar (but not identical) versions of a previously approved biologic medication. Biosimilars are modelled after a previously approved biologic but because they are large, complex, and made in living cells introducing some level of natural variation they are not identical. There are now several biosimilars for etanercept, adalimumab, and infliximab. They are less expensive than the originator drugs and the government and many insurers have insisted that patients be switched to biosimilars where available.

STAY UP TO DATE ON THE LATEST TREATMENT OPTIONS. As we discover the number of genes involved along with understanding their functions, it leads to possible new treatment options and new biologic medications. Visit our website at www.sparthritis.ca for a current listing of medications available.

ANALGESICS (PAIN KILLERS)/ OPIODS: Your doctor may prescribe other analgesics if pain still persists despite treatment with first line therapies.

MEDICAL CANNABIS: You and/ or your physician may feel that medical cannabis can be an effective treatment option.
If you choose to, or are interested in trying medical cannabis, please work with your physician to explore the different compounds of medical cannabis and if they can be helpful in your treatment plan as an effective form of treatment. Please visit our website www.sparthritis.ca for more information.

Are there side-effects to treatments?

There are always potential

side-effects with any drugs either topical, oral or intravenous for any illness. Drugs used for both the treatment of psoriasis and psoriatic arthritis are no exception. So make sure you discuss fully all prescription and non-prescription medications you are taking (Including vitamins, minerals, supplements, and eye drops) with your health care team. You can then make informed choices about your condition and how they will affect you and your lifestyle.

Ointments can help to control the processes that affect the production of skin cells, and it's very important to not let these ointments come into contact with normal skin as they may 'burn' the skin.

TREATMENTS FOR THE SKIN

Your skin will usually be treated with topical therapies. There are five main types:

- Tar-based ointments (Doak Oil®, Derm OII®, Denorex® shampoo, various generics)
- Steroid-based creams and lotions (Elocom®, Betaderm®, Hyderm®, many other brand and generics which are available OTC and through prescription.)
- Vitamin D-like ointments such as calcipotriol (Dovonex®, Dovobet® and tacalcitol)
- Vitamin A-like (retinoid) gels such as tazarotene (Tazorac®)
- Other options are available depending on the clinical situation

If creams and ointments don't help your psoriasis, your doctor may suggest:

- Light therapy (also called phototherapy), involving short spells of exposure to high-intensity ultraviolet light carried out in hospital or phototherapy clinics
- Retinoid tablets
- Methotrexate tablets or injections.
- Apremilast

For moderate and severe psoriasis, your doctor may prescribe the same DMARDS used for PsA or some of the same biologics mentioned above.

Treatments for nail psoriasis are usually less effective than the skin treatments. Many people use nail varnish to make the marks less noticeable.

Surgery

People with PsA do not often need surgery. Very occasionally a damaged tendon may need surgical repair. And sometimes, after many years of disease, a joint that has been damaged by inflammation is best treated with joint replacement surgery.

If psoriasis around an affected joint is severe, your surgeon may recommend a course of antibiotic tablets to help prevent infection. Sometimes psoriasis can appear along the scar left by the operation, but this can be treated in the usual way.

Clinical Trials

A clinical trial is a research study involving volunteers.

Trials are conducted according to a detailed protocol that meet research standards mandated by Health Canada. The protocol outlines the reason for the study, the outcomes being evaluated and who is eligible to participate. It also includes the tests and procedures required and the medication(s) being tested (including the dosages and frequency). The protocol also outlines the study duration (how long it will run) and how the results will be analyzed.

Clinical trials are conducted to determine:

- Safety and efficacy of the medication
- How it compares to existing medications
- The effectiveness of the medication compared to others for a particular group of patients
- Alternative ways to use an approved treatment to increase its effectiveness, ease of use, and/or decrease its side effects
- Different effects on untested populations (i.e. children) of a new medication or approved treatments

Clinical trials provide options for people under certain circumstances. We encourage you to discuss clinical trials and candidacy with your rheumatologist. As with most treatment therapies, clinical trials have their own benefits and risks.

Physiotherapy and exercise

Both physiotherapy and exercise can have a big effect on the outcome of your PsA. We have included some exercises later in the guidebook. (page 28)

Comorbidities of living with PsA

Individuals who receive a diagnosis of PsA can be at risk of developing other conditions. We've included a few of the more prevalent comorbidities below. Refer to our website for more information about the conditions and the signs and symptoms you should be aware of.

LIVING WELL WITH YOUR PSA

Get other people involved

People with PsA can feel isolated, or depressed. To help you adjust to your diagnosis, it is important that you enlist the support and encouragement of your family and friends. Involve other people by, teaching them about PsA, to help them understand how it affects you. They may even like to improve their own fitness and join you in your exercise and sports activities.

Think about joining your local CSA support group where you'll meet people with similar issues who will understand. We also have a forum for CSA members on Facebook (Canadian Spondyloarthritis Association) where you can chat with people who can relate to what you are going through.

Emotional Impact of Living with PsA

Living with PsA has its challenges beyond pain, stiffness, and fatigue.

People with PsA are twice as likely to be depressed as those with psoriasis alone, and more likely to show co-morbid depression and anxiety in greater numbers.

There can be an emotional side to the disease, too.

- It is not unusual to get frustrated by your symptoms
- You may find it harder to do simple tasks
- You may worry about the cost of your treatment
- Depending on where your skin plaques are, you might be embarrassed by your psoriasis

You can deal with these emotions in a positive way. While you may not be able to cure your condition, you do have a say in how you handle it.

Manage Stress and Anxiety

Any long-term illness comes with stress that can translate to:

- Low energy
- Poor sleep
- Being more irritable
- Changes in appetite
- Avoiding your social life

With PsA, the stress can worsen and trigger symptoms. A flare-up can raise your stress, which makes your pain and skin worse, which adds more stress.

With PsA, the stress can worsen and trigger symptoms. A flare-up can raise your stress, which makes your pain and skin worse, which adds more stress.

Anxiety can lead to poor sleep, which leaves you feeling more tired and achy the next day, so you won't sleep as well. Worrying about psoriasis may even keep your treatment from working its best for you.

Also, stay active. It's good for your mood as well as for your joints. If simple activities like walking are hard, get in the pool. The water supports your weight, so you can move more easily and without impact on your joints.

Consider yoga, tai chi, or qi gong. These gentle, meditative practices help you find a sense of centered calm and keep you flexible.

You may also want to try mind/body treatments such as progressive muscle relaxation, guided imagery, and biofeedback. They can teach you to control your body's reaction to stress – including your heart rate, blood pressure, and muscle tension – and manage pain.

Treat Depression

You're more likely to become depressed when you have an ongoing condition.

People with depression may feel:

- Sadness
- Guilt or worthlessness
- Irritability and anger
- No interest or pleasure in things they used to enjoy

Other common signs include:

- Trouble sleeping
- Fatigue
- A tough time getting out of bed
- Trouble concentrating, making decisions, or remembering
- Mood swings
- Staying at home and avoiding friends
- Weight loss or gain
- Headaches or stomach aches without a known cause

Depression can be treated. Medication can help reset the chemicals in your brain, and therapy can help you work through your troubles. Even exercise can help.

Take Action

One of the best things you can do when your feelings start to get to you is to speak with your doctor or a mental health professional. It is important to let your healthcare provider be aware of any changes in your mood. Counseling can help you change negative thinking patterns, plan strategies, and build skills to become stronger emotionally.

PsA and Work

Many people with PsA continue to have normal working lives.

It is important to get the right advice and support at an early stage so start talking about it sooner than later.

Make sure you keep channels of communication open with your employer. It's hard for people to understand your problems if you do not discuss them. Some common problems in the workplace for people with PsA include:

- Pain and stiffness in the mornings means it is hard to get going first thing and get to work on time
- Sitting in one place or position can lead to pain and stiffness
- Problems with carrying out heavy manual work
- Not having the energy or stamina to work like you used to and getting fatigued easily
- Difficulty with scaling of psoriasis makes it difficult to work in some environments where public image is of concern

Think about asking your employer for a workplace assessment with an occupational therapist or an ergonomist. They may be able to make some simple suggestions that make a lot of difference to your work. Discuss swapping certain tasks with colleagues. Take regular short breaks from work to stretch.

If you are a member of a union at work, approach your union representative to discuss your problems. They can assist you with understanding your rights in the workplace. Bear in mind that the provincial and federal legislation requires employers to make reasonable changes to working practices or premises to overcome disadvantage caused by disability.

PsA and Long-Term Disability from Work

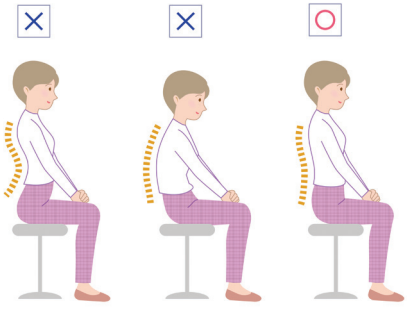
Some people, depending on the type of work they do and the severity of their condition, are unable to work. It's important to keep your rheumatologist informed of how you are managing at work and if you are experiencing any difficulties. Keeping your manager apprised of your condition is important as you may need support and accommodation on your journey. In the event you need to take time off work, your manager and human resources should work with you to manage the process with the insurance company.

PsA and pregnancy

If you are planning a family, be sure to discuss this with your rheumatology team in advance. Do not stop taking your PsA medication without talking to your rheumatologist about why you should stop or continue with your treatment plan.

Women with PsA generally have healthy babies and they carry them to full term. Having PsA does not have a harmful effect on the course of pregnancy or on the well-being of your unborn child. The rate of miscarriages, stillbirth and small gestational age infants among women with PsA is similar to that of other healthy women. Women with PsA are not more likely than healthy women to get pre-eclampsia or go into premature labour.

PRACTICAL ADVICE



Get a suitable chair

The ideal chair has a firm seat and a high, upright, firm back. A chair with arms will help relieve weight from the spine. The seat shouldn't be too long, as you may have difficulty in placing your lower spine into the back of the chair. It should be at a height that allows you to keep a right angle with your knee and hip joints. Office chairs should be adjustable.

Avoid low, soft chairs and sofas as they will encourage bad posture and increase pain. Watch how you sit. Try to move your spine regularly, straighten it out, and stretch it by sitting tall and pulling your shoulders back. Try not to sit for too long. Stand up, walk around, and stretch. If you have a desk job, try a sit/stand desk.

Choosing a bed

The ideal mattress should be firm and not saggy, but not too hard. Remember there's no single right bed to help your pain, and everyone is different. Take time to choose a mattress and pillow that you personally find supportive and comfortable.

Try to use as few pillows as possible. Choose a pillow that can be moulded to suit any position and still give your neck good support.

Try heat or cold

Many people find taking a hot shower or bath, either first thing in the morning or right before bed, helpful in relieving pain and stiffness. In combination with stretching exercises, this practice can be very effective. Hot water bottles, heating pads or electric blankets can be useful in bed. If you have an inflamed area, an ice pack may help. But be careful as ice can burn: do not leave an ice pack in place for more than 10 minutes.

Sleeping

Research has found that people with PsA who had low sleep quality had more pain, anxiety and fatigue, and higher levels of inflammation. Sleep specialists can treat specific disorders, such as sleep apnea. Tai chi and talk therapy have both shown to improve insomnia and reduced inflammation.

Eat Well

It is important to make sure that you maintain a healthy weight as being overweight increases the burden on weight bearing joints and can increase pain. Weight reduction is now recognized as helpful in the management of both psoriasis and PsA.

Try at least 4 portions of vegetables (including at least 1 leafy green vegetable) every day, along with 2 portions of fruit. Add in protein in the form of fish, beans, nuts, eggs and meat. Calcium is an important mineral for bone health and you need 700mg a day – (dependent on age) equivalent to 200ml semi skimmed milk, a 150 g container of low fat yogurt and a small match box sized piece of cheese.

Alcohol

Although it is still unclear whether alcohol is a true risk factor for PsA, research suggests that it can exacerbate existing cases of psoriasis, making it a top PsA trigger. Anti-inflammatory medication and alcohol both effect the stomach lining and should not be taken together.

Don't smoke

Research shows that smoking increases the risk of PsA. Smoking can have harmful effects on your skin and joints, increasing the risk and severity of psoriasis. If you smoke the best thing you can do for your health is stop.

Occupational therapy

Occupational therapy is a type of health care that helps to solve the problems that interfere with a person's ability to do the things that are important to them – everyday things like:

- Self-care – getting dressed, eating, moving around the house
- Being productive – going to work or school, participating in the community
- Leisure activities – sports, gardening, social activities

Occupational therapy can also prevent a problem or minimize its effects and help you better manage your condition and the impact it has on your life. Your rheumatologist or physiotherapist may be able to recommend someone local to contact.

Physiotherapy

A team of healthcare professionals are likely to be involved in your treatment. Your doctor (usually a rheumatologist) will be responsible for your care. You may also see a physiotherapist, who can give you advice on exercises to help maintain your mobility; an occupational therapist, who can give you advice on protecting your joints from further damage. For example, by using splints or altering the way you perform tasks, you can reduce the strain on your joints.

USEFUL EXERCISES

Regular exercise will help you manage your PsA better.

You should have an assessment from a physiotherapist who will then teach you some stretching exercises specific to your needs. These are a few examples of exercises that can help people with PsA.

Always check with your doctor or physiotherapist prior to starting an exercise program. CSA cannot take any responsibility for any problems arising from the exercises shown.

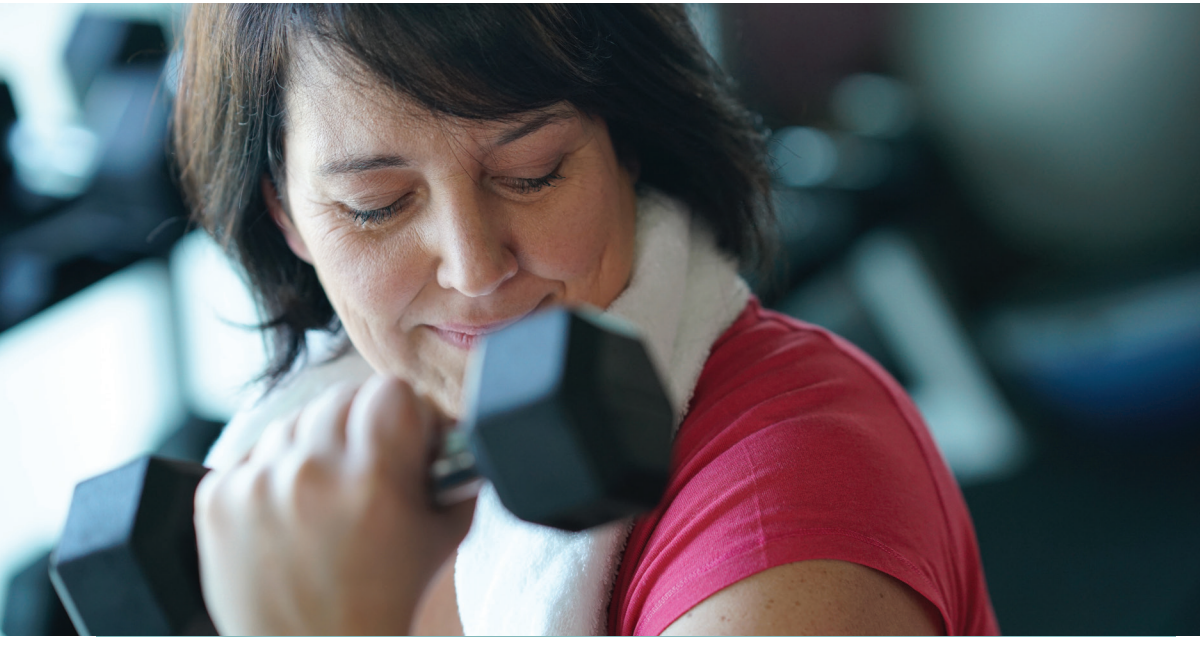
Warming Up

Always warm up before exercising. A warm-up increases the blood flow to your muscles – warming you up! This prepares your body to exercise and makes it less likely that you will injure yourself.

A warm-up could be marching on the spot or using a bottom stair for step-ups. It is always good to stretch as well. Some basic principles for stretching include:

1. Daily
2. Respect the pain
3. Slow, prolonged stretch (15-20 sec)
4. No bouncing
5. BREATHE!

HEALTH CANADA RECOMMENDS THE FOLLOWING:		
≥ 150 minutes of moderate intensity aerobic physical activity/week	PLUS	Muscle strengthening activities ≥ 2 days per week
OR		
≥ 75 minutes of high intensity aerobic physical activity/week		
OR		
Equivalent combination of the above		



MODERATE INTENSITY	VIGOROUS INTENSITY
Brisk walking	Race walking, jogging, running
Water aerobics	Swimming laps
Doubles tennis	Singles tennis
Ballroom dancing	Aerobic dancing
General gardening	Heaving gardening
	Hiking up hills/with pack

We have included some exercises suitable for most people (page 32). If you have any doubts about your ability to carry out any of the exercises, check with your doctor or physiotherapist.

Posture stretch

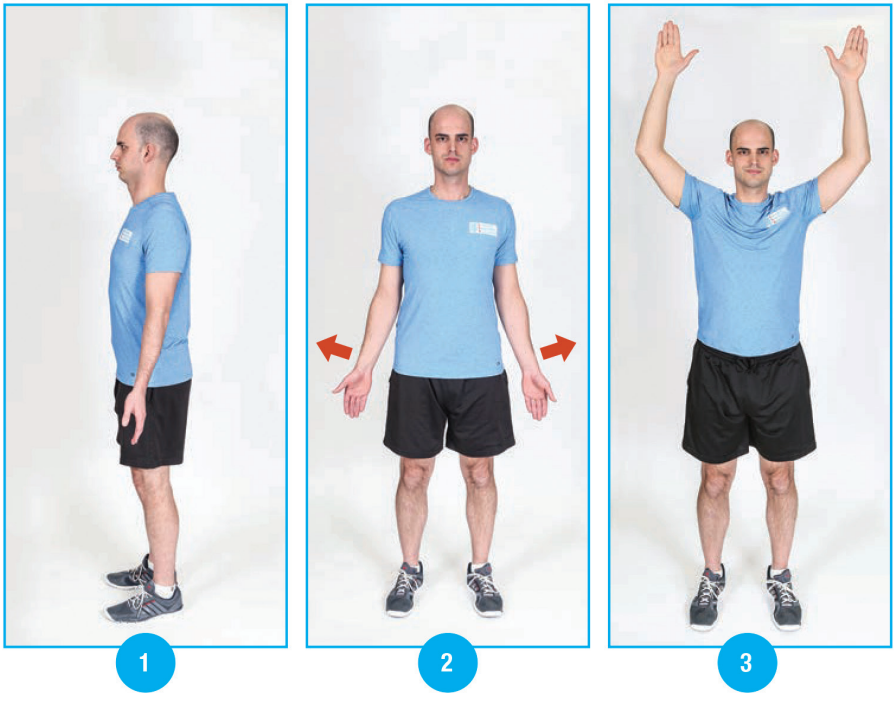
Repeat x5

Stand with your back to the wall, with your shoulders, buttocks and heels as close to the wall as you can manage. Tuck your chin in and push the back of your head towards the wall. Keep your shoulders down.

Stretch as tall as possible without lifting your heels.

Slowly raise both arms to the sides, keeping the backs of your hands against the wall.

Try to keep your buttocks in contact with the wall. Slowly lower.



Trunk side stretch

Keeping your buttocks and shoulders against the wall, slowly stretch your right arm down the outside of your leg as far as you can.

You should feel a comfortable stretch.

Repeat on the left.

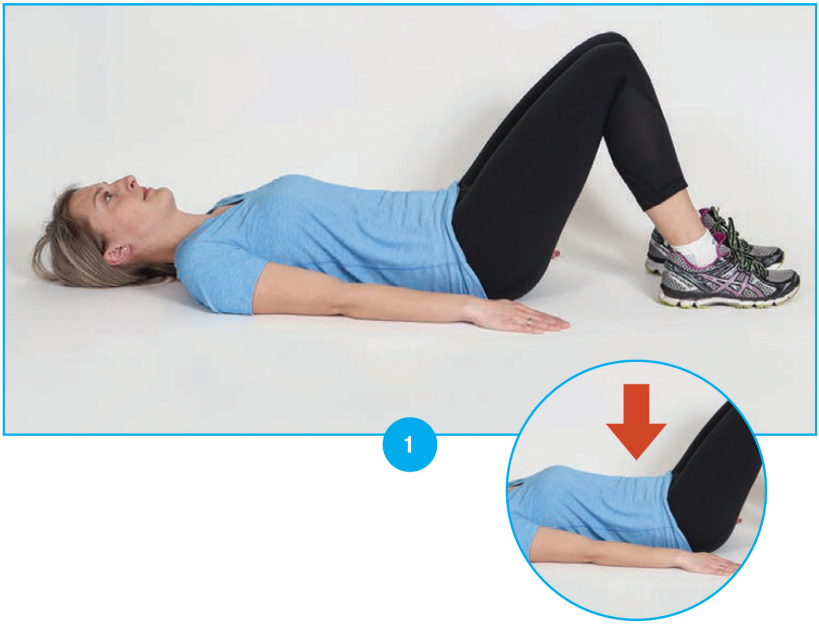
Repeat x5

Pelvic tilting

Lie down with your knees bent and with your head supported, if required. Tighten your stomach muscles, pushing your back down into the floor. Hold for a count of 5.

Remember, this is a very small movement.

Repeat x5



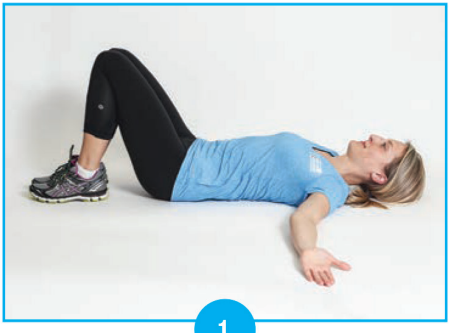
Back and hip rotation

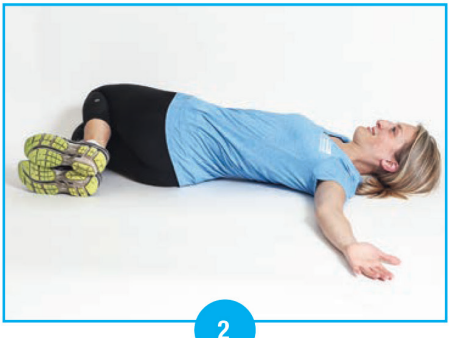
Lie on your back with your knees bent and your arms out to the side.

Keeping your knees together, slowly lower your knees to the right, back to the centre, and then down to the left.

Try to keep your knees together and both shoulders on the floor.

Repeat x5





Neck rotation

Sit upright in good posture and with both feet flat on the floor.

Hold the sides of your chair seat.

Turn your head to the right as far as possible without letting your shoulders turn. Repeat to the left.

This is an exercise we'd recommend you try to do every day, especially if you sit at a desk.

Repeat x3

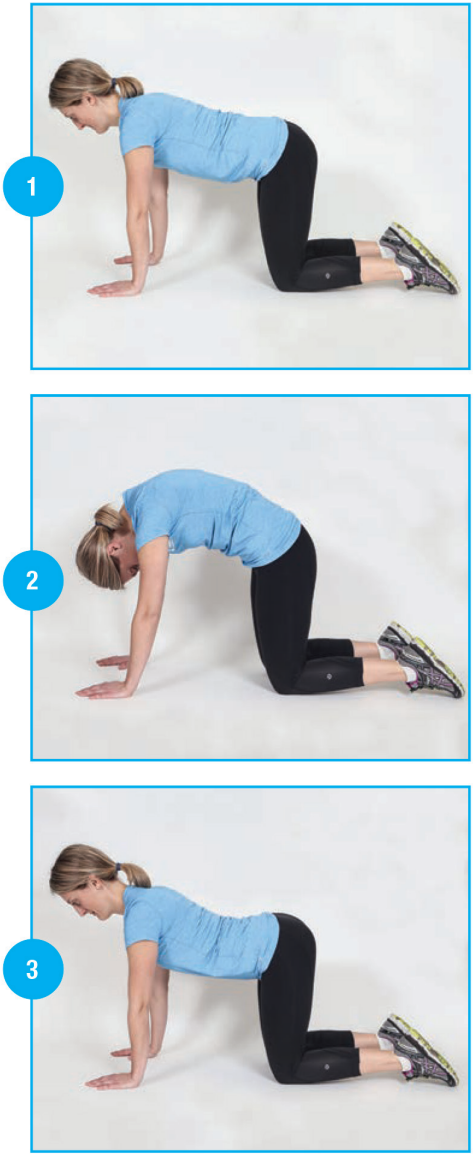
Cat stretch

Kneel on all fours. Keep your hands shoulder width apart and directly under your shoulders. Keep your knees hip width apart and directly under your hips.

Keeping your elbows straight throughout, tuck your head down between your arms and slowly arch your back as high as possible.

Now lengthen your neck, keeping your nose parallel to the floor, and hollow your back as much as possible.

Repeat x5



Superman stretch

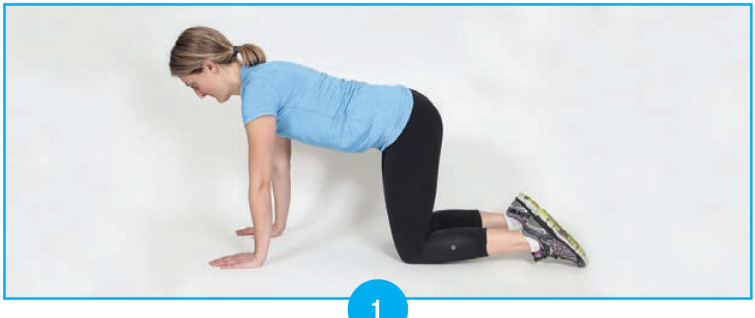
Repeat x3

Go back to your starting position for the cat stretch.

Keeping your head in the same position, raise your right arm and your left leg.

You are aiming to make a straight line with your body from your right hand to your left foot. Hold for 5 seconds.

Return, with control, to the starting position and change to raising your left arm and right leg.



1

2

Trunk Rotation

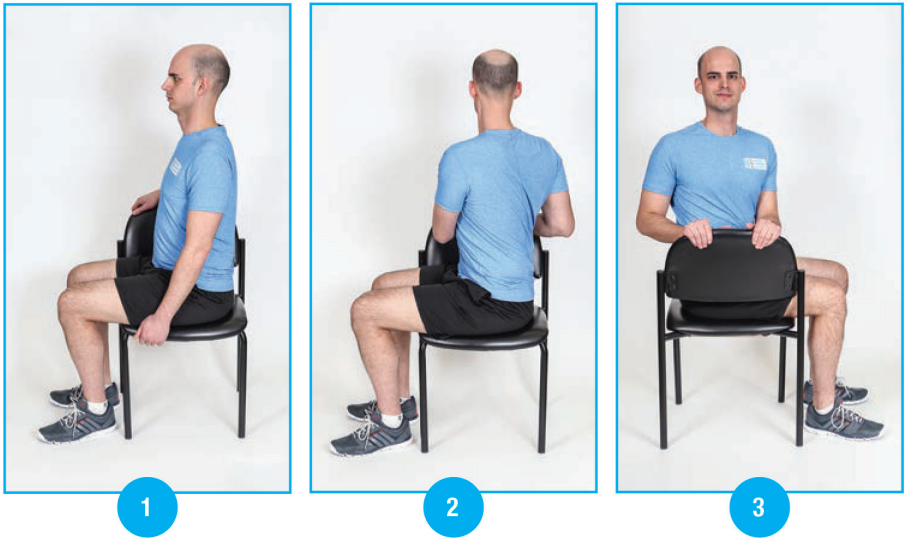
Repeat x1

Sit sideways on an armless chair in good posture.

Keeping your feet firmly planted on the floor, twist your upper body towards the back of the chair, and place both hands on the chair back.

Use your hands to help you rotate a little further around, keeping your good posture throughtout.

Repeat on the opposite side.



Hamstring stretch

Move forwards so that you are sitting towards the front of your chair but still feel safe.

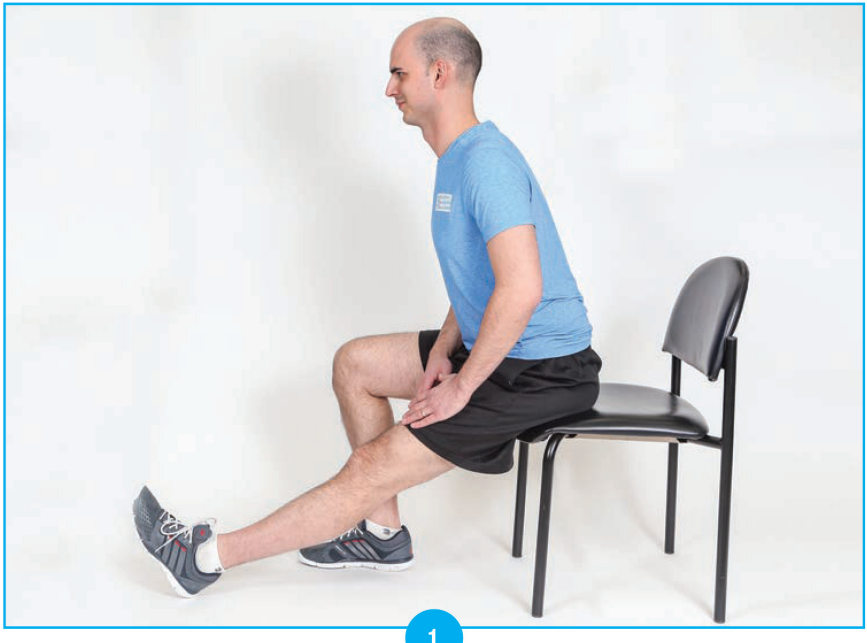
Straighten out your left leg with the heel resting on the floor.

Keeping your back straight, slide your hands gently down the front of your thigh. You should feel a good stretch in the back of your thigh. Try to hold the position for 10 seconds.

Repeat on the right leg.

Repeat x1

Our top tip for this exercise is to make sure you are keeping your back straight and not rounding down over your leg.



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Hip flexor stretch

Repeat x1

Stand up facing the side of an armless chair and hold the chair back with your right hand.

Bend your right knee and place your right shin on the seat

Move your left foot as far forward as possible, keeping your spine neutral (perform a posterior pelvic tilt to do this).

Bend your left knee as much as possible, keeping a good posture and straight back. You should feel a good stretch at the front of your right hip.

Hold it for a count of 10. Relax and then repeat twice, trying to stretch a little further each time.

Turn around to face the other side of the chair and repeat with the opposite leg.


1


2


3

RESOURCES

USEFUL WEBSITES:

CANADIAN

The Canadian Spondyloarthritis Association
www.sparthritis.ca

Arthtitis Alliance of Canada
www.arthritisalliance.ca

Arthritis Consumer Experts
www.jointhealth.org

Arthritis Research Canada
www.arthritisresearch.ca

The Arthritis Society
www.arthritis.ca

Canadian Arthritis Patient Alliance
www.arthritispatient.ca

Canadian Association of Psoriasis Patients
www.canadanpsoriasis.ca

Canadian Psoriasis Network
www.canadianpsoriasisnetwork.com

Canadian Rheumatology Association
www.rheum.ca

Rheuminfo
www.rheuminfo.com

Spondyloarthritis Research Consortium of Canada
www.sparcc.ca

AMERICAN

Spondylitis Association of America
www.spondylitis.org

National Psoriasis Foundation
www.psoriasis.org

For more information, visit www.sparthritis.ca

Contact us at info@sparthritis.ca

CANADIAN SPONDYLOARTHRITIS ASSOCIATION

Supported by UCB Canada Inc.

UCB had no editorial control on content.

Content developed and reviewed by CSA medical advisors: Dr. Dafna Gladman (Rheumatologist), Dr. Robert Inman (Rheumatologist), Dr. Nigil Haroon (Rheumatologist), Laura Passalent (Physiotherapist Practitioner) and several patients.

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CA-DC-2400008