CONDITION

Psoriatic arthritis

Psoriatic arthritis is long-term joint inflammation linked with the skin condition psoriasis.

WHAT IT IS
Chronic inflammatory arthritis linked with psoriasis

BODY SYSTEM
Joints, tendons, skin, and nails

MAIN SYMPTOMS
Joint pain, stiffness, swelling, fatigue

WHAT CAUSES IT
Immune activity with inherited and environmental factors

HOW IT IS DIAGNOSED
Clinical assessment, blood tests, and imaging

MAIN TREATMENT
Anti-inflammatory and immune-modifying medicines

CAN IT BE CURED?
No - treatment can control inflammation

IS IT AN EMERGENCY?
Sometimes - hot swollen joint with fever

LONG-TERM OUTLOOK
Often manageable, but untreated inflammation can damage joints

Overview

Psoriatic arthritis is a long-term inflammatory condition affecting joints and the places where tendons or ligaments attach to bone. It is linked with psoriasis, which causes inflamed, scaly areas of skin and may also affect the nails.

The immune system normally protects you from infection. In psoriatic arthritis, immune activity mistakenly drives inflammation in healthy tissue. This can lead to pain, stiffness, swelling, and tiredness.

Psoriatic arthritis does not look the same in everyone. It may affect one joint or many joints. Some people have inflammation mainly in the fingers, toes, or spine. Skin and joint symptoms may also change at different times.

Most people develop psoriasis before joint symptoms, but arthritis can appear first or at about

the same time. Mild or hidden psoriasis, such as patches on the scalp or around the buttocks, may be easy to miss.

Early assessment matters because ongoing inflammation can permanently damage joints. Treatment can reduce symptoms, protect joint function, and help you continue everyday activities.

Symptoms

Symptoms may start gradually or come on more quickly. They can remain active, improve, or return in flares.

Common features include:

Enthesitis commonly affects the back of the heel, the sole of the foot, or areas around the knees and elbows. Dactylitis is sometimes described as a "sausage digit" because the whole finger or toe becomes swollen.

Nail changes can include small dents, thickening, discoloration, or separation from the nail bed. Nail psoriasis is not caused by poor hygiene or a fungal infection, although the two can sometimes look similar.

Some people have inflammation in the spine or the joints connecting the spine and pelvis. This may cause back or buttock pain that is worse after rest and better with movement. Pain can sometimes alternate between the buttocks.

Symptoms do not always match the severity of skin psoriasis. You can have significant joint inflammation with only a small amount of visible psoriasis.

- Painful, swollen, or warm joints
- Stiffness after waking or resting, often improving with movement
- Swelling of an entire finger or toe, called dactylitis
- Pain where tendons attach to bone, called enthesitis
- Tiredness that is not relieved fully by sleep
- Psoriasis patches or nail changes

Causes and risk factors

The exact cause is not fully understood. Psoriatic arthritis appears to result from a combination of immune activity, inherited susceptibility, and environmental influences.

Having psoriasis is the main risk factor, but most people with psoriasis do not develop psoriatic arthritis. A family history of psoriasis or psoriatic arthritis increases the chance, although the condition can occur without one.

Nail psoriasis is associated with psoriatic arthritis. Other factors linked with a higher chance include obesity and, in some studies, physical injury or certain infections. These associations do not mean that one event directly caused the condition.

Psoriatic arthritis is not contagious. You cannot catch it from skin contact, and psoriasis patches do not contain an infection.

Diagnosis

There is no single blood test or scan that confirms psoriatic arthritis. Diagnosis is based on the overall pattern of symptoms, examination findings, medical history, and test results.

A healthcare professional may examine your joints, spine, fingers, toes, skin, and nails. They may ask about morning stiffness, previous swollen joints, psoriasis, and family history. Skin changes can occur in less visible areas, including the scalp, navel, behind the ears, or between the buttocks.

Blood tests may check for inflammation using C-reactive protein, or CRP, and the erythrocyte sedimentation rate, or ESR. Normal results do not rule out psoriatic arthritis.

Tests for rheumatoid factor and anti-CCP antibodies can help distinguish psoriatic arthritis from rheumatoid arthritis. These tests are not definitive because results can overlap between conditions.

X-rays may show joint damage or characteristic bone changes, particularly after the condition has been present for some time. Ultrasound or MRI can detect inflammation in joints, tendons, and nearby tissues before it appears on an X-ray.

Joint fluid may be removed with a needle if one joint is suddenly swollen. Testing the fluid helps rule out infection or crystals such as uric acid, which cause gout.

A rheumatologist, a specialist in inflammatory joint conditions, often confirms and manages the diagnosis. A dermatologist may also help manage psoriasis.

Treatment and management

Treatment aims to reduce inflammation, relieve symptoms, prevent joint damage, and protect your ability to move and work. It may also need to control skin and nail psoriasis.

The best approach depends on which areas are inflamed, how active the condition is, previous treatment, and other health factors. Joint, spine, tendon, skin, and nail symptoms can respond differently to the same medicine.

Non-steroidal anti-inflammatory drugs like ibuprofen or naproxen , or NSAIDs, may ease pain and stiffness. They do not usually control moderate or severe inflammation on their own. They are not suitable for everyone, particularly some people with stomach, kidney, heart, or circulation problems.

A corticosteroid injection into an inflamed joint may provide temporary relief. Repeated or widespread steroid treatment has limitations, so its risks and benefits need individual assessment.

Disease-modifying antirheumatic drugs, usually called DMARDs, reduce immune-driven inflammation. Conventional DMARDs include medicines such as methotrexate, leflunomide, and sulfasalazine. They are mainly used for arthritis in the arms and legs.

Biologic medicines target specific parts of the immune system, such as tumour necrosis factor, interleukin-17, or interleukin-23 pathways. Targeted synthetic medicines act on immune signals inside cells. These treatments may be considered when the condition remains active or when certain areas, such as the spine or tendons, are affected.

These medicines can increase susceptibility to some infections. Screening, blood tests, and other monitoring may be needed before and during treatment. Vaccinations, pregnancy plans, liver health, and other medicines should be discussed with the prescribing team.

Movement is an important part of care. A physiotherapist can help with strength, flexibility, posture, and pacing. An occupational therapist can suggest ways to protect painful joints and adapt work or household tasks.

Regular activity is generally more helpful than prolonged rest, although an inflamed joint may need temporary adjustments. Low-impact options such as walking, cycling, or swimming may be easier during mild symptoms.

Medicines commonly used for this include adalimumab . Which one suits you, if any, is a decision for you and your doctor.

Complications

Persistent inflammation can damage cartilage and bone, changing the shape and movement of a joint. This damage cannot always be reversed, which is why ongoing symptoms need review even when pain is manageable.

Psoriatic arthritis may also affect daily function, sleep, work, relationships, and emotional health. Fatigue can be a major symptom rather than simply a result of poor sleep.

Associated health concerns can include:

These problems do not occur in everyone. Routine follow-up may include checking blood pressure, weight, cholesterol, and other cardiovascular risk factors.

A single hot, very painful joint can also be caused by an infection rather than psoriatic arthritis. Joint infection requires urgent assessment.

- Inflammation inside the eye, called uveitis
- Inflammatory bowel conditions
- Higher rates of heart and circulation problems
- Obesity, high blood pressure, diabetes, or abnormal cholesterol
- Anxiety or depression

Prevention

There is no proven way to prevent psoriatic arthritis. It involves inherited susceptibility and immune processes that are not under your control.

If you have psoriasis, reporting new joint swelling, persistent morning stiffness, heel pain, or a swollen finger or toe can support earlier assessment. This may reduce the chance of lasting damage if inflammatory arthritis is present, but it cannot guarantee prevention.

Maintaining a weight that is healthy for you and avoiding smoking may support general health and improve treatment response. These steps should not be viewed as a substitute for medical treatment or as proof that lifestyle caused the condition.

Living with it and what to expect

Psoriatic arthritis usually continues over many years. Symptoms may improve for periods and then flare. A flare is a temporary increase in inflammation or symptoms, although pain can also worsen for reasons unrelated to active inflammation.

Treatment may need adjustment over time. A medicine that works well for skin symptoms may not fully control the joints, or the reverse. Regular reviews allow treatment to be matched to the areas that remain active.

Many people continue working, exercising, caring for family, and taking part in usual activities.

Some need changes to their schedule, footwear, workspace, or physical tasks. More severe or persistent inflammation can limit movement and independence.

It can help to track swollen joints, morning stiffness, fatigue, skin symptoms, and how these affect daily activities. This gives the healthcare team more useful information than pain scores alone.

Take prescribed immune-modifying treatment consistently unless the prescribing team advises otherwise. Stopping suddenly may allow symptoms to return. If side effects, infections, costs, or practical problems make treatment difficult, raise them during follow-up rather than quietly going without it.

Routine monitoring remains important even when you feel well. Some inflammation and medicine-related effects may not cause obvious symptoms at first.

When to get medical help

Arrange a routine appointment if you have psoriasis and develop persistent joint pain, swelling, morning stiffness, heel pain, or a fully swollen finger or toe. Assessment is also appropriate if existing symptoms are becoming more frequent or are interfering with sleep and daily activities.

Contact your usual healthcare team promptly if treatment no longer controls symptoms, you develop possible medicine side effects, or you have signs of infection while taking an immune-modifying medicine. Follow the specific advice supplied with your treatment about fever, infections, and missed doses.

Seek urgent medical care for:

Call emergency services for severe breathing difficulty, facial or throat swelling, collapse, or another possible serious allergic reaction.

- A suddenly hot, swollen, very painful joint, especially with fever
- A painful red eye, light sensitivity, or new blurred vision
- New severe weakness, numbness, or loss of bladder or bowel control

Common questions

Can psoriatic arthritis happen without psoriasis?

Yes. Joint symptoms sometimes begin before visible psoriasis. Psoriasis may also be mild or

hidden on the scalp, nails, navel, or skin folds. A personal or family history can help with diagnosis, but it is not required in every case.

Does psoriatic arthritis show up in blood tests?

Not reliably. CRP and ESR may show inflammation, but they can be normal. Rheumatoid factor and anti-CCP tests help compare possible diagnoses but do not confirm or exclude psoriatic arthritis by themselves.

Is psoriatic arthritis the same as rheumatoid arthritis?

No. Both cause inflammatory joint symptoms, but they have different patterns and associated features. Psoriatic arthritis is linked with psoriasis and may involve entire fingers or toes, tendon attachments, nails, or the spine. A specialist uses the complete clinical picture to tell them apart.

Will psoriatic arthritis get worse?

The course cannot be predicted precisely. Some people have mild or occasional symptoms, while others develop persistent inflammation and joint damage. Early treatment and regular review improve the chance of controlling inflammation.

What does a psoriatic arthritis flare feel like?

A flare may involve more joint swelling, stiffness, pain, fatigue, or skin symptoms than usual. Not every painful period is an inflammatory flare. Infection, injury, poor sleep, or another condition can produce similar symptoms.

Can exercise make psoriatic arthritis worse?

Appropriate exercise does not usually damage inflamed joints and can support strength and movement. During a flare, reducing impact or changing the activity may be more comfortable. Sudden severe pain or swelling should be assessed rather than pushed through.

Sources

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