#### **PSORIATIC ARTHRITIS**

PRESENTED BY ROBERT R SPEER, DO, FAOSRD FOR THE AMERICAN OSTEOPATHIC SOCIETY OF RHEUMATIC DISEASES

#### Types of psoria4c arthri4s

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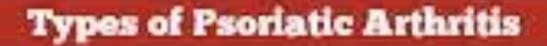
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Types of Psoriatic Arthritis:

Symmetric psoriatic arthritis Asymmetric psoriatic arthritis Distal interphalangeal predominant (DIP) Spondylitis

Arthritis mutilans





#### PsA involvment areas



#### Distribu4on of PsA symptoms



#### Types of Psoria4c Arthri4s

# • SYMMETRICAL- IN MATCHING PAIRS, can resemble rheumatoid arthri4s

ASYMMETRIC PSORIATIC ARTHRITIS-involves one to three joints in body- large or small—such as the knee, hip, or one or several fingers or toes

• Distal INTERPHALANGEAL (DIP) joints, it is some4mes confused with osteoarthri4s,

 SPONDYLITIS- predominent pain in the sacroiliac area, can be confused with ankylosing spondyli4s, reiters syndrome

 ARTHRITIS MUTILANS-affects the small joints of fingers and toes (pencil cup deformity of the DIP joints TYPES OF PSORIASIS ASSOCIATED WITH PSORIACTIC ARTHRITIS

- PLAQUE PSORIASIS-MOST COMMON
- GUTTATE PSORIASIS- WATER DROP FORMATION
- PUSTULAR- SMALL AREAS OF PSORIASIS WITH
  PUSTULES
- INVERSE PSORIASIS- FOUND IN SKIN FOLDS, RESEMBLES CELLULITIS

#### TYPES OF PSORIASIS, CONTINUED

- ERYTHRODERMIC- LEAST COMMON THAT AFFECTS MOST OF THE BODY- FIERY SKIN APPEARS BURNED
- NAIL PSORIASIS- PITTING, SEPARATION, YELLOW-BROWN COLOR, CHALK LIKE MATERIAL UNDER NAILS
- PSORIATIC ARTHRITS- 30-40% OF PEOPLE WITH PSORIASIS DEVELOP PsA

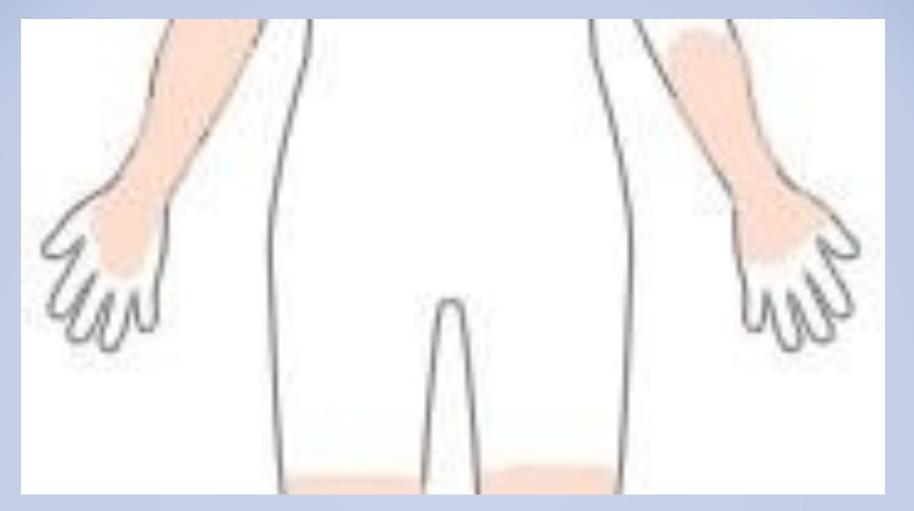
#### Mild up to 3% coverage



# Moderate psoriasis 3-10% body coverage



# Severe psoriasis covers more than 10% of body



# Plaque psoriasis



#### Plaque psoriasis- extensor surfaces



# Nail psoriasis



### Pustular psoriasis



# Pi\_ng nail psoriasis



# Guta`e psoriasis



# Inverse psoriasis



### Erythrodermic psoriasis



# Scalp psoriasis



### Plaque psoriasis elbows



# Gu`ate psoriasis



# Plaque psoriasis knees



# Nail psoriasis



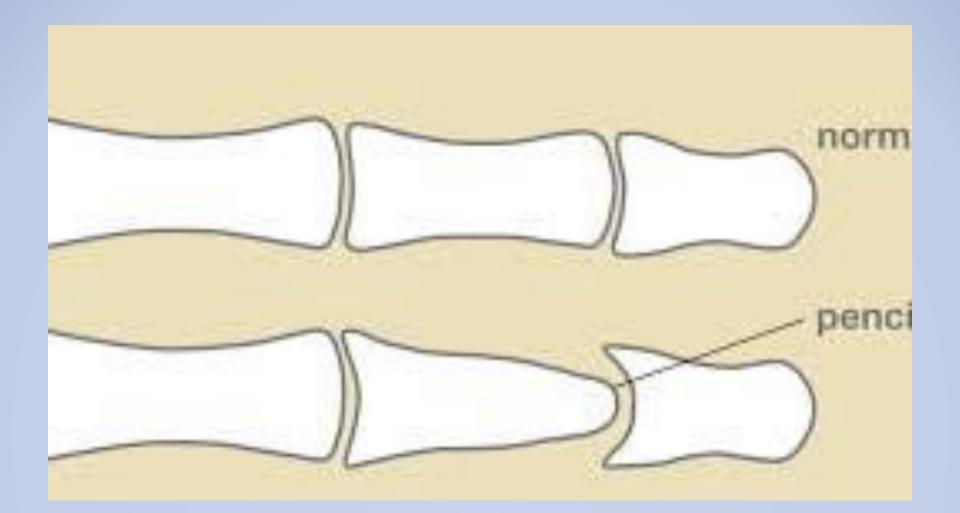
#### NAIL AND DISTAL SKIN INVOLVEMENT OF PSORIASIS



# Inflamma4on leading to pencil cup deformity



### Pencil cup deformity



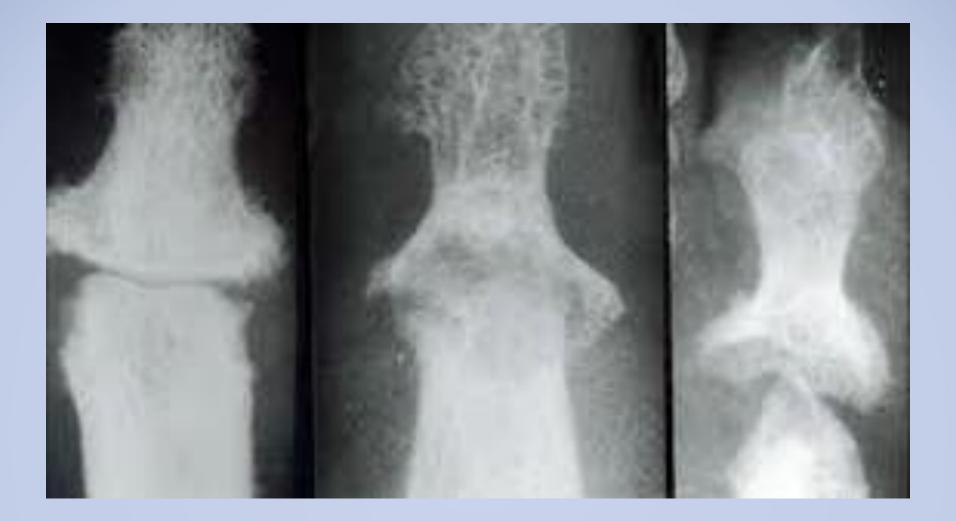
#### Pain-ball of foot



#### Pencil cup deformity feet



#### Distal DIP pencil cup deformity



#### Pencil cup deformity in PsA



#### Achilles enthesi4s



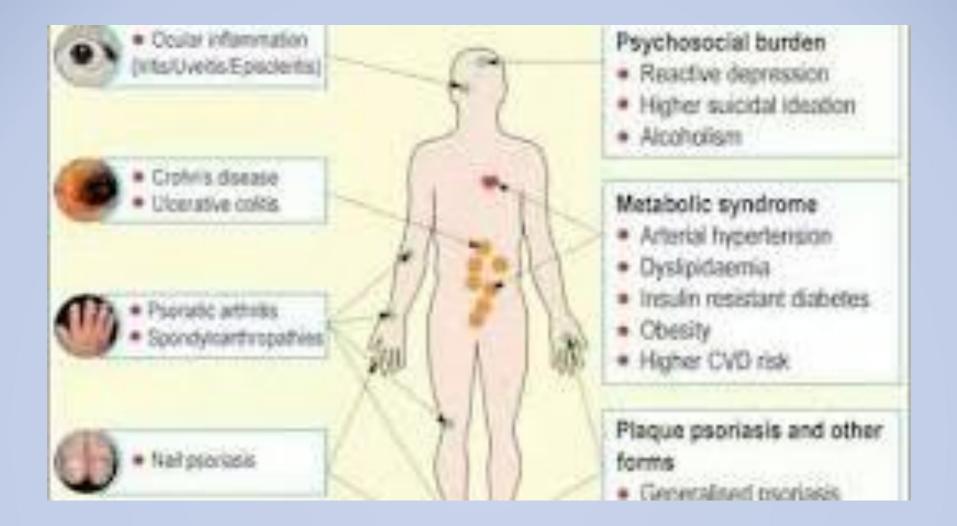
## Enthesi4s and dactyli4s of PsA



# Eye involvement in PsA uvei4s, iri4s, conjunc4vi4s



## Systemic affects of psoriasis



# Plaque psoriasis, pustular psoriasis



### Laboratory inves4ga4on

- CBC
- CHEM PANEL
- ANTI-CCP
- HLA-B27
- URINALYSIS
- HEPATITIS EVALUATION
- CRP, SED RATE
- THYROID TESTING
- .LYME TESTING

#### **TREATMENT OPTIONS**

- NSAID's—dclofenac, ibuprophen etc
- Steroids, --pulse packs, intra ar4cular, sub lesional, trigger points, systemic daily dose
- Dmard's—plaquenil, methotrexate, leflunomide etc.
- Alterna4ve medicine-low dose naltrexone
- Biologics- tnf inhibitors, IL -6,17.12.23 inhibitors
- Enzyme inhibitors- pde4 inhibitor

# Types of biologics

- ETANERCEPT (enbrel) TNF inhibitor
- biosimilar-( etanercetp-szzz) (erelzil)
- ADALIMUMAB (humira) IL-6 inhibitor
- biosimilar (adalimumab-a`o (amjevita)
- INFLIXIMAB (Remicade) tnfalpha inhibitor
- biosimilar (infliximab-dyyb)(Inflectra)
- VERY VERY IMPORTANT—BIOSIMILARS ARE NOT GENERICS OF THE PARENT DRUG

### **BIOLOGICS CONTINUED**

- USTEKINUMAB-(sterlara) IL-12-23 inhibitor
- SECUKINUMAB –(cosentyx) IL-17 inhibitor, binder
- CERTOLIZUMAB (-CIMZIA) tnf alpha inhibitor
- GOLIMUMAB- (simponi)-tnf inhibitor

• Enzyme non biologic inhibior (Apremilast) Otezla- oral tablet (PDE 4 inhibitor)

#### **Biologics con4nued**

- Ixekizumub IL-17A inhibitor (Taltz)
- Guselkumab IL-23 blocker (Tremfya)
- Brodalumab IL17 inhibitor (Siliq)
- Risankizumab IL23 blocker (Skynizi)
- Tildakizumab IL23 blocker (Ilumya)

## Costs of meds (biologics)

- Enbrel--\$4846-5506
- Humira-- \$5007
- Otezla--\$3435
- Cosentyx--\$4999
- Stelara--\$21,807-25,895
- Taltz--\$5134-6026
- Tremfya--\$10,610-12,905
- Skynizi--\$24,000-45,572

## Cost of meds (DMARDS)

- Mtx--\$34.84
- Plaquenil--\$35.20
- Prednisone--\$4.00
- Sulfasalazine--\$16.41
- Leflunomide (arava)--\$65.00

- Sample ini4al tx plan
- Topical steroids
- Mtx, 10-20 mg once a week oral or sq weekly
- Sulfasalazin-500mg bid,,
- Plaquenil 200 mg bid
- Add other dmards or begin biologics if first and second step does not get you to target goal, you can begin a biologic with mtx as a first line treatment if you so choose, but good luck ge\_ng it approved by third party, rmember befor biolgic tx get a hep profile and a TB test done, do not statr a biologic if infec4on or fungal infec4on is current.

Thank you very much for your a`en4on

• Any ques4ons can be raised at this 4me