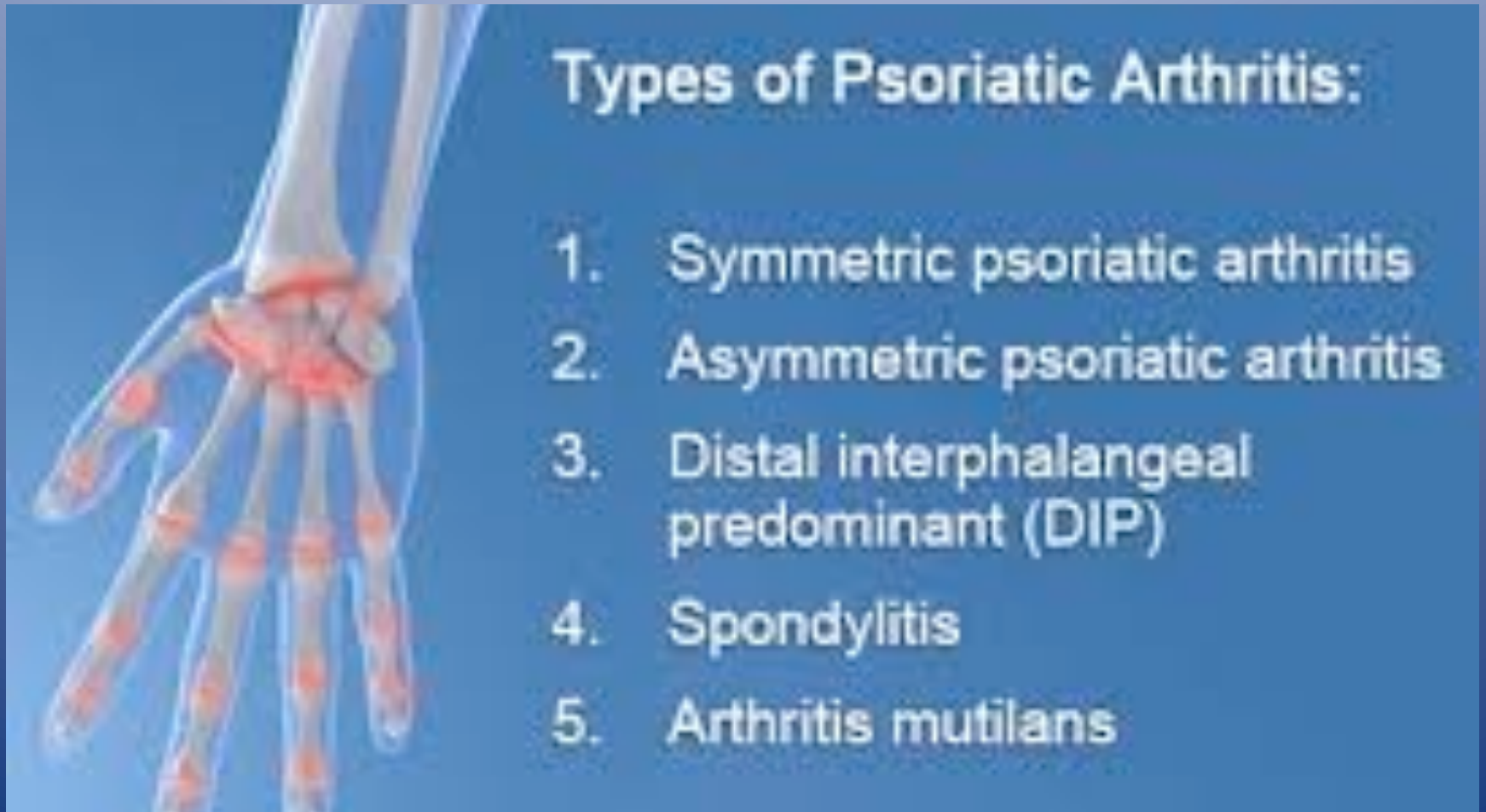


PSORIATIC ARTHRITIS

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SOCIETY OF RHEUMATIC DISEASES

Types of psoriatic arthritis



Types of Psoriatic Arthritis



Distal
psoriatic
arthritis



Spondylitis



Arthritis
Mutilans



Enthesitis



Dactyl

PsA involvment areas



Distribution of PsA symptoms



Types of Psoriatic Arthritis

- SYMMETRICAL- IN MATCHING PAIRS, can resemble rheumatoid arthritis

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 sometimes confused with osteoarthritis,

- SPONDYLITIS- predominant pain in the sacroiliac area, can be confused with ankylosing spondylitis, 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 ARTHRITIS- 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



Pitting nail psoriasis



Guttate psoriasis



Inverse psoriasis



Erythrodermic psoriasis



Scalp psoriasis



Plaque psoriasis elbows



Guttate psoriasis



Plaque psoriasis knees



Nail psoriasis



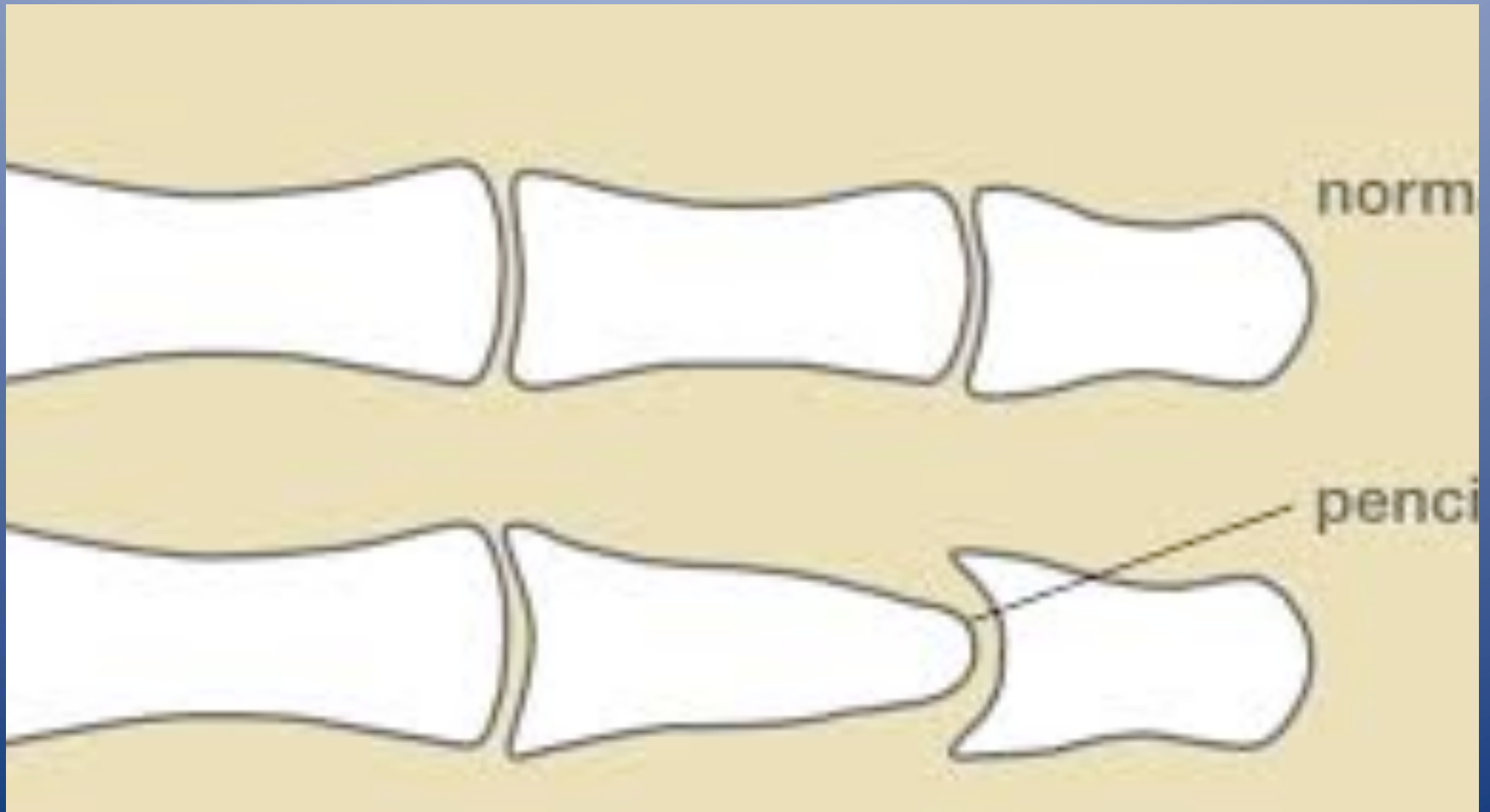
NAIL AND DISTAL SKIN INVOLVEMENT OF PSORIASIS



Inflammation leading to pencil cup deformity



Pencil cup deformity



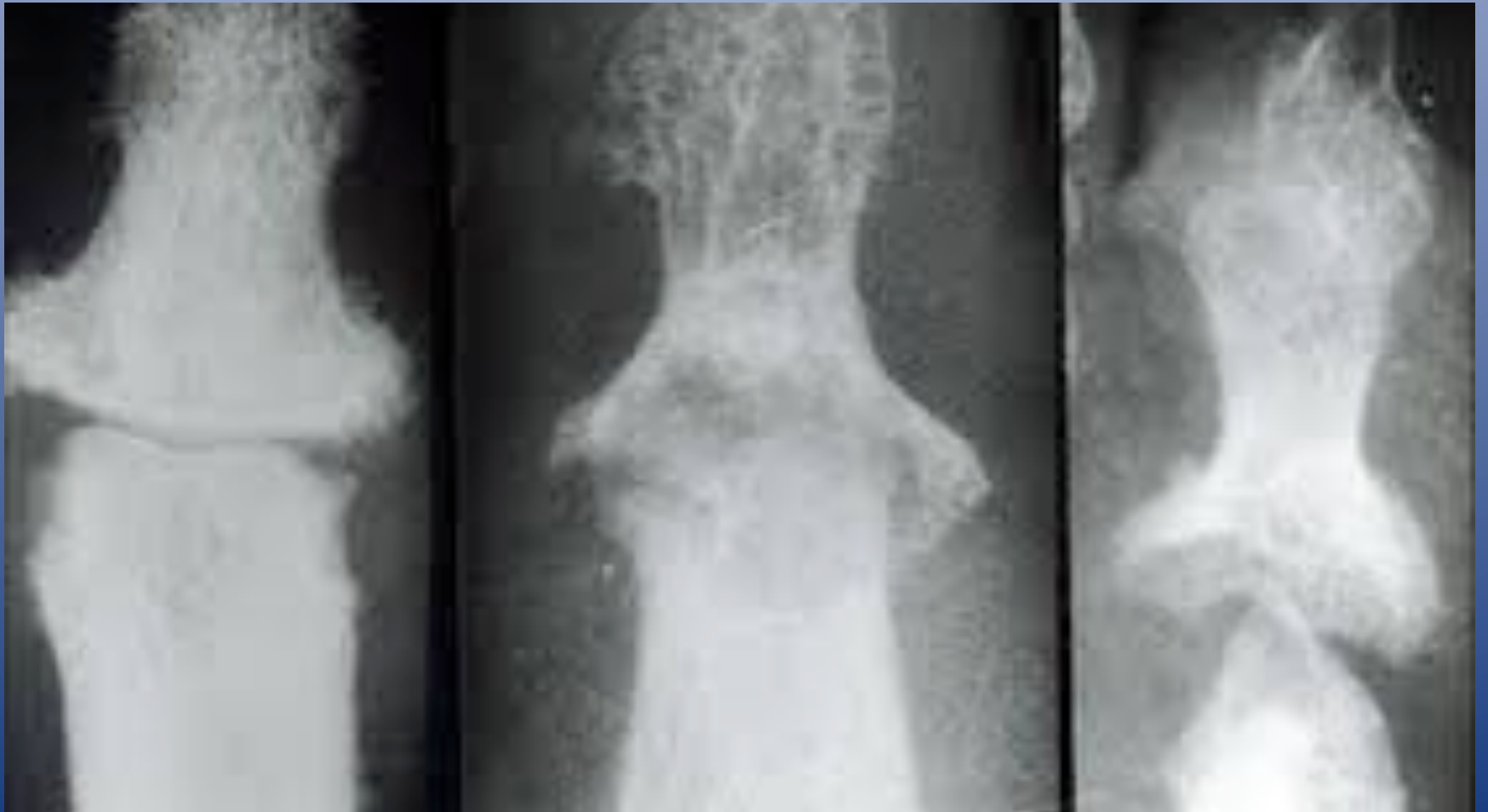
Pain-ball of foot



Pencil cup deformity feet



Distal DIP pencil cup deformity



Pencil cup deformity in PsA



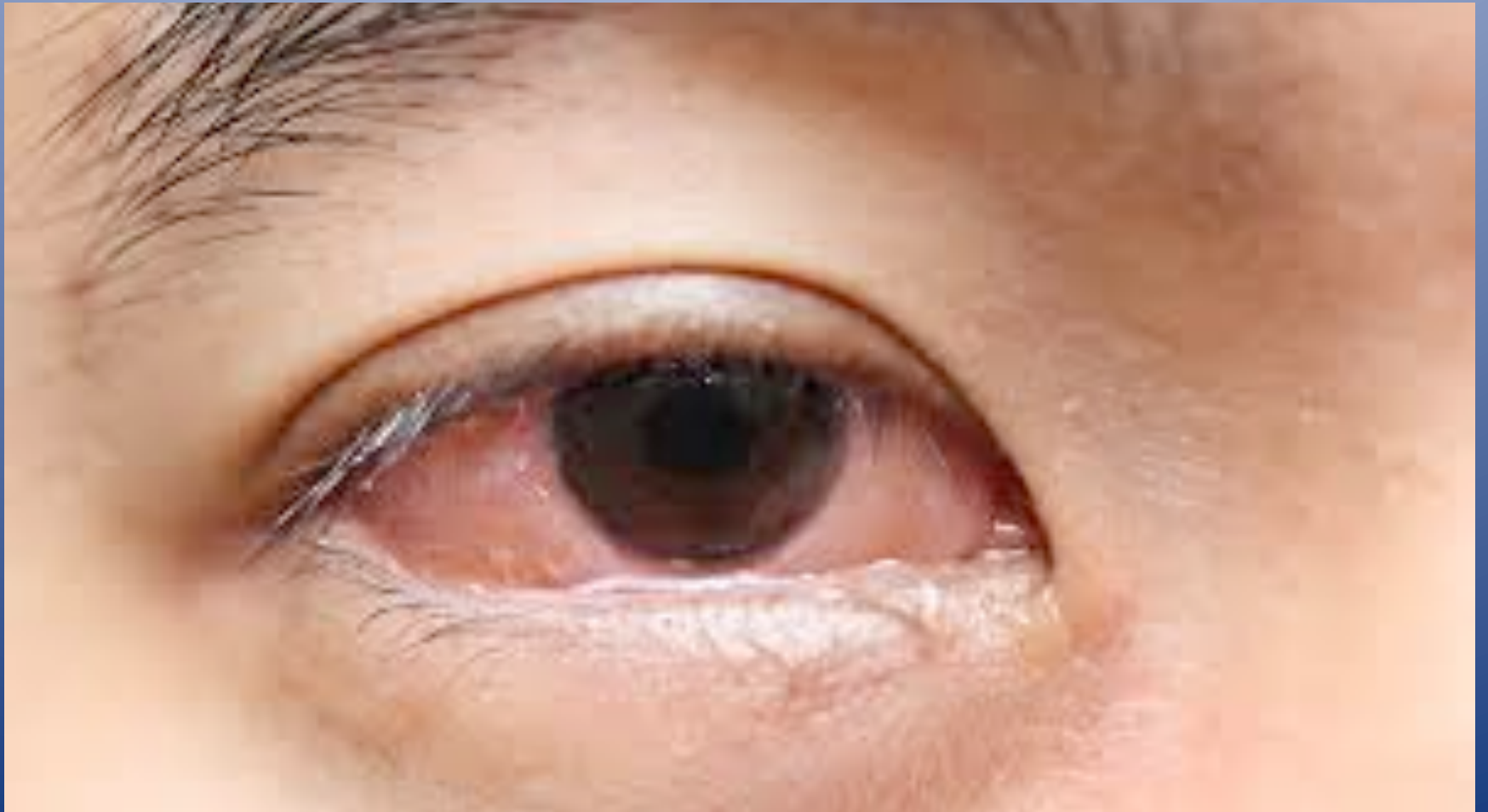
Achilles enthesitis



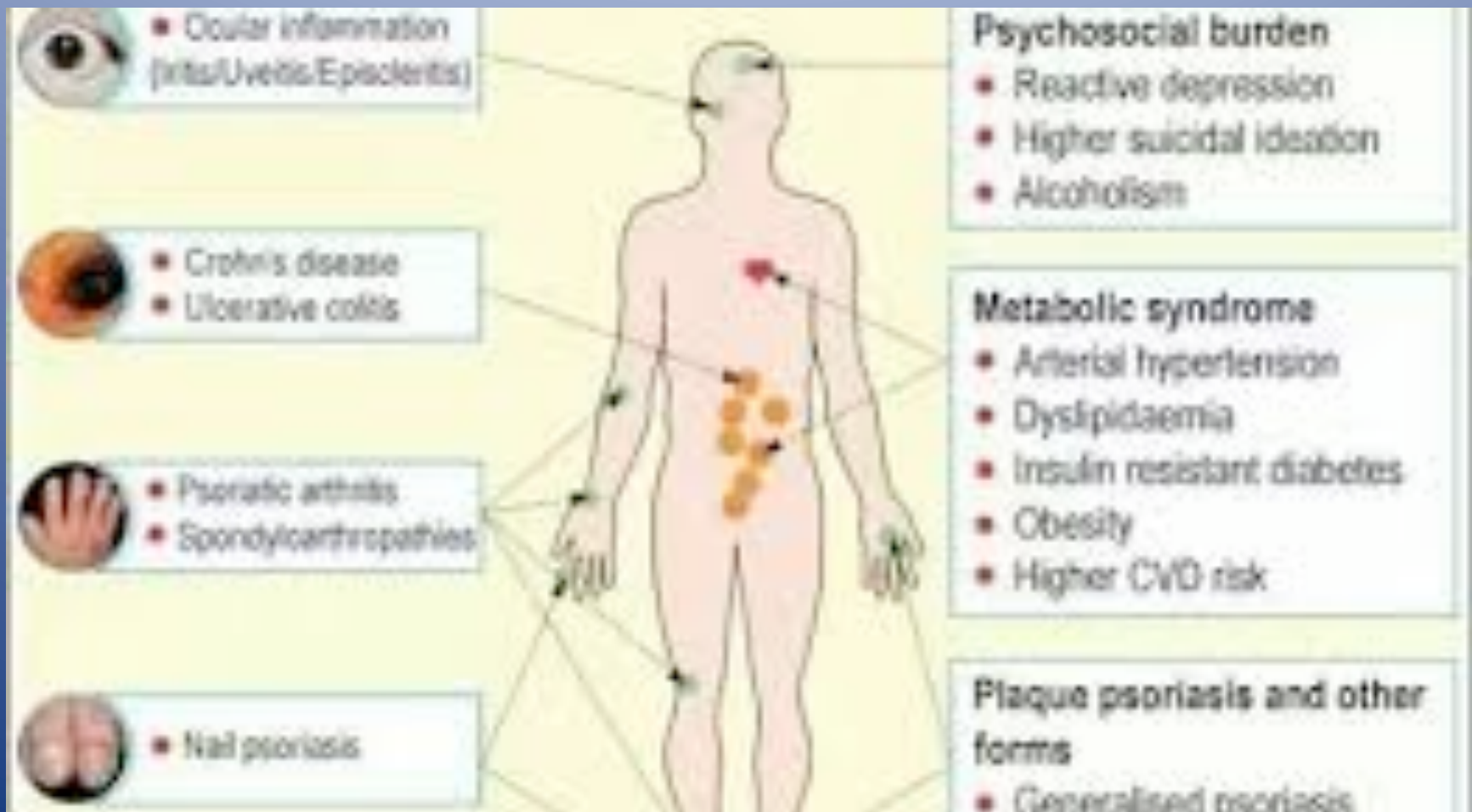
Enthesitis and dactylitis of PsA



Eye involvement in PsA uveitis, iritis, conjunctivitis



Systemic effects of psoriasis



Plaque psoriasis, pustular psoriasis



Laboratory investigation

- 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 articular, sub lesional, trigger points, systemic daily dose
- Dmard's—plaquenil, methotrexate, leflunomide etc.
- Alternative 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-atto (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 inhibitor (Apremilast)
Otezla- oral tablet (PDE 4 inhibitor)

Biologics continued

- Ixekizumab 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 initial 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 getting it approved by third party, remember before biologic tx get a hep profile and a TB test done, do not start a biologic if infection or fungal infection is current.

- Thank you very much for your attention
- Any questions can be raised at this time