

# PATIENT JOURNEY: PSORIATIC ARTHRITIS (PsA)

Pre-diagnosis

Diagnosis & Treatment



## Symptoms

You have psoriasis and experience joint pain, stiffness, or swelling. You may also experience back pain that gets better with activity and worse with rest, or swollen fingers or toes (like a sausage).



## Healthcare Provider Visit

Visit your doctor or a nurse practitioner (or sometimes a dermatologist) to talk about your symptoms, perform a physical exam and order blood tests and X-rays.



## Specialist Referral

You are referred to a rheumatologist for suspected inflammatory arthritis.



## Rheumatologist Visit & Tests

Expedited appointment with a rheumatologist for:

- Review of history
- General physical examination
- Joint examination and joint counts
- Assessment of the need for further blood tests and imaging (e.g. X-rays or ultrasound), with appropriate tests ordered



## Diagnosis

You are diagnosed with psoriatic arthritis (PsA).



## Learn More About PsA

You can learn more about PsA through:

- Arthritis Society ([arthritis.ca](http://arthritis.ca))
- Credible information resources
- Your healthcare team: *rheumatologist, family doctor, physiotherapist, occupational therapist, rheumatology nurse, pharmacist, dietitian, social worker*



## Initial Treatment

Start your treatment with 1 to 3 DMARDs (Disease-Modifying Anti-Rheumatic Drug)

- Most common: methotrexate with folic acid
- Sometimes: sulfasalazine, leflunomide, or others

You can expect follow-up lab tests and frequent monitoring to assess effectiveness and side effects of your treatment. These treatments may improve skin psoriasis, but co-management with a dermatologist may be necessary. Other skin treatments may be used, including creams or ointments, and UV light therapy.

For short term use or flare-ups, treatment may include:

- Steroid pills or receive joint injections with corticosteroids
- NSAIDs (Non-Steroidal Anti-inflammatory Drugs)
- Painkillers (analgesics), preferably non-opioid



## Follow-Up Visit

Visit your rheumatologist for follow-up:

- Review of immunizations, cardiovascular risk, hepatitis B/C status
- If required, perform additional lab and imaging tests



## Additional Treatment

Visit your rheumatologist to refine DMARD treatment to better control PsA and meet drug formulary requirements for advanced treatment:

- Switch to a different DMARD
- Add DMARDs in combination

↓ **PsA Still Active** ↓

Visit your rheumatologist to add biologics or other targeted treatments:

- TNF inhibitors (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab)
- IL-17 inhibitor (secukinumab, ixekizumab)
- IL-12/23 inhibitor (ustekinumab)
- PDE4 inhibitor (apremilast)

You may need to be screened for tuberculosis and your treatment may require a needle under the skin or into a vein.

↓ **PsA Still Active** ↓

Visit your rheumatologist to switch to a different biologic treatment until PsA is well controlled.



## Monitoring & Follow-Up

Once treatment has stabilized your PsA, your rheumatologist will continue monitoring your condition.

- Possibly taper DMARD doses, rarely stop DMARDs completely

Do not stop any medications, or change how much of your medication you take, until you discuss it with your rheumatologist. Symptoms may return if certain medications are stopped.

