PSORIATIC ARTHRITIS (PsA): PATIENT JOURNEY

Arthritis SOCIETY CANADA

Psoriatic Arthritis (PsA) can impact your ability to carry out daily activities. This patient journey will help you better understand how to manage your symptoms, practice self-management techniques and inform your follow up appointments with your healthcare provider.

Pre-diagnosis

Symptoms

You experience joint pain, stiffness, and/or swelling and may have psoriasis. You may also experience back pain that gets better with activity and worse with rest, or swollen fingers or toes that look like sausages.

Healthcare Provider Visit

Visit your doctor (sometimes a dermatologist) or nurse practitioner, who will ask about your symptoms, perform a physical exam and may order blood tests and X-rays. If needed, advocate for yourself to help ensure you are able to get some answers about the cause of your pain.
Seeing a specialist may take some time.

Specialist Referral

You are referred to a rheumatologist for suspected inflammatory arthritis.

Rheumatologist Visit & Tests

Your appointment with a rheumatologist will include:

- A review of your medical history, including your new joint symptoms
- A general physical examination
- A joint examination and counting of tender and swollen joints
- Possibly a spine examination
- Assessment of the need for further blood tests and imaging (e.g. X-rays or ultrasound) with appropriate tests ordered

It can take some time to identify the exact cause of your symptoms and confirm a diagnosis.

Diagnosis & Treatment

Diagnosis

You are diagnosed with psoriatic arthritis.

Learn More About PsA

You can learn more about PsA through:

- Arthritis Society Canada (arthritis.ca)
- Credible information resources, such as rheuminfo.com and rheumatology.org
- Your healthcare team: *rheumatologist, family doctor, physiotherapist, occupational therapist, rheumatology nurse, pharmacist, dietitian, social worker, dermatologist*

Follow-Up Visit

Visit your rheumatologist for follow-up every 3-6 months to:

- Assess the status of your PsA and the need to modify any of your treatments
- Periodically review your immunization status and cardiovascular risk
- Perform additional lab and imaging tests, if required

PsA Still Active / PsA Stabilized

Additional Treatment

If your symptoms are persistent despite initial therapies, other strategies should be considered.

PsA Still Active

Your rheumatologist can 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

Your rheumatologist can add biologics or other targeted treatments:

- TNF inhibitors (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab)
- JAK inhibitor (tofacitinib)
- PDE4 inhibitor (apremilast)
- IL-17 inhibitor (ixekizumab, secukinumab)
- IL-12/23 inhibitor (ustekinumab)
- Selective T cell co-stimulation modulator (abatacept)
- IL-23 inhibitors (approved for psoriasis, under study for PsA: guselkumab, risankizumab, tildrakizumab)

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

PsA Still Active

There is an ongoing need for you to visit your rheumatologist to consider the use of different biologic (or targeted) treatment until your PsA is well controlled.

Initial Treatment: Self-Management

Start your treatment by increasing physical activity. Different types of exercise, including range of motion, stretching and endurance, can improve outcomes for people with PsA. Heat and cold can also alleviate pain, swelling and stiffness. Allied professional healthcare services such as physiotherapy and occupational therapy can help with your self-management. A healthy diet may also help to reduce inflammation and optimize your weight.

Initial Treatment: Medication

Your first line of medication therapy begins with 1 to 3 DMARDs (Disease-Modifying Anti-Rheumatic Drugs)

- Most common: methotrexate (pills or injections weekly) with folic acid supplements
- Sometimes: sulfasalazine, leflunomide, or others

You can expect follow-up lab tests and frequent monitoring to assess the 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:

- Corticosteroid injections in the joint
- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Non-opioid painkillers (analgesics)

PsA Stabilized

Monitoring & Follow-Up

Once treatment has stabilized your PsA, your rheumatologist will continue monitoring your condition. Your DMARD and biologic/targeted therapy doses might be tapered, but rarely stopped 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. Continue your self-management through staying active and eating well.

Back to Self-Management