

# Psoriatic Arthritis

## – is it just Rheumatoid Arthritis with a Rash?

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# Case One

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- 35 year old man
  - 3 month history of monoarthritis right knee
  - One hour early morning stiffness
  - Dandruff
  - Family history of Crohn's disease
  - CRP and ESR normal
  - Anti CCP, Rheumatoid Factor negative

# Case Two

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- 55 year old lady
  - Insidious onset distal interphalangeal joint pain
  - Early morning stiffness lasts 30 minutes
  - Possible family history of psoriasis- dad
  - Anti CCP, Rheumatoid Factor negative

# Case Three

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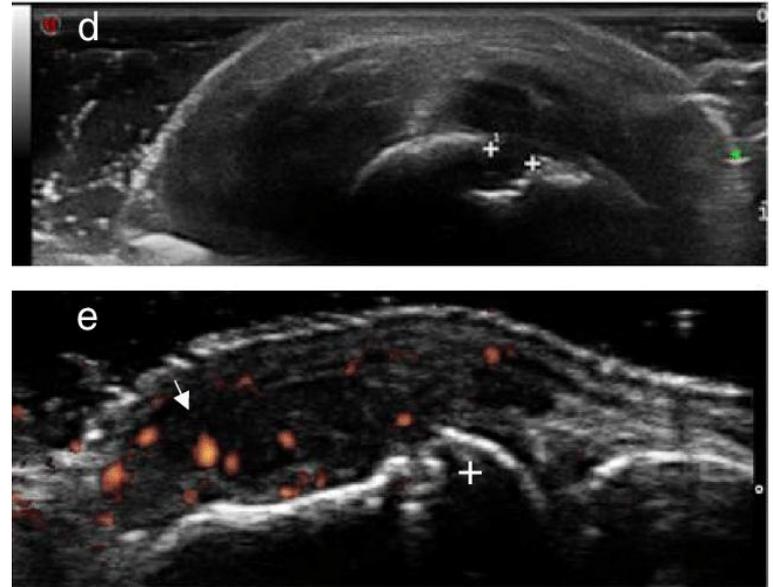
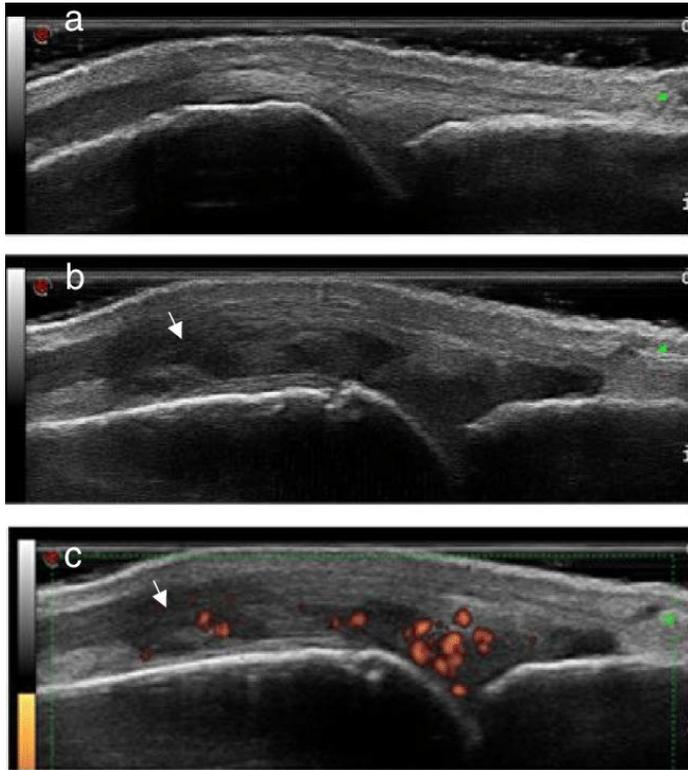
- 50 year old man
  - Marathon runner and active physical job
  - Recurrent debilitating enthesitis in gluteal and adductor muscles
  - History not suggestive of inflammatory arthritis
  - Stiffness worse later in the day, after prolonged time in the car
  - Family history – Psoriasis, Crohn's

# Psoriatic Arthritis

- Recognised as separate disease in 1964 by the American Rheumatism Association
- First formally defined by Moll and Wright (Leeds) in 1970
- Five patterns:
  - Asymmetrical oligoarthritis
  - Symmetrical small joint polyarthritis
  - Distal interphalangeal joint involvement
  - Spondylitis (spinal disease)
  - Arthritis mutilans



# Ultrasound findings



# Xray changes

'pencil in cup'



DIP joint erosions



Arthritis mutilans



# Diagnosis - CASPAR Criteria

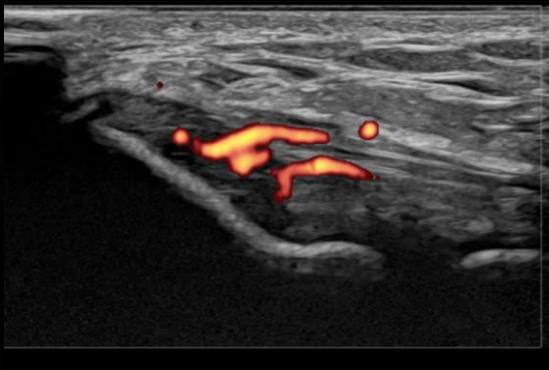
Entry criterion: Articular disease (joint, spine or enthesal)	
	Points
1. Evidence of psoriasis <ul style="list-style-type: none"><li>• Current psoriasis</li><li>• Personal history of psoriasis</li><li>• Family history of psoriasis</li></ul>	2 or 1 or 1
2. Psoriatic nail dystrophy (pitting, onycholysis, hyperkeratosis)	1
3. Negative test result for rheumatoid factor	1
4. Dactylitis <ul style="list-style-type: none"><li>• Current dactylitis</li><li>• History of dactylitis</li></ul>	1 or 1
5. Radiologic evidence of juxta-articular new bone formation	1

*Adapted from Taylor et al.<sup>3</sup>*

CASPAR: Currently, the Classification Criteria for Psoriatic Arthritis; PsA: Psoriatic arthritis. To meet the CASPAR criteria for PsA, a patient must have inflammatory articular disease (joint, spine or enthesal) and score  $\geq 3$  points.

# Additional relevant signs and symptoms

- Constitutional symptoms
- Enthesitis
- Dactylitis
- Nail changes
- Inflammatory back pain



# Metabolic Syndrome

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**Psoriasis**

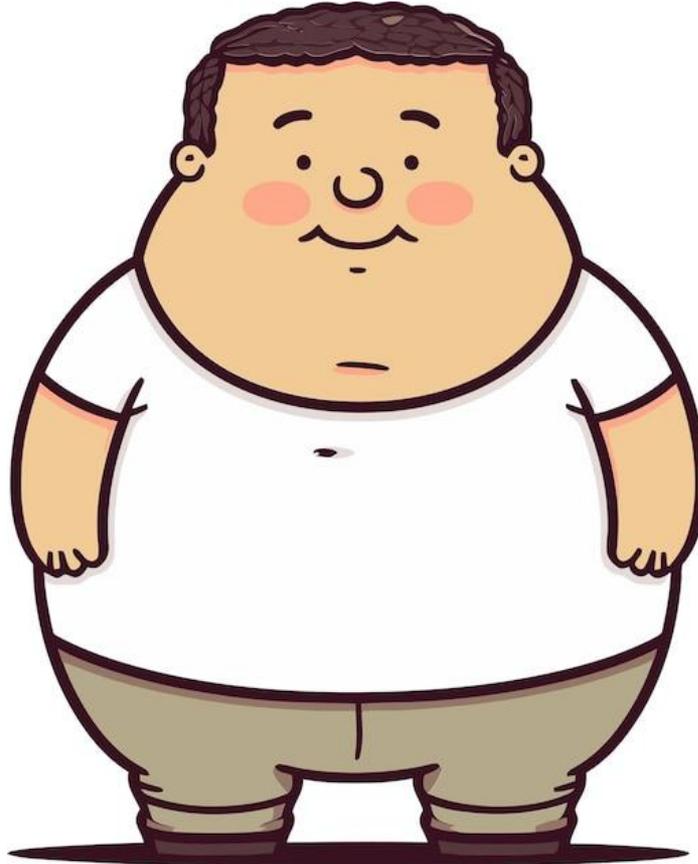
**Hyperlipidaemia**

**Psoriatic Arthritis**

**Raised BMI**

**Hypertension**

**Type 2 Diabetes**



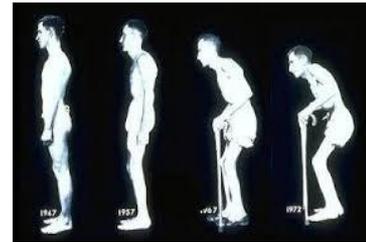
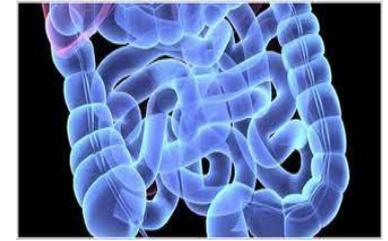
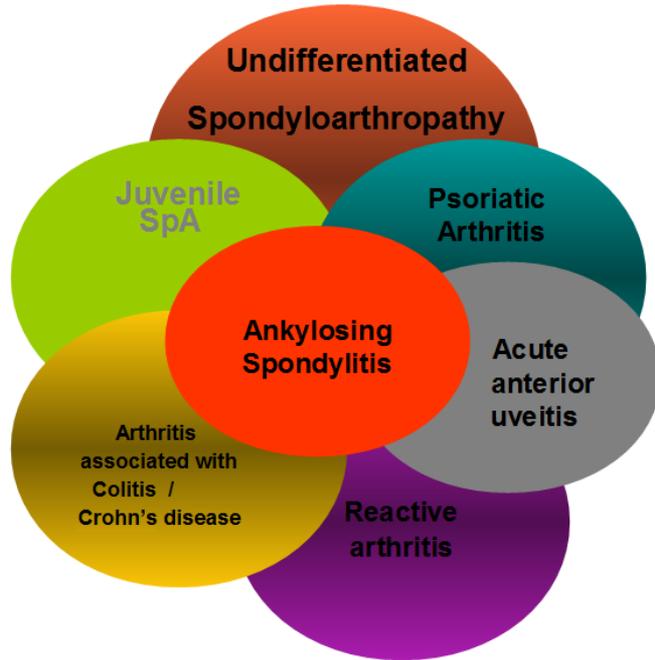
# Prevalence

- Psoriasis = 2-4% of the population in Western countries (1,2)
- Psoriatic Arthritis= 10-40% of those with Psoriasis (3)



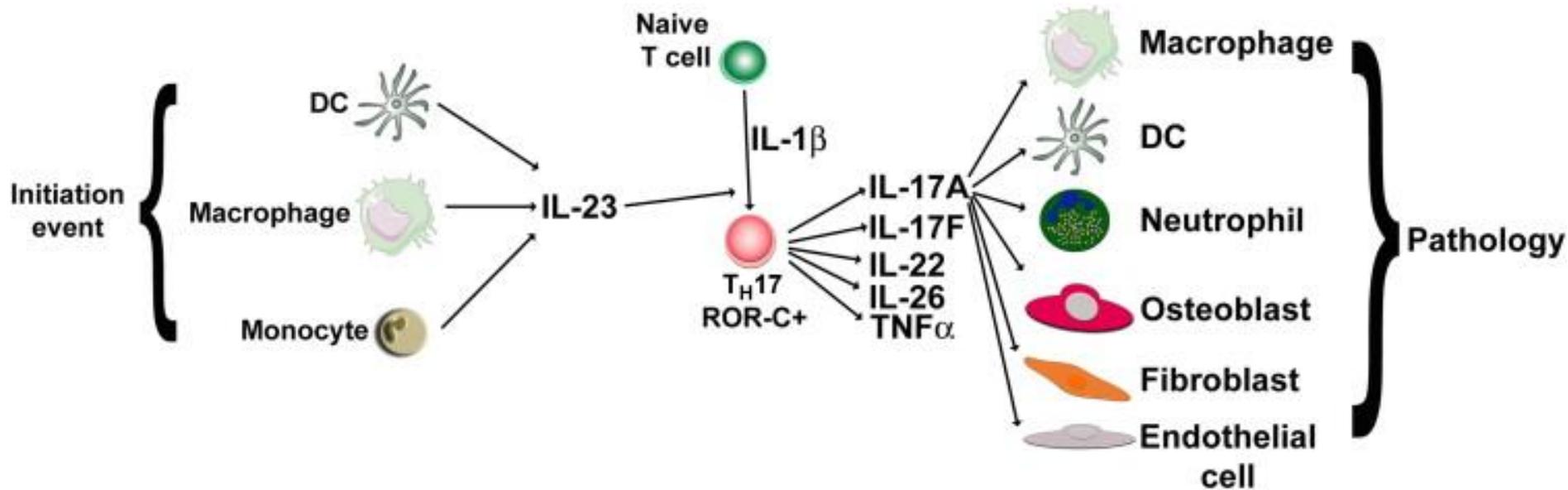
1 Stern et al, 2004; 2 Kurd and Gelfand 2009,  
3 Haroon et al, 2013

# Spondyloarthritis



# Pathogenesis

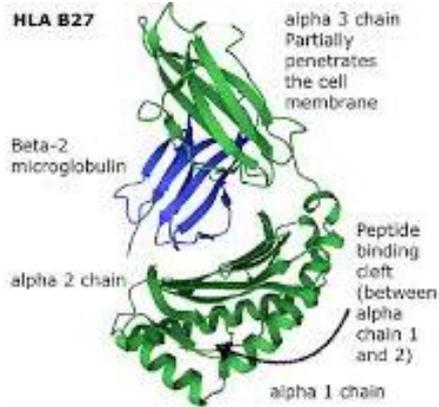
Complex interplay between genetic, immunological and environmental factors



# Pathogenesis

## Genetics

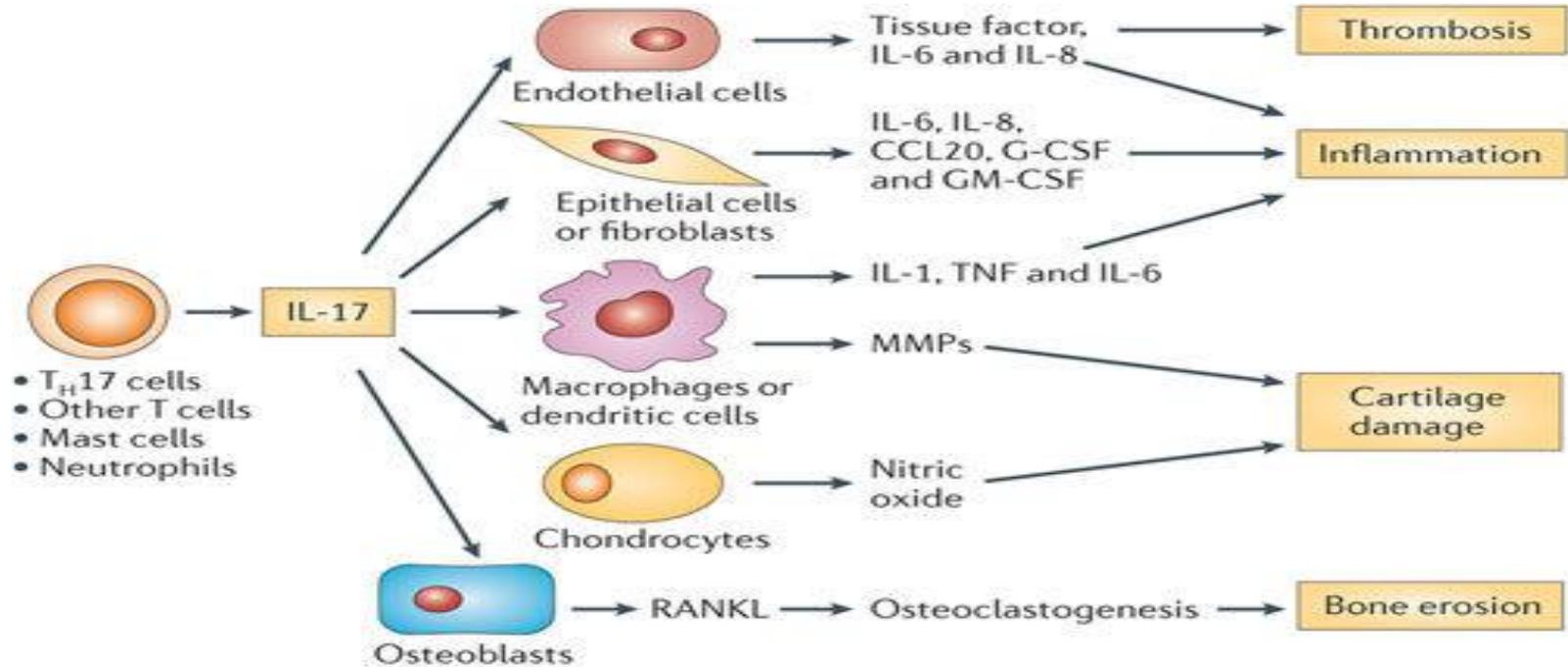
- MHC Class 1
  - HLA-C\*06
  - HLA-B839
- CD8+ T cells
- HLA B27



## Immunology

- IL-23/IL-17 axis
- TNF- $\alpha$
- IL-23
- IL-17

# Role of IL-17A



# Treatment Goals

- Early treatment initiation and up-titration
  - 'treat to target'
- Ultimate goal is remission
  - 'very low disease activity'
- Aim for Minimal Disease Activity
  - MSK symptoms
  - Skin involvement
  - **Fatigue**
  - **Pain**
  - **Function**

A PsA patient is classified as “in MDA” when they meet 5 of the following 7 criteria:

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Tender joint count	≤ 1
Swollen joint count	≤ 1
PASI ≤ 1 or BSA	≤ 3
Patient pain VAS	≤ 15
Patient global activity VAS	≤ 20
HAQ	≤ 0.5
Tender enthesal points	≤ 1

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# Medical Management

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- NSAIDs
- **Steroids**
  
- Disease modifying antirheumatic drugs
  - Methotrexate
  - Leflunomide
  
- Biologics:
  - Anti TNFs
  - Anti IL-17A/AF
  - JAK inhibitors
  - Anti IL-23

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  - **Management:**
  - Methotrexate 15mg weekly folic acid 5mg weekly

# Case Two

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- 55 year old lady
  - Insidious onset distal interphalangeal joint pain
  - Early morning stiffness lasts 30 minutes
  - Possible family history of psoriasis- dad
  - Anti CCP, Rheumatoid Factor negative
- **Management:**
  - Trial of methotrexate – unsuccessful and side effects
  - Trial of adalimumab- unsuccessful
- Change of diagnosis to erosive OA
- Symptomatic management, joint injections

# Case Three

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- 50 year old man
  - Marathon runner and active physical job
  - Recurrent debilitating enthesitis in gluteal and adductor muscles
  - History not suggestive of inflammatory arthritis
  - Stiffness worse later in the day, after prolonged time in the car
  - Family history – Psoriasis, Crohn's
  
- **Management:**
  - Methotrexate – abnormal LFTs and fatigue but some improvement
  - Switched to adalimumab doing v well. Resumed running

# Takeaway Points

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Consider diagnosis of Psoriatic Arthritis if:

- New polyarthralgias +/- synovitis
- Unusual/recurrent enthesopathy
- Protracted early morning stiffness
- Personal history of psoriasis
- Family history of psoriasis, inflammatory bowel disease, uveitis
  
- Maybe consider HLA B27 test
  
- **DIFFICULT TO DIAGNOSE!**
  
- Diagnostic delay on average is 2.8 years

# Thank you