

TAKING CONTROL OF YOUR

PSORIATIC ARTHRITIS



A practical guide to treatments,
services and lifestyle choices

How can this booklet help?

This booklet is designed for people who have psoriatic arthritis.

It will help you understand your condition so that you can better manage your symptoms and continue to lead an active and healthy life.

This booklet offers information and practical advice to help you:

- understand what psoriatic arthritis is and what it means for you
- work with your healthcare team to manage the disease and reduce symptoms
- make positive lifestyle choices
- understand how your medicines can help in the short and long term
- find support to cope with the emotional and lifestyle impacts of arthritis.

The information inside is evidence-based, and has been reviewed by Australian experts to make sure it is current and relevant to your needs. So go ahead — take control of your psoriatic arthritis!

© Copyright Arthritis Australia 2019.

Reviewed July 2019.

Proudly sponsored by an unrestricted educational grant from:



Original booklet produced by:
Indegene Australia Pty Ltd

AU-RHU-2013-64c

CONTENTS

UNDERSTANDING PSORIATIC ARTHRITIS	6
WHO CAN HELP?	9
WORKING WITH YOUR GP	10
SEEING A SPECIALIST	11
OTHER HEALTH PROFESSIONALS	13
HEALTHY MOVES FOR YOUR JOINTS	15
MAKING THE MOST OF MEDICINES	18
SEEKING SUPPORT	22
GLOSSARY OF TERMS	25
USEFUL RESOURCES	26

Medical and consumer consultants

(Reviewed in July 2019)

Dr Paul Bird
Rheumatologist

Lyn Crossley
Arthritis SA, Health Educator

Dr Scott Graf
Rheumatologist

Dr Tiffany Gill
President Arthritis SA,
Physiotherapist and Researcher

Judith Lowe
Arthritis SA, Health Educator

Dr Mona Marabani
Rheumatologist and President of
Arthritis Australia (2007-2010)

Dr Peter Nash
Rheumatologist

Mrs Judith Nguyen
Arthritis Australia Board Member

Jo Rayner
Arthritis SA, Manager Education
Research and Advocacy

Dr Peter Youssef
Rheumatologist and Chair of
Arthritis Australia Scientific Advisory
Committee



The information in this booklet has been obtained from various sources and has been reviewed by Arthritis Australia. It is intended as an educational aid and should not be used in place of medical advice. It can be reproduced in its entirety but cannot be altered without permission from Arthritis Australia.

The National Health and Medical Research Council (NHMRC) publication *How to present the evidence for consumers: preparation of consumer publications* (2000) was used as a guide in developing this booklet.



Understanding psoriatic arthritis

What is psoriatic arthritis?

Psoriatic arthritis is a condition that causes inflammation of the joints. This causes the joints to become painful, stiff and often swollen. Around one in ten people who have a skin disease called psoriasis develop psoriatic arthritis. Sometimes the arthritis appears before or at the same time as the psoriasis, but for most people the joint problems occur after the skin condition.

While psoriatic arthritis tends to affect different people in different ways, early symptoms may include swelling, heat, tenderness, pain or stiffness in your joints. It affects men and women equally and can occur at any age.

What causes psoriatic arthritis?

Like many forms of arthritis, the causes of psoriatic arthritis are not fully understood. While there is no clear pattern of inheriting psoriatic arthritis, a family history of psoriasis or psoriatic arthritis does seem to be an important risk factor in around 40% of people who develop the disease. The onset of psoriasis and psoriatic arthritis can also be triggered by other factors,

including smoking and a range of infections and viruses.

Whatever starts the process, the main problem in psoriatic arthritis is that your body's immune system begins to target your joints. Usually the immune system protects you against infections, but in psoriatic arthritis it mistakenly treats the tissue of your joints as 'foreign'. This can lead to inflammation in the joint causing the symptoms of arthritis. If it is not treated it can cause permanent and irreversible damage to your bones and joints. Early treatment of psoriatic arthritis is important in reducing the risk of damage to the joints. Inflammation also targets the structures in the skin and nails.

How will psoriatic arthritis affect me?

Psoriatic arthritis affects people in different ways. Sometimes only a single joint is affected, while for some people many different joints across the body can be affected.

Symptoms may include

- a finger or toe that swells like a small sausage — this is called dactylitis



- the spine (backbone) may become inflamed, resulting in back pain and stiffness — this is called spondylitis
- pain in places where muscles and tendons attach to your bones (enthesitis), especially at the back of the heel and in the sole of the foot
- skin rash
- red, sore eyes
- your fingernails or toenails may become thick, pitted or change colour.

There is no current 'cure' for psoriatic arthritis, but for most people it can be controlled with ongoing care.

Whatever your symptoms, many people find that the disease comes (flares) and goes (remission) over many years.

Remission — the control of symptoms and a return to normal

function — is the goal of treatment and can be achieved for many people with psoriatic arthritis.

How will my doctor diagnose psoriatic arthritis?

There is no single test for psoriatic arthritis. A doctor will diagnose the condition from your symptoms, a physical examination and they may order a blood test to check for signs of inflammation. Early diagnosis and treatment can reduce the impact of the disease, so if a doctor thinks you may have psoriatic arthritis they may refer you to a specialist doctor called a rheumatologist as early as possible. Rheumatologists look at the results from many tests to help them decide whether a person has psoriatic arthritis.



Your rheumatologist may :

- talk to you about your symptoms, including where and when you feel joint pain
- carefully check your skin and nails, and ask about any family history of skin problems
- examine your hands, feet, spine and other joints for swelling, heat or tenderness
- take a blood sample to check for inflammation. Blood tests may also help rule out other types of arthritis
- send you to a radiologist for an x-ray or MRI of the affected joints.

What about pregnancy?

It is possible for women with psoriatic arthritis to have children. Conceiving a baby may take longer if you, or your partner, have arthritis but experts are not exactly sure how or why. It could be due to the disease itself or some arthritis medications, such as anti-inflammatory medications. Other factors such as lower sex drive due to fatigue and pain might also play a role. Some arthritis medicines can be used during pregnancy if necessary, but others may be unsafe for the foetus and should not be taken while trying to conceive, when pregnant, or during breastfeeding.

Whether you are male or female, discuss your pregnancy plans with your doctor so that your medications can be reviewed.

Arthritis Australia's website www.empowered.org.au presents a detailed section on pregnancy, including hearing directly from women with arthritis about their journeys to motherhood.

Who can help?

The good news is that psoriatic arthritis can be effectively managed – and a team approach is the best way to achieve it.

This involves you and your healthcare professionals together with support from family, friends and community organisations.

How can you help?

Remember, you are the most important member of your healthcare team. By understanding your condition and learning to manage it, you can carry on living a normal life. Work closely with your healthcare team to develop a management plan for your arthritis, including medicines and other treatments. This will help you be actively involved in your care and decision-making about treatments. With the right treatment and advice, psoriatic arthritis doesn't have to get in the way of working, travelling, relationships, pregnancy or parenting.

Contact your State/Territory Arthritis Office on 1800 011 041 for guidance. They can provide information and introduce you to support groups, exercise programs and other arthritis management services.

Arthritis Australia has developed a website www.empowered.org.au with a range of resources designed to help you live, and live well, with psoriatic arthritis.

You can also see Arthritis Australia's range of information sheets for more about treatments for psoriatic arthritis at www.arthritisaustralia.com.au

Understand how your treatments will help and how to get the most out of them.

Working with your GP



If your GP employs a practice nurse, they may help coordinate your care and access to services.

How can my GP help?

Your GP is an important partner in managing your psoriatic arthritis. They can also help you to access other specialists, health professionals and services. Your GP may make a provisional diagnosis and complete some initial tests to help identify your condition and then refer you to other health care professionals to confirm the diagnosis and look at treatment options.

Once your psoriatic arthritis is fully assessed, your GP or specialist may prepare a care plan to manage the services and treatments you require. They will also see you regularly to check on your treatment and its progress.

How do I find a GP?

If you don't have a regular GP, speak to your local practice or medical centre.

Seeing a specialist

How can the specialist help?

Rheumatologists are doctors who specialise in diseases of the joints such as psoriatic arthritis.

A rheumatologist can diagnose psoriatic arthritis and make sure you get the right treatment to help your symptoms and prevent future problems.

The rheumatologist will probably start you on medicine to slow down the disease and reduce pain, and may suggest treatment such as physiotherapy if you are having problems moving your joints or spine.

Because every person's psoriatic arthritis is different, your specialist will probably select different treatments over time to find the best one for you.

Many people with psoriasis are also referred to a skin specialist (dermatologist). Your dermatologist may offer a range of treatments for your skin psoriasis including tablets, skin creams or ultraviolet (UV) light therapy.

Psoriatic arthritis can also be associated with eye inflammation called uveitis. Early diagnosis and treatment are important to prevent any serious complications so referral to an eye specialist (ophthalmologist) can sometimes be required.

See www.empowered.org.au to learn more about rheumatologists, including what to expect at your first appointment and how to work with your specialist.

How do I find a specialist?

You will need a referral from your GP to see a specialist.

Your GP may recommend a specialist or you can ask your GP to refer you to a particular specialist.

You can also contact professional associations to help you find a specialist.



Rheumatologist – Australian Rheumatology Association
on (02) 9252 2356
www.rheumatology.org.au

Dermatologist – Australasian College of Dermatologists
on (02) 8741 4101
www.dermcoll.edu.au

Ophthalmologist – The Royal Australian and New Zealand College of Ophthalmologists
on (02) 9690 1001
www.ranzco.edu

Note: You will still need a referral form your GP even if you arrange to see a particular specialist

When should I see my specialist?

- At first you will probably see your specialists to confirm your diagnosis
- Your specialists will then decide how often they need to see you depending on your symptoms and treatment plan.

Other health professionals

How can other health professionals help?

Some people with psoriatic arthritis may need to visit a **physiotherapist** (physio). These practitioners can use various treatments, including exercise therapy and hydrotherapy (water exercise), to keep your joints as flexible and pain-free as possible. They will also show you exercises and pain relief techniques to practise at home.

You might also visit an **occupational therapist** (OT), or they may come to your home or work. OTs can provide advice on how to do things in a way that reduces joint strain and pain. They may also suggest changes to your house, such as new taps, or aids, such as splints, that can make life easier and protect your joints.

A **podiatrist** can help take care of your feet. They may find ways to reduce the pain in your toes, knees or hips, perhaps by providing shoe inserts or advice on footwear.

An **exercise physiologist** can give you advice about exercise, including how to get started safely and the best type of exercise for your health and ability.

A **dietician** can give you advice about a balanced diet which can support a healthy weight.

A **rheumatology nurse** can help you learn more about your condition, understand your treatments and provide support.

A **pharmacist** can give you information about your medicines, side effects and interactions.

See the section on Seeking support if you would like information on health professionals who can help you to cope with the emotions you may be feeling, such as psychologists and counsellors.

Visit www.empowered.org.au to hear more about building your healthcare team and receive practical tips from various health professionals.

Different people will have different preferences about the type of health professional or therapist they wish to see. There is no 'right' or 'wrong' but ensure your health professional is qualified and registered.



You can check the registration of many types of health professionals with the Australian Health Practitioner Regulation Agency (AHPRA) at www.ahpra.gov.au or by contacting the relevant professional associations e.g. for dietitians and exercise physiologists (see the Useful Contacts section for details)

How do I find a health professional?

- Your GP or specialist can provide a referral, or you can contact a private therapist directly (see the Useful Contacts section for information about finding a private therapist)

- If you have private health insurance, your health fund may cover part of the cost of seeing certain private health professionals
- If your GP refers you to a health professional as part of a care plan, you may be able to have five sessions per year funded by Medicare. Ask your GP for more information
- Most health professionals are available in the public health system (such as at a community health centre or public hospital). There is often a waiting list and you will usually need a referral from your GP.

When should I see a health professional?

- You may be referred to one or more therapists by your GP or specialist if your joint problems begin to interfere with your ability to move about or work normally and interfere with your everyday activities
- Ask your GP or rheumatologist about seeing a health professional if you feel your condition is affecting your mental health, you notice changes in your physical condition or ability to manage everyday tasks.

Healthy moves for your joints

While healthcare professionals can offer a range of treatments for your psoriatic arthritis, there are many things you can do too.

Quitting smoking is an important first step to help your joints — call the Quitline on 13 78 48 or visit www.quitnow.gov.au Talk to your doctor or other care team members before making lifestyle changes.

Eating well

What foods are good or bad for psoriatic arthritis?

There is very little evidence that particular foods are good or bad for people with psoriatic arthritis, and there is certainly no diet proven to 'cure' it. Eating a healthy balanced diet that is low in saturated fat, sugar and salt, but high in fruit, vegetables and cereals is good for most people. This can help you lose weight (if required), which may reduce the strain on your joints and help reduce the possibility of psoriasis in skin folds. Research shows that people with psoriatic arthritis who are overweight have a harder

time controlling their PsA, which also tends to be more severe than in those who weigh less.

The Australian Government provides advice about the amount and kinds of foods that we need to eat for health and wellbeing, including Australian Dietary Guidelines, at www.eatforhealth.gov.au

For help in working out the best things to eat, you can ask your GP to refer you to a dietitian or find one directly via the Dietitians Association of Australia — call 1800 812 942 or visit www.daa.asn.au

For more information about diet and suggestions from a dietitian visit www.empowered.org.au



Fish oils

Current research suggests eating foods rich in Omega-3 fats can help reduce inflammation in some forms of arthritis. While these effects are modest compared with medicines, omega-3 fats do not have serious side effects. Foods rich in omega-3 fats include oily fish like sardines and salmon, plus canola oil and walnuts. If you cannot eat these foods regularly, daily fish oil supplements that provide around 2.7 g of omega-3 (EPA plus DHA) may be a useful substitute.

Keeping active

What exercise should I be doing?

Regular physical activity benefits everyone, whether or not you have psoriatic arthritis. It helps to reduce your pain, strengthen your muscles, maintain joint function and improve your sleep and overall health.

Inflammation in the attachments of your muscles, tendons to other tissues such as bones may make it harder for you to stand up straight, turn and bend, or take a deep breath. Your physio or exercise physiologist can suggest a specific program of exercises suitable for you, to move your joints and strengthen your muscles. This program will improve your posture and help to maintain flexibility. It is important to undertake your recommended program regularly, your physio or exercise physiologist will advise what is right for you. If you experience early morning stiffness, gentle stretching exercises under a warm shower may help.

In addition to your regular tailored exercise program for your joints, it is important to do at least 30 minutes of moderate exercise on most days of the week. This is important for your general fitness and also important for the health of your heart and lungs (aerobic fitness). You can

do this either in one go or break your exercise into smaller efforts (for instance, three 10-minute or two 15-minute blocks per day).

Activities that are good for your aerobic fitness include walking, swimming, water exercise, low-impact fitness classes and riding a bike or exercise bike.

Discuss with your physio or exercise physiologist options that are appropriate for you. They may also be able to create a program that you can do at home, the local gym or swimming pool or suggest suitable classes in your area.

Ask your State/Territory Arthritis Office about appropriate exercise programs in your local area, including community groups, sports centres or gyms who run programs specifically for people with arthritis.

What if it hurts to exercise?

The level and type of exercise you will be able to do varies from person to person – while some people can aim to keep or improve their fitness through exercise, others may be simply aiming to remain mobile.

Some people will experience pain in their soft tissue and muscles when first exercising. If the pain feels unusual or severe, or lasts for



more than two hours after you have stopped an activity, it is probably best to avoid or change that activity. Applying a heat or cold pack to a sore joint may ease swelling and/or pain.

Try to plan your exercise for times when you are experiencing the least pain – generally when you are least tired and your medicine is having maximum effect. If you have or begin to experience difficulties with your exercise routine seek advice from your GP, physiotherapist or exercise physiologist.

For more information about staying active and suggestions from a physiotherapist visit www.empowered.org.au

Making the most of medicines

Will medicine cure my psoriatic arthritis?

At present, there is no 'cure' for psoriatic arthritis. However, early use of the right medicines can relieve pain and stiffness, slow down damage caused by the disease, and reduce the possibility of long-term disability. The aim of treatment is to achieve remission — the absence of symptoms — and to maximise the function of your joints.

What is the right medicine for me?

Each person responds differently to arthritis medicines, which means that you will need to work with your specialist and GP to find the best medications and doses for you. This can take time, but by finding the most effective medicines with the least side effects, you can really make a difference in controlling your psoriatic arthritis.

All medicines have risks and benefits, so before you start treatment talk to your doctor or specialist about how each medicine should be helping you and what risks it might have. Make sure your doctor knows about any other health

problems that you have, as this can help them choose the best medicine for you.

You should also make sure that you understand what side effects the medicine might have, including what to do or who to speak to if you experience any unwanted side effects from your medication.

Your disease may also change over time, including which joints are affected, how much pain or disability you experience, and whether you have symptom-free periods. This means that you may need to change or add medicines over the course of your treatment. Some medicines can only be used once other medicines are no longer effective in controlling your psoriatic arthritis.

How will the medicines help?

- Paracetamol is often used for the relief of all types of musculoskeletal pain including arthritis. Unlike ibuprofen (brand name Nurofen) and other non-steroidal anti-inflammatories (NSAIDs), paracetamol is not effective in reducing the inflammation associated with arthritis. You may wish to try



paracetamol for a short period to see if it works for your pain. Ask your pharmacist or doctor for advice.

- NSAID (non-steroidal anti-inflammatory drugs) are also used to treat the symptoms of psoriatic arthritis. They can help relieve pain and reduce swelling and stiffness. Side effects are common so they should be used in the lowest possible dose for the shortest possible time
- Corticosteroid drugs are very effective at controlling many symptoms, but they are usually only used for short-to-medium term periods. Long term use is discouraged due to the possible side effects. Rapid weaning can exacerbate psoriasis so corticosteroids should be weaned with guidance from your rheumatologist

- DMARDs (disease-modifying anti-rheumatic drugs) can relieve symptoms but also reduce the risk of long-term damage to your joints. Some DMARDs may also improve skin psoriasis as well as arthritis. They're slow-acting so you won't notice an immediate impact, but they can be very effective over a period of time
- Biological DMARDs are another group of medicines that may be considered if other DMARDs have not worked. They can be very effective in reducing symptoms and joint damage.

Biosimilars

In recent years new forms of medications used to treat psoriatic arthritis have been developed and have begun to be approved for use in Australia. These include Biosimilars which are structurally similar to the

original biologic DMARDs and oral small molecule medicines that selectively target specific molecules inside the immune cells.

This is an area of much development in psoriatic arthritis. Your rheumatologist is the best person to discuss your options and what that may mean for you.

Regular blood tests (every 1–3 months) may be necessary to test the effectiveness of the drugs you are taking and to check for any unwanted side effects. Some side effects can be invisible or silent. This is an important part of your ongoing treatment. Speak to your doctor if you have any difficulties with this.

What side effects do these medicines have?

To understand more about your medicines and any risks or side effects that they may have, read the Consumer Medicine Information (CMI) leaflet that is available from your doctor or pharmacist. CMI leaflets provide easy to understand information including what the medicine is for and how it is used; things to consider before using the

medicine; and possible side effects and what to do if they occur. Speak to your GP or specialist, especially if you have concerns about the long-term effect of medicines, or whether they should be taken during pregnancy or breastfeeding.

The Australian Rheumatology Association and Arthritis Australia publish medicine information sheets. Call the Arthritis Infoline on 1800 011 041 for copies or visit www.rheumatology.org.au or www.arthritisaustralia.com.au

To find out more visit www.arthritisaustralia.com.au

Speak to your GP or specialist, especially if you have concerns about the long-term effect of medicines...

What other treatments can help?

Like many people with a chronic condition you may be interested in complementary or alternative therapies.

There are many promises made for non-medical ‘cures’ or treatments to ease psoriatic arthritis. Much of the ‘evidence’ is of limited quality.

Most therapies have a professional association you can contact for more information or they can help you find an accredited practitioner.

Some qualifications, for example Chinese Medicine Practitioners, can be checked at the Australian Health Practitioner Regulation Agency (AHPRA) www.ahpra.gov.au or by calling 1300 419 495.

Herbal, homeopathic, Ayurvedic or Chinese medicines may affect the treatments prescribed by your doctor. Please tell your GP and specialist what other treatments you are thinking about using.

You may feel concerned that your doctor or other members of your healthcare team will disapprove of complementary therapies. However it is very important to keep your healthcare team informed,

particularly your doctor, specialist and pharmacist, even if they do not approve. They can't give you the best professional advice without knowing all the treatments you are using. This includes vitamin supplements, herbal medicines and other therapies.

If you are considering using complementary or alternative therapies check if your practitioner is qualified and registered.

Seeking support

Why me?

It's perfectly normal to wonder why you have developed psoriatic arthritis, and to feel angry, sad, frightened or confused about it. By taking control of your arthritis and working with your healthcare team, you can approach the disease with a positive attitude. However, sometimes the condition can get you down, especially during a disease flare or if pain, stiffness and disability are affecting your everyday life.

It may also feel as though people around you – even close friends or family – don't understand what you're going through.

Stress is often a trigger for a flare of psoriasis, so seeking help with unwanted thoughts and feelings may help reduce the physical impact of the disease.

Who can help?

There are many people who can help you deal with the emotional side of psoriatic arthritis.

Your first step is to try to talk honestly with your partner, parents, children or friends about how you feel. Give them a chance to talk too – they might have worries or feel that they don't know enough about your disease and how it is affecting you.

Visit www.empowered.org.au to hear directly from people with psoriatic arthritis and similar conditions on how they learned to deal with the emotional ups and downs of living with arthritis.

Visit your GP if you are worried that unwanted feelings are too strong or have been there for some time. Your GP may be able to suggest ways of coping, or may prescribe medicines if you are especially worried or depressed.

They may also refer you to a counsellor or psychologist, who can talk to you about your worries, feelings and moods, then suggest practical ways to work through them.

If you want to contact a psychologist directly, call the Australian Psychological Society on 1800 333 497 or visit www.psychology.org.au

Beyondblue provides information and advice about depression, anxiety, available treatments and where to get help. Visit www.beyondblue.org.au or call 1300 22 4636.



Lifeline provides a 24hr confidential telephone crisis support service for anyone across Australia experiencing a personal crisis. Call 13 11 14.

What other assistance is available?

There are many resources available to help people with psoriatic arthritis. Your doctor may put you in touch with a social worker, who can help explain the financial and health services that are available to you. These can include any pensions or allowances that you might be entitled to, plus any financial assistance such as Health Care Concession Cards or low-cost treatment programs.

Your local council, community health centre, community group or religious organisation may also offer programs that include practical advice, activities, social networks or just someone to talk to.

There are Independent Living Centres in each state that provide advice on products and services, including aids and devices, that can help with day-to-day activities. Visit www.ilcaustralia.org.au or call 1300 885 886 to find your closest centre or more information.



Contact your State/Territory Arthritis Office to find out about their wide range of resources, management programs and support groups: call 1800 011 041 or visit www.arthritisaustralia.com.au

You may also find valuable support services from Psoriasis Australia www.psoriasisaustralia.org.au

Arthritis Australia has a website www.empowered.org.au that allows you to hear directly from people living with psoriatic arthritis and similar conditions and how they have managed to survive, and thrive, with arthritis.

What about information from other websites?

The web can be a useful source of information and support. However, not everyone who puts information on the web is a qualified health practitioner. Some organisations make unrealistic promises in order to sell their products.

Treatment options and practices from overseas may also not be relevant or approved in Australia. Always check information from the web with a trusted member of your healthcare team.

The Australian Government's Health Direct website www.healthdirect.gov.au is an excellent starting point for web searches, as every site that Health Direct links to has been checked for quality and accuracy of information.

Glossary of terms

Arthritis *are-thry-tiss*

Inflammation of one or of more joints.

Psoriatic arthritis means that the joint inflammation is associated with psoriasis.

Corticosteroid *core-tick-o-ster-oyd*

A type of medicine that is very effective in reducing inflammation.

Dermatologist *der-ma-tol-o-jist*

A doctor who is a specialist in treating skin problems. Your dermatologist may supervise the treatment of your psoriasis.

Dietitian *die-et-ish-un*

A dietitian or dietician is an expert in food and nutrition. Dietitians help promote good health through proper eating. They often write custom diets for people.

DMARD *dee-mard*

A range of medicines that are known as disease-modifying anti-rheumatic drugs. These help reduce joint damage and relieve symptoms, and some may also treat psoriasis.

Enthesitis *en-thee-sy-tiss*

Inflammation of the places where your muscles and tendons join your bones.

Exercise physiologist *fizz-ee-o-lo-jist*

Exercise physiologists are experts in using exercise to improve health.

Inflammation *in-fla-may-shun*

The body's response to damage or infection, which mistakenly attacks your joints and skin in psoriatic arthritis. Inflammation of joints can cause pain, swelling, warmth, redness and difficulty moving.

NSAID *en-sayd or en-sed*

A group of medicines known as non-steroidal anti-inflammatory drugs. These can reduce inflammation, swelling and joint stiffness.

Occupational therapist *OT*

A health professional who looks at your life activities, eg at school, home or work, then works with you on ways to make everyday life more manageable when living with arthritis.

Physiotherapist *fizz-ee-o-ther-a-pist*

Physiotherapists help people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice.

Podiatrist *po-die-a-trist*

An expert in foot, ankle and lower limb health. They can provide specific exercises, footwear advice and skin and nail care.

Psoriasis *sore-eye-a-siss*

A disease where your immune system mistakenly attacks your own skin, leading to red, scaly patches.

Rheumatologist *roo-ma-tol-o-jist*

A doctor who is a specialist in treating problems of the joints. Your rheumatologist will probably start and review most of your medicines and treatments.

Spondylitis *spon-dee-ly-tiss*

Inflammation of the joints in the spine, which may lead to back pain and difficulty moving.

Useful resources

Australian resources

For more on living, and living well with psoriatic arthritis
www.empowered.org.au

For access to quality online information about psoriatic arthritis, start at Health Direct
www.healthdirect.gov.au

For advice on healthy eating and appropriate exercise, visit Healthy Active
www.healthyactive.gov.au

For advice on quitting smoking, contact the Quitline
www.quitnow.gov.au
Ph: 13 78 48

To find a rheumatologist, contact the Australian Rheumatology Association
www.rheumatology.org.au
Ph: (02) 9252 2356

To find a dermatologist, contact the Australasian College of Dermatologists
www.dermcoll.edu.au
Ph: (02) 8741 4101

To find a physiotherapist, contact the Australian Physiotherapy Association
www.physiotherapy.asn.au
Ph: 1300 306 622

To find an occupational therapist, contact Occupational Therapy Australia
www.otaus.com.au
Ph: 1300 682 878

To find a podiatrist, contact the Australasian Podiatry Council
www.apodc.com.au
Ph: (03) 9416 3111

To find an exercise physiologist, contact Exercise and Sports Science Australia
www.essa.org.au
Ph: (07) 3171 3335

To find a dietitian, contact the Dietitians Association of Australia
www.daa.asn.au
Ph: 1800 812 942

To find a psychologist, contact the Australian Psychological Society
www.psychology.org.au
Ph: 1800 333 497

Psoriasis resources

Psoriasis Australia is based in Melbourne and can assist with information and links to other support groups
www.psoriasisaustralia.org.au
Ph: 0481 346 160

International resources

The public area on the website of the American College of Rheumatology contains many useful resources
www.rheumatology.org/public
Versus Arthritis also provides a wide variety of information for people with arthritis
www.versusarthritis.org

My contact details

My name: _____

Telephone: _____

My GP: _____

Name: _____

Telephone: _____

My specialist: _____

Name: _____

Telephone: _____

My support team: _____

Name: _____

Telephone: _____

Name: _____

Telephone: _____

My medicines

Name	Dosage	Instructions

ARTHRITIS AUSTRALIA

Arthritis Australia is a not-for-profit organisation that provides support and information for all Australians affected by arthritis.

Contact your State/Territory Arthritis Office to find out about the range of awareness and education programs, support services and resources available.



ARTHRITIS ACT

Building 18, 170 Haydon Drive
Bruce ACT 2617
PO Box 908 Belconnen ACT 2616

ARTHRITIS NEW SOUTH WALES

Suite 1, 15/32 Delhi Road
North Ryde NSW 2113
Locked Bag 2216 North Ryde NSW 1670

ARTHRITIS NORTHERN TERRITORY

Shop 18, Rapid Creek Business Village
48 Trower Road, Millner NT 0810
PO Box 452 Nightcliff NT 0814

ARTHRITIS QUEENSLAND

Level 1, 42 Costin Street
Fortitude Valley, QLD 4006
PO Box 2121 Windsor QLD 4030



ARTHRITIS SOUTH AUSTRALIA

111A Welland Avenue
Welland SA 5007

ARTHRITIS TASMANIA

19A Main Road, Moonah TAS 7009
PO Box 780 Moonah TAS 7009

ARTHRITIS WESTERN

AUSTRALIA 17 Lemnos Street
Shenton Park WA 6008
PO Box 34 Wembley WA 6913

ARTHRITIS AUSTRALIA

Level 2, 255 Broadway
Glebe NSW 2037
PO Box 550 Broadway NSW 2007
Phone: 02 9518 4441
Fax: 02 9518 4011
Email: info@arthritisaustralia.com.au

ISBN: 978-0-9805024-1-1