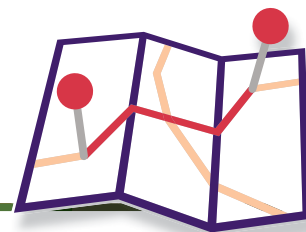


YOUR ROADMAP FOR PSORIATIC ARTHRITIS



Psoriatic arthritis (PsA) is a lifelong condition but, with treatment and support, life with PsA can be positive, healthy and meaningful.

This roadmap will help you understand how to manage PsA, including self-management techniques and the use of medicines. It will also help you prepare for follow-up appointments with your healthcare team.



Pre-diagnosis

Symptoms

You experience joint pain, stiffness and/or swelling, and may have a skin condition called psoriasis. You may also experience back pain that gets better with activity and worse with rest, or swollen fingers or toes.

Doctor visit

Visit your GP, or your dermatologist (specialist skin doctor) if you already see one, who will ask about your symptoms, perform a physical examination and order blood tests and X-rays.

Referral to a specialist

Your doctor refers you to a rheumatologist (specialist bone and joint doctor) for early diagnosis and treatment if they suspect inflammatory arthritis. Starting treatment in the early stages of PsA gives better long-term results.

You should expect to have an appointment within weeks. If there is a delay of more than a few weeks, ask your GP to contact the rheumatologist directly to request an earlier appointment. ◀

Rheumatologist visit and tests

Your appointment with a rheumatologist will include:

- ▶ a review of your medical history, including your recent joint symptoms and family history
- ▶ a general physical examination
- ▶ a thorough examination of your joints, including counting of tender and swollen joints
- ▶ possibly an examination of your spine
- ▶ referral for further blood tests and imaging (eg, X-rays, ultrasound or MRI), if required.

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



Diagnosis and initial treatment

Diagnosis

You are diagnosed with psoriatic arthritis (PsA).

Initial treatment: Self-management

You start learning ways to manage your symptoms, including:

- ▶ pain management techniques, including heat and cold therapy, relaxation techniques and aids and equipment
- ▶ regular exercise
- ▶ a healthy diet to optimise your weight and reduce inflammation
- ▶ looking after your mental health by managing stress and seeking support from a psychologist or counsellor
- ▶ talking to your family and friends about how you're feeling and how they can help
- ▶ stopping smoking as smoking cigarettes is associated with more severe RA and may make medicines less effective
- ▶ advice from allied health professionals, such as a physiotherapist and occupational therapist, to help with your self-management.



Initial treatment: Medicines

Your first-line medicines begin with disease-modifying antirheumatic drugs (DMARDs).

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

These treatments are ideally started within 3 months of the onset of symptoms for the best long-term results. You can expect follow-up blood tests and frequent monitoring by your rheumatologist and GP to assess the effectiveness and side effects of your medicine.

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 when you are first starting DMARDs or during flares, treatment may also include:

- ▶ glucocorticoids (also known as corticosteroids) tablets or injections into the joint
- ▶ non-steroidal anti-inflammatory drugs (NSAIDs)
- ▶ pain relief medicines.

Use the Low-dose methotrexate action plan to discuss the pros and cons of methotrexate with your rheumatologist and plan the best way to take your dose.

Learn more about PsA

You can learn more about PsA through:

- ▶ Arthritis Australia
Psoriasis Australia
- ▶ talking to your healthcare team, which might include a rheumatologist, dermatologist, GP, physiotherapist, occupational therapist, rheumatology nurse, pharmacist, dietitian, podiatrist, or psychologist.

Follow-up visits

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 medicines or other treatments
- ▶ review your immunisation status and the risk of problems with your heart and blood vessels
- ▶ perform additional blood and imaging tests, if required.



Modifying treatment

Modifying DMARD treatment

Your rheumatologist can refine your medicines if your PsA is not well controlled, by:

- ▶ switching you to a different DMARD
- ▶ adding DMARDs in combination.

Adding biological or targeted medicines

If your PsA is not controlled after 6 months of DMARD treatment, your rheumatologist can add other medicines which work by blocking specific substances in the immune system. These are called biological medicines and targeted medicines.

- ▶ Adalimumab (Humira)
- ▶ Certolizumab (Cimzia)
- ▶ Etanercept (Brenzys, Enbrel)
- ▶ Golimumab (Simponi)
- ▶ Infliximab (Inflectra, Remicade, Renflexis)
- ▶ Ixekizumab (Taltz)
- ▶ Secukinumab (Cosentyx)
- ▶ Ustekinumab (Stelara)
- ▶ Tofacitinib (Xeljanz)

There are many different biological and targeted medicines, as well as biosimilar* medicines, so know which one you are using.

The cost of these medicines is subsidised by the Australian government if you meet specific criteria.

Your medicine may be given either by injections under the skin, infusions into a vein or as tablets (only tofacitinib). You will need to be screened for tuberculosis and other infections before starting these medications. Talk to your rheumatologist about which vaccinations are recommended before starting these medicines and which need to be avoided.

Keep using your usual pain management techniques, exercising regularly and looking after your mental health.

You continue to visit your rheumatologist to consider the use of different biological or targeted medicines until your RA is well controlled. ◀

*What is a biosimilar?

A biosimilar medicine is a highly similar version of an original brand of biological medicine. They have been tested to show they are as safe and effective as the original brand. Read more [here](#).



PsA well controlled

Monitoring and follow-up

Once your PsA is well controlled (this is called remission or low disease activity), your rheumatologist will continue monitoring your condition.

Do not stop your medicines, or change how much of your medicine you take, until you first discuss it with your rheumatologist or GP. Symptoms may return if certain medicines are stopped.

Continue your self-management through pain management techniques, regular exercise and looking after your mental health.



Further information

Information about PsA and treatments is available from Arthritis Australia at arthritisaustralia.com.au.

Information about medicines for PsA is available from the Australian Rheumatology Association at rheumatology.org.au/patients/medication-information.asp.

The information contained in this factsheet has been adapted with permission from The Arthritis Society's [Your Patient Journey](#).

+ TARGETED THERAPIES ALLIANCE

Helping consumers and health professionals make safe and wise therapeutic decisions about biological disease-modifying antirheumatic drugs (bDMARDs) and other specialised medicines. Funded by the Australian Government Department of Health through the Value in Prescribing bDMARDs Program Grant.

