



Understanding psoriasis and psoriatic arthritis

Walgreens
Specialty Pharmacy

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What you need to know about psoriasis and psoriatic arthritis

Learning how to manage psoriasis or psoriatic arthritis might feel like a challenge, especially at first. But understanding your diagnosis can help you take control of your health. There is no cure for psoriasis or psoriatic arthritis. But a number of available treatment options can help manage symptoms. This booklet provides information about psoriasis and psoriatic arthritis, what to expect after diagnosis and how to manage symptoms to live a full and active life.

Psoriasis and psoriatic arthritis are chronic, or long-term, conditions. They cause inflammation in the body. Psoriasis causes itching and redness in the skin. Psoriatic arthritis causes painful, stiff and swollen joints. (See Figure 1.) Not everyone with psoriasis will develop psoriatic arthritis, but it affects up to 30% of people with psoriasis.¹ These conditions can get better and worse over time. Starting treatment soon after your diagnosis can help you improve your overall health.

Causes

The exact cause of these conditions is not clear. Experts think a few factors might play a role:

- **Genes.** These conditions might be partly inherited.² This means the genes for developing them are passed down through a family. However, not everyone with a family history develops the condition.
- **Immune system.** These conditions might also occur because the immune system is not working properly. Normally, the immune system seeks out and attacks bacteria or viruses that can cause illness. It also helps the body recover from illness or injury. But in psoriasis and psoriatic arthritis, the immune system is triggered by mistake.²
- **Outside factors.** Other things, such as infections or injuries, can trigger the conditions in people who are at risk.²
- **Lifestyle.** Smoking increases the risk for developing psoriasis.³

Figure 1. Joints affected in psoriatic arthritis





Psoriasis

Normal skin cells take about one month to grow and fall off the body. In psoriasis, a problem with the immune system causes skin cells to go through the process in just a few days.⁴ This causes skin cells to pile up on or near the surface of the skin.

This can result in different types of skin problems, such as raised, red and scaly patches on the skin called lesions. Irritated skin can form on many parts of the body. This might include the scalp, elbows, knees and legs.⁵ Skin problems can also affect the face, hands, feet and nails. These areas can itch, burn and sting.¹ For many, the pain and discomfort can affect daily life.^{4,6}

Who gets psoriasis?

Psoriasis occurs in about 2% to 3% of the U.S. population. This includes about 8 million people.^{2,6} Psoriatic arthritis typically affects men and women equally. It can occur in any racial group, but it is more common among Caucasians. Psoriasis can develop at any age, but it usually develops between the ages of 15 and 35.^{1,6} In addition, it has been noted that there is also an increase in the number of people who are diagnosed with psoriasis between the ages of 50 and 69.⁷

Inheriting psoriasis²

50%: Risk of developing psoriasis if both parents have the disease

10%: Risk of developing psoriasis if one parent has the disease

2% to 3%: Portion of the general population that develops psoriasis

Diagnosis

There is no single test or tool to diagnose psoriasis. Your care team likely used many types of information, such as¹:

- Family medical history
- Skin inspection
- Small sample, or biopsy, of affected skin for closer examination in a lab

Severity

Prescribed treatment depends on the severity of your condition.⁴ Psoriasis can be mild, moderate or severe¹:

- Mild — covers less than 3% of the body
- Moderate — covers between 3% and 10% of the body
- Severe — covers more than 10% of the body

The severity of psoriasis also depends on⁶:

- Location of lesions
- Effect on quality of life



Psoriatic arthritis

Psoriatic arthritis is a chronic condition. It causes swelling, stiffness and pain in and around the joints. It usually affects joints closest to the fingernails or toenails. It can also cause changes in the nails. This can include separation from the nail bed or pitting.⁸ Other common symptoms include⁸:

- Eye pain and redness
- Fatigue
- Morning stiffness and tiredness
- Rash
- Swollen fingers and toes
- Tenderness, pain and swelling over the tendons, or the tissues that connect muscle to bone

Some people also have symptoms in the back, wrists, knees or ankles. This can make it hard to move.

Psoriatic arthritis symptoms can get better and worse over time. Early diagnosis and treatment can help prevent permanent joint damage.⁸

Who gets psoriatic arthritis?

About 20% to 30% of people with psoriasis also develop psoriatic arthritis.⁹ Many people have psoriasis for some time before developing psoriatic arthritis. Others develop psoriatic arthritis before developing psoriasis. Psoriatic arthritis typically affects men and women equally.⁹ It can occur at any age. But it usually appears between the ages of 30 and 50.¹³



Diagnosis

There is no single test to diagnose psoriatic arthritis. A rheumatologist, or healthcare provider who specializes in treating rheumatic diseases, uses many types of information, such as⁸:

- Blood tests and other lab tests to rule out other conditions, such as rheumatoid arthritis (RA) or gout
- MRIs and X-rays of the joints
- Medical history, especially with psoriasis
- Physical exams for skin and nail changes

Severity

Treatment depends on the severity and progression of the condition.¹⁰ The severity of psoriatic arthritis depends on how many joints are affected at one time.

Pregnancy and breastfeeding¹¹

If you are pregnant or planning to become pregnant, talk to your care team about how to manage your psoriasis or psoriatic arthritis.

In some women, symptoms improve during pregnancy. In others, symptoms get worse. This can differ for each person and for each pregnancy and birth.

Research suggests that women with severe psoriasis might be more likely to have a baby with a low birth weight.¹¹ Many women also experience flares soon after giving birth.¹¹

Also, some treatments are not safe when trying to become pregnant, during pregnancy or while breastfeeding. Talk with your care team about your treatment. You might need to adjust your treatment temporarily.





Living with psoriasis and psoriatic arthritis

There is no cure for these conditions. But there are many ways to treat the symptoms. Work with your care team to find the best treatment for you. The main goals of psoriasis treatment include⁶:

- Reducing the severity of symptoms
- Eliminating symptoms
- Improving quality of life

Treatment for psoriatic arthritis includes the same goals, as well as¹²:

- Keeping joints working properly
- Reducing swelling
- Relieving pain
- Preventing joint damage

For many people, medication and lifestyle changes can help achieve these goals.

Staying on track with treatment

Medication therapies and lifestyle changes can help improve your symptoms. But not all treatments work for everyone. Talk with your care team about what works best for you. Your needs might change over time. Your healthcare provider can adjust your treatment as needed.

There are several treatments for psoriasis and psoriatic arthritis. Some are available over the counter. Others require a prescription. Treatment depends on the severity of skin lesions or joint problems.

Topical treatments

Topical treatments are usually the first type of treatment given for psoriasis. These are applied directly to the skin.

These treatments can^{6,13}:

- Decrease scales and lesions
- Relieve swelling and itching
- Slow skin cell growth

Phototherapy

Your healthcare provider might also recommend phototherapy. This uses natural or artificial ultraviolet light.⁶ It can help reduce psoriatic lesions and reduce rash.

Systemic treatments

Systemic drugs are used when topical or phototherapy treatments do not work or symptoms are severe. Most of these drugs may be used for moderate to severe cases.

These drugs can slow the disease process, relieve swelling and inflammation and slow skin cell growth.⁶ They are taken by mouth, injection or intravenous infusion.

Biologic treatments

Biologics target certain parts of the immune system to reduce the inflammation that causes psoriasis or psoriatic arthritis.⁶ These drugs are taken by injection or intravenous infusion.

No matter what therapies are part of your treatment, you should take them exactly as directed by your healthcare provider — at the right times and the correct doses. Do not stop your treatment without asking your healthcare provider first. If your treatment routine starts to feel too hard, ask your healthcare provider or pharmacist for help managing your therapy. Staying on track with treatment is important for controlling your symptoms and improving your health.

Other treatments

Psoriasis

Over-the-counter treatments can also help manage some symptoms. But they are not usually strong enough to improve the skin on their own. They are often used with stronger prescription treatments.⁴

- **Bath solutions.** Adding oils, colloidal oatmeal, Epsom salt or Dead Sea salt to a bath can help soothe skin. You can soak in this type of bath solution for about 15 minutes. Then, pat dry. Apply a moisturizer immediately.¹⁴
- **Moisturizers.** Using fragrance-free moisturizers or lubricants regularly can help soothe the skin and help seal in moisture.^{4,14} Use a moisturizing soap. Apply moisturizer right after bathing, showering or washing your hands.
- **Occlusion.** Some skin treatments might be better absorbed when occluded, or covered with plastic wrap, or other waterproof dressings or cotton wraps.¹⁴ This might not be recommended for every type of treatment. Ask your healthcare provider if this is right for you.

Psoriatic arthritis

Other therapies might also help control or improve symptoms of psoriatic arthritis, including^{15,16}:

- Cold or heat packs on affected joints to relieve swelling, stiffness or pain
- Physical therapy and movement to improve joint movement

Lifestyle changes

Along with medication therapies, lifestyle changes can help you manage your symptoms. Staying active, eating well and limiting stress can help you feel better each day.

Physical activity

Regular, gentle exercise can help keep your joints flexible.⁶ Staying active can also help the rest of your body stay healthy while you maintain a healthy weight. This can reduce your risk of heart disease. It can also lessen extra strain on your joints. Exercise can help relieve emotional stress that might make symptoms worse.

You might consider gentle activities such as^{6,16}:

- Aerobic activities like walking or swimming
- Stretching and range-of-motion exercises, like gentle yoga or tai chi
- Strengthening routines like gentle weight training

Talk to your healthcare provider before starting any exercise program. You might also wish to work with a physical therapist or exercise specialist. Together, you can make an exercise plan that is right for you.

Be sure to balance exercise with rest. This is especially important during flares. Ask your healthcare provider how long you should take a break from exercise during flares.

Healthful eating

There is no specific diet for psoriasis or psoriatic arthritis. In general, experts suggest a healthful, balanced diet that might lower the risk of heart disease, diabetes and obesity. It's been suggested that eating this way might also reduce inflammation that is linked with psoriasis and psoriatic arthritis. It can also help with keeping a healthy weight. This might help reduce the severity of psoriasis. It might also lower the risk of developing psoriatic arthritis.¹⁷

According to these recommendations, it might be helpful to¹⁷:

- Avoid refined and processed foods
- Avoid saturated and trans fats
- Eat more fruits, vegetables, whole grains and lean sources of protein
- Limit red meat and full-fat dairy

Some studies also suggest that some people with psoriasis have fewer symptoms when avoiding gluten, a protein found in wheat and similar grains.¹⁷ Check with your healthcare provider before making any changes to your diet or starting a new way of eating.

It is also important to limit alcohol intake. Research has shown that alcohol can increase the risk of developing psoriasis. It can also increase the severity of the condition.¹⁷

Protecting your bones

Studies suggest that psoriasis and psoriatic arthritis might be linked with weak or brittle bones.^{18,19} These conditions are called osteopenia or osteoporosis. Steroid medications, difficulty staying active and the effects of psoriatic arthritis might all contribute to these problems. Work with your care team to track your bone health. Your healthcare provider might order a bone density test to measure the strength of your bones and your risk of fracture.

You can help protect your bones when you²⁰:

- Avoid smoking. It is linked to bone loss.
- Eat a well-balanced diet.
- Get enough bone-building calcium and vitamin D in your diet. Ask your healthcare provider how much calcium and vitamin D is right for you.
- Get regular exercise to strengthen bones.
- Limit alcohol. It can lead to bone loss.



Emotional health

Sometimes you might find yourself feeling frustrated or embarrassed about your condition because of your appearance.⁴ This is normal, especially soon after diagnosis, in the early stages or during a flare. Being aware of your feelings can help you manage your emotional health and improve your physical health.

For example, stress might make it harder to deal with the daily challenges of your condition. It might also raise the risk of flares.⁴ You can take steps to understand and control your stress:

- Find out what causes your stress. Keep a journal or diary to help you find possible sources.
- Try to avoid things that cause stress. Make time for things you enjoy.
- Find positive ways to cope. Share your feelings with friends, family or a support group. Try to relax in a quiet space each day.

Some days you might feel sad or depressed about your condition.⁶ This is normal, too.

But it's important to know the symptoms of depression and when to get help.

Symptoms of depression can include²¹:

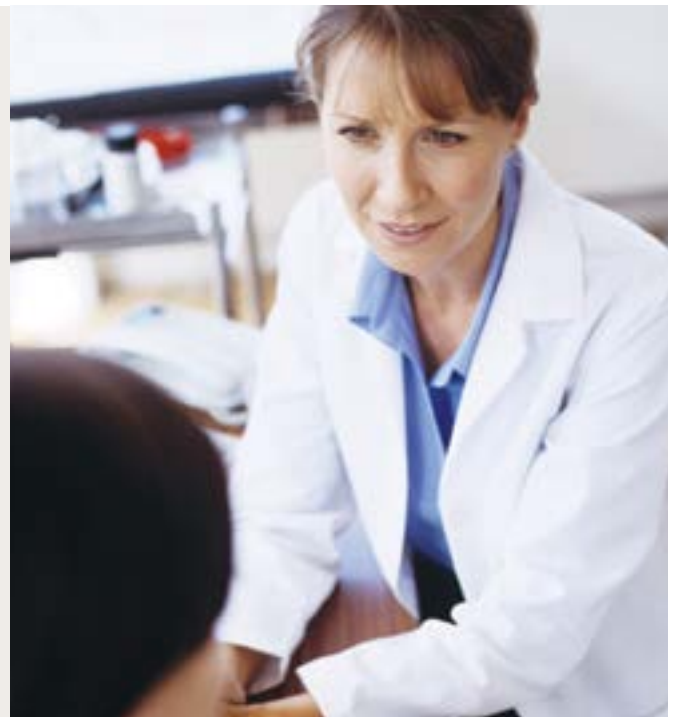
- Aches and pains that don't go away with treatment
- Being tired or lacking energy
- Eating too much or too little
- Feeling hopeless or negative
- Feeling restless or irritable
- Feeling sad, empty or anxious most of the time
- Feeling worthless, helpless or guilty
- Having a hard time concentrating or making decisions
- Losing interest or pleasure in things you used to enjoy
- Sleeping too much or too little
- Thinking about death or suicide

Managing flares

Most people will notice times when symptoms get worse. These are called flares. Common causes of psoriasis flares can include⁶:

- Climate changes that dry the skin
- Infection
- Injury to skin
- Some medications
- Stress

Keep track of when you experience flares. Make a note of anything that might have triggered your symptoms. Try to avoid those triggers in the future.



If you have thoughts of suicide, call 911 or your local emergency services number. You can also call a healthcare provider, mental health professional, crisis center or hotline for help.

Talk with your care team if you feel depressed. They might suggest counseling, antidepressant medication or a combination of both. In counseling, you can talk with a therapist about your thoughts and feelings.

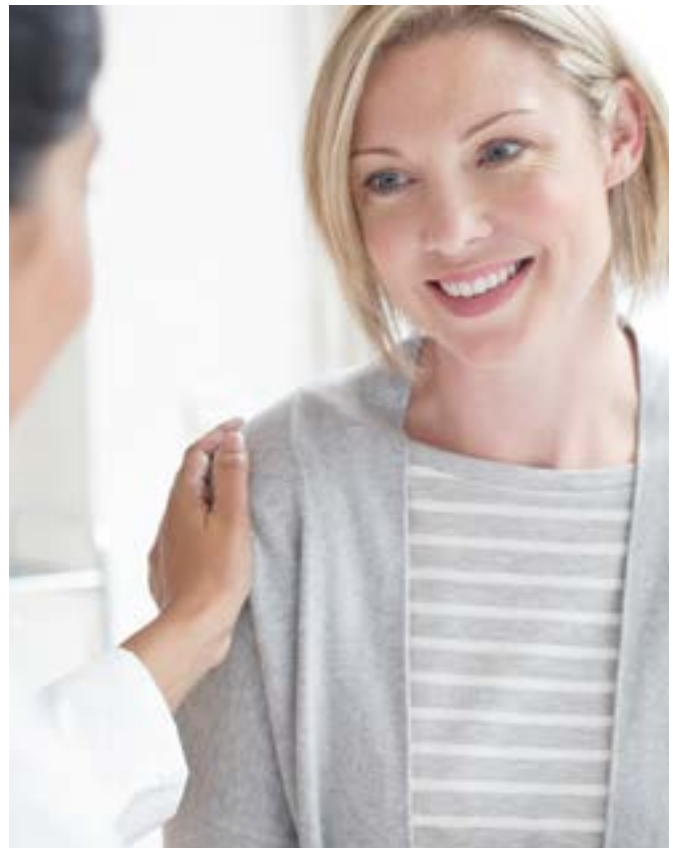
Antidepressants help balance brain chemicals that affect your mood. It can take many months before they start to work. You might notice side effects sooner. These might include²²:

- Headache
- Nausea
- Restlessness
- Sexual problems
- Sleep problems

Talk with your healthcare provider if your antidepressant does not help. You should not stop taking the medication on your own. Your healthcare provider might need to adjust your dose or prescribe a different antidepressant.

Ongoing care

Work with your care team to keep track of your progress and your symptoms. You can discuss how well your medication therapy and lifestyle changes are working. Your healthcare provider can also monitor side effects and adjust your treatment as needed. Each visit can help you stay on track with treatment and better manage your condition.



We provide this information because the more you know about psoriasis and psoriatic arthritis, the better you'll be able to manage them.

Additionally, the Walgreens Specialty360 Therapy Team is here to support you with **dependable, personalized service** to help manage your medication side effects and stay on track with your prescribed therapy.

We look forward to being a member of your healthcare team and helping you get the best results from your treatment.



References

1. About psoriasis. National Psoriasis Foundation Web site. <http://www.psoriasis.org/about-psoriasis>. Updated February 22, 2023. Accessed April 11, 2023.
2. Causes and triggers. National Psoriasis Foundation Web site. <https://www.psoriasis.org/causes>. Updated December 21, 2022. Accessed April 11, 2023.
3. Smoking and psoriasis. National Psoriasis Foundation Web site. <https://www.psoriasis.org/advance/smoking-and-psoriasis>. Updated December 21, 2022. Accessed April 11, 2023.
4. Questions and answers about psoriasis. National Institutes of Health MedlinePlus Magazine. 2017;12(1):20-21. <https://medlineplus.gov/magazine/issues/spring17/articles/spring17pg20-21.html>. Accessed April 11, 2023.
5. Psoriasis - what are the symptoms? National Institute of Arthritis and Musculoskeletal and Skin Diseases Web site. <https://www.niams.nih.gov/health-topics/psoriasis#tab-symptoms>. Reviewed September 2020. Accessed April 11, 2023.
6. Psoriasis statistics. National Psoriasis Foundation Web site. <https://www.psoriasis.org/psoriasis-statistics>. Updated December 21, 2022. Accessed April 11, 2023.
7. Parisi R, Symmons DP, Griffiths CE, et al. Global epidemiology of psoriasis: a systematic review of incidence and prevalence. *J Invest Dermatol*. 2013; 133:377.
8. About psoriatic arthritis. National Psoriasis Foundation Web site. <http://www.psoriasis.org/about-psoriatic-arthritis>. April 26, 2022. Accessed April 11, 2023.
9. DoQuyen H, Kavanaugh A. Psoriatic arthritis: current therapy and future approaches. *Rheumatology (Oxford)*. 2015;54(1):20-28.
10. What is psoriatic arthritis? Arthritis Foundation Web site. <http://www.arthritis.org/about-arthritis/types/psoriatic-arthritis/what-is-psoriatic-arthritis.php>. Accessed April 11, 2023.
11. Pregnancy and nursing. National Psoriasis Foundation Web site. <https://www.psoriasis.org/pregnancy>. Updated October 8, 2020. Accessed April 11, 2023.
12. Treating psoriatic arthritis. National Psoriasis Foundation Web site. <http://www.psoriasis.org/psoriatic-arthritis/treatments>. Updated December 22, 2022. Accessed April 11, 2023.
13. Topical treatments. National Psoriasis Foundation Web site. <https://www.psoriasis.org/about-psoriasis/treatments/topicals>. Accessed April 11, 2023.
14. Over-the-counter (OTC) topicals. National Psoriasis Foundation Web site. <https://www.psoriasis.org/about-psoriasis/treatments/topicals/over-the-counter>. Updated October 1, 2020. Accessed April 11, 2023.
15. Psoriatic arthritis. MedLine Plus Web site. <http://www.nlm.nih.gov/medlineplus/ency/article/000413.htm>. Updated July 9, 2018. Accessed April 11, 2023.
16. Other treatment options. National Psoriasis Foundation Web site. <https://www.psoriasis.org/psoriatic-arthritis/treatments/other-options>. Updated December 22, 2022. Accessed April 11, 2023.
17. Dietary modifications. National Psoriasis Foundation Web site. <https://www.psoriasis.org/dietary-modifications/>. Updated December 21, 2023. Accessed April 11, 2023.
18. Gulko C. Psoriasis linked to osteopenia/osteoporosis. Medpage Today Web site. <https://www.medpagetoday.com/resource-centers/osteoporosis/psoriasis-linked-osteopeniaosteoporosis/532>. Published January 12, 2015. Accessed April 11, 2023.
19. Dreiherr J, Weitzman D, Cohen AD. Psoriasis and osteoporosis: a sex-specific association? *J Invest Dermatol*. 2009;129(7):1643-1649. [https://www.jidonline.org/article/S0022-202X\(15\)34412-2/fulltext](https://www.jidonline.org/article/S0022-202X(15)34412-2/fulltext). Accessed April 11, 2023.
20. Prevention. National Osteoporosis Foundation Web site. <https://www.nof.org/preventing-fractures/prevention/>. Accessed April 11, 2023.
21. Depression: signs and symptoms. National Institute of Mental Health Web site. https://www.nimh.nih.gov/health/topics/depression/index.shtml#part_145397. Updated February 2018. Accessed April 11, 2023.
22. Antidepressants. MedLine Plus Web site. <http://www.nlm.nih.gov/medlineplus/antidepressants.html>. Updated January 26, 2022. Accessed April 11, 2023.

Resources

You might find it helpful to contact these organizations for additional support and resources.*

American Academy of Dermatology

www.aad.org
888-462-DERM (3376)
www.facebook.com/AADmember
@AADmember

The American Academy of Dermatology is the largest association of dermatologists in the United States. Its website features patient information on several skin conditions, including psoriasis and psoriatic arthritis, as well as a doctor directory.

International Psoriasis Council

www.psoriasisCouncil.org
972-861-0503

The International Psoriasis Council is a worldwide, nonprofit organization dedicated to psoriasis research, education and patient care. Its website features clinical and educational resources and publications.

National Institute of Arthritis and Musculoskeletal and Skin Diseases

www.niams.nih.gov
877-22-NIAMS (64267)
www.facebook.com/NIH.NIAMS
@NIH_NIAMS

Part of the National Institutes of Health, the National Institute of Arthritis and Musculoskeletal and Skin Diseases supports research on arthritis and other musculoskeletal and skin diseases. Its website features patient resources for a number of conditions, including psoriasis and psoriatic arthritis, as well as links to clinical trials.

National Psoriasis Foundation

www.psoriasis.org
800-723-9166
www.facebook.com/National.Psoriasis.Foundation
@NPF

The National Psoriasis Foundation is a patient advocacy organization dedicated to finding a cure for psoriasis and psoriatic arthritis. Its website features patient resources, a directory of clinicians, research updates and links to advocacy events and programs.

CreakyJoints

www.creakyjoints.org
845-348-0400
www.facebook.com/creakyjoints
@CreakyJoints

Part of the nonprofit Global Healthy Living Foundation, CreakyJoints is an online resource for patients and families living with all forms of arthritis, including psoriasis and psoriatic arthritis. The CreakyJoints site features links to health education, social and emotional support and updates on arthritis advocacy and research.

*The referenced organizations are provided for informational purposes only. They are not affiliated with, and have not provided funding to, Walgreens Specialty Pharmacy for this booklet. Walgreens Specialty Pharmacy does not endorse or recommend any specific organization.

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