SCHOOL OF MEDICINE & DENTISTRY
Allergy, Immunology & Rheumatology

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MEDICINE of THE HIGHEST ORDER

Psoriatic arthritis – co-morbities

Psoriatic disease is an autoimmune disease that encompasses multiple organ involvement in those with psoriasis and includes skin (psoriasis) and joint (psoriatic arthritis - PsA) involvement.

Most patients with PsA have comorbidities that can negatively impact quality of life.

Primary care physicians and other specialists can help identify and address these comorbidities.

Cardiovascular disease

Patients with PsA have higher prevalence and incidence of myocardial infarction and stroke than the general population.

Patients with PsA also have an increased prevalence of diabetes, hypertension, obesity, dyslipidemia and smoking – traditional risk factors for cardiovascular (CV) disease.

PsA is also associated with metabolic syndrome - another risk factor for CV disease.

Obesity

Obesity (BMI >25) is commonly seen in patients with PsA and may be a risk factor for psoriasis and PsA.

Obesity is also known to be associated with higher disease activity and with lower response to therapy among patients with PsA.

Diabetes

PsA is associated with increased prevalence and incidence of diabetes mellitus. Type II diabetes is reported in about 18% of patients with PsA.

Obesity and insulin resistance related to inflammation may contribute to the risk for diabetes.

Ophthalmic disease

Eye disease is well described in PsA.

Uveitis (anterior and posterior) is reported in up to 25% and is often associated with the presence of HLA B27 antigen.

Other eye diseases include keratitis, blepharitis, conjunctivitis, episcleritis and scleritis.

Depression and Anxiety

Depression and anxiety are common in PsA and more prevalent than in those with psoriasis alone.

Depression is associated with higher disease activity and disability.

Additionally, depression can lead to poor adherence to treatment.

Patients with PsA often suffer from sleep disorders and fatigue.

Inflammatory bowel disease

Inflammatory bowel disease (IBD) is associated with spondyloarthropathies.

Patients with PsA have higher prevalence of Crohn's diseases and subclinical colitis.

Some of the medications used to treat PsA (anti-IL-17 therapies and occasionally anti-TNF therapies) may precipitate the onset of IBD.

Co-managing the patient with RA

A team-based approach is a prudent way to manage PsA and should include the primary care physician, a rheumatologist and a dermatologist.

The PCPs and other specialist can also help manage some of the comorbidities and assist patients with life style modifications.

The PCP and the specialists should work together to help review lab tests, monitor for comorbidities, update vaccinations and provide routine health screens.