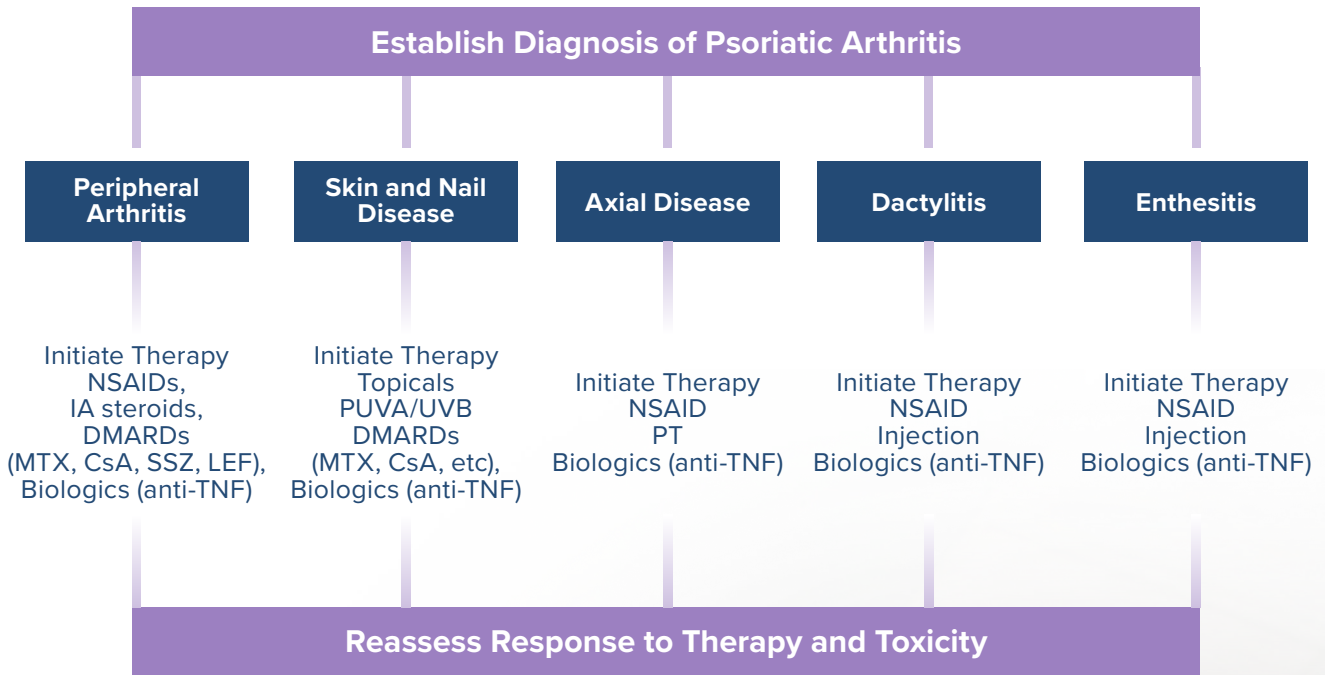




# Good Care Guidelines for psoriatic arthritis





# A patient-friendly format

## Key messages

Psoriatic arthritis (PsA) is a type of arthritis that affects some people with psoriasis. If you have joint pain or swelling, stiffness, or reduced mobility, you should see a doctor who can evaluate whether you have PsA

## Psoriatic Arthritis

Often associated with several comorbidities that can significantly impact a person's quality of life – Depression, Anxiety, Diabetes and Inflammatory Bowel Disease.

There is a lack of understanding about the nature and impact of this condition, as well as its manifestations and related symptoms.

Despite this, PsA management still involves some uncertainties and unclear guidelines, making it difficult to achieve a successful outcome.

Various forms of treat-to-target strategies are advocated in the latest guidelines from GRAPPA, EULAR, and ACR.

## Why are the guidelines important? And what is the Treat to Target Approach?

A simple algorithm of new treatment guidelines for your use. Please note that the guideline below is recommended for joint decision-making by you and your healthcare provider.



good  
care   
for Psoriatic Arthritis

## GRAPPA Guidelines – Treat to Target approach (T2T)

- T2T began as a strategy to manage diabetes and heart disease, but it has now become one of the most widely accepted treatments for rheumatoid arthritis (RA) and other inflammatory diseases
- PsA is not as commonly treated with T2T, but new guidelines from now recommend it
- Many don't have symptoms in every domain, but each must be taken into account when formulating treatment targets
- IFPA continues to stress the importance of the patient-provider relationship when making any treatment decisions and that the patient should remain at the center of decision-making processes. The decision to switch between treatments should be made on an individual basis and only with the full, informed consent of both patient and provider

### A diagram chart on the next page simplifies a step-by-step format of the guidelines

- **Step 1.** Confirmed diagnosis of Psoriatic Arthritis by your certified healthcare provider. This could be Rheumatologist and or Dermatologist
- **Step 2.** The symptoms of psoriatic arthritis can vary from person to person and may be categorized into the following domains (symptom categories)
- **Step 3.** Based on the symptom your healthcare provider will start therapy – please note that the treatment decision is made together with your healthcare provider. This would include starting a specific type of treatment
- **Step 4.** After each treatment given. Your healthcare provider may regularly check how well the treatment is working and whether you are experiencing side effects or complications. The decision to switch between your treatment plan is on an individual basis by the healthcare provider. A joint decision-making to support the best care for you





Once you are diagnosed with Psoriatic Arthritis – there are several treatment options available that can help you manage your symptoms and prevent joint damage. Your doctor will recommend a treatment plan based on you individual needs and medical history.

- **Step 1.** After confirmed diagnosis of by healthcare provider of Psoriatic Arthritis.
- **Step 2.** The symptoms of psoriatic arthritis can vary from person to person and may be categorized into the following domains (symptom (symptom categories). Your doctor may recommend medications or topical treatment.
- **Step 3.** List the treatment.

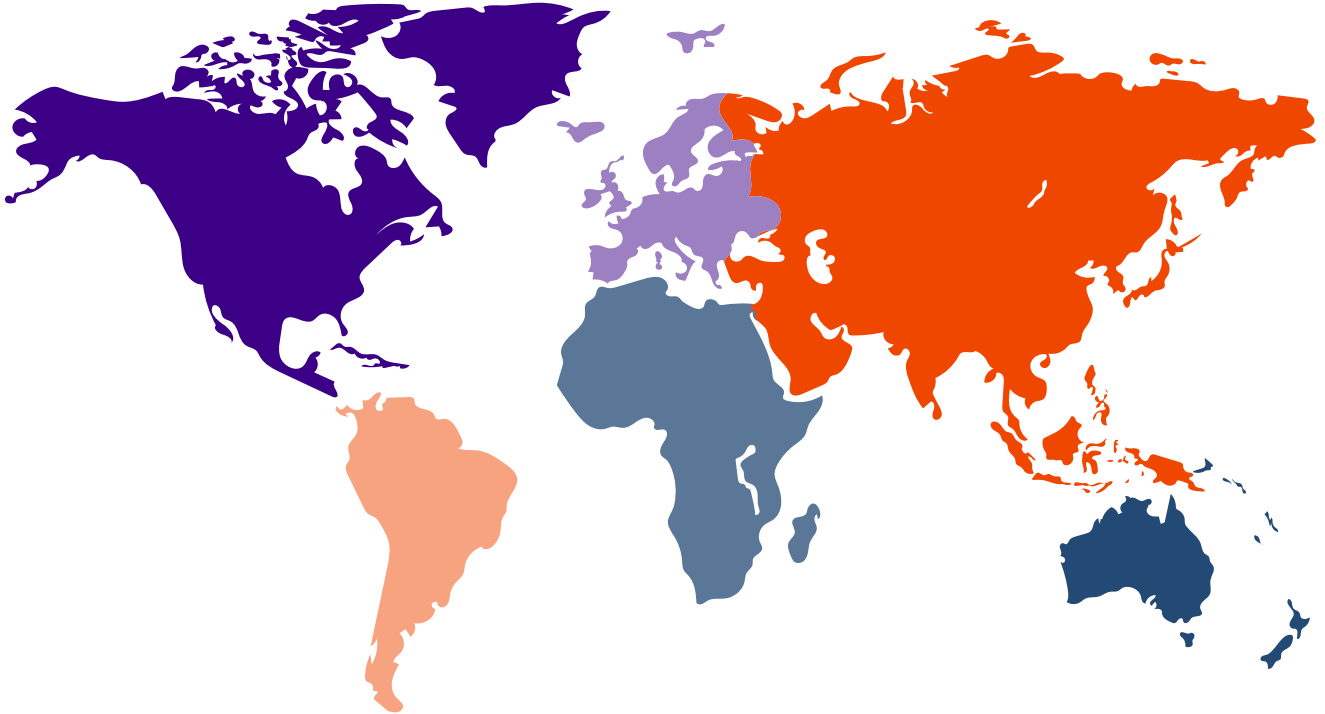
<p><b>Peripheral Arthritis</b> usually affects the large joints of the arms and legs, including the elbows, wrists, knees, and ankles. The discomfort may be “migratory”, moving from one joint to another</p>	<p><b>Start Therapy</b> Non-steroidal anti-inflammatory drug / Steroid treatment or Disease Modifying AntiRheumatic Drugs (DMARDs)</p>	<p>If NSAIDs or DMARDs are not enough to control your symptoms. A biologic treatment will be recommended. Biologics can be very effective in reducing joint pain and stiffness, improving mobility, and preventing joint damage</p>
<p><b>Skin and Nail Disease</b></p>	<p><b>Start Therapy</b> Topical Treatment, PUVA/UVB, DMARDs</p>	<p>A biologic treatment will be recommended. Biologics</p>
<p><b>Axial Disease</b> – a chronic, inflammatory rheumatic disease that affects the axial skeleton, causing severe pain, stiffness and fatigue</p>	<p><b>Start Therapy</b> Non-Steroidal Anti-inflammatory Disease /PT</p>	<p>Biologics – A treatment will be recommended</p>
<p><b>Dactylitis</b> – severe inflammation of the finger and toe joints</p>	<p><b>Start Therapy</b> Non-Steroidal Anti-inflammatory Drugs injection</p>	<p>Biologics – A treatment will be recommended</p>
<p><b>Enthesitis</b> – inflammation at the site of insertion of ligaments, tendons and other fibrous structures into bone</p>	<p><b>Start Therapy</b> Non-Steroidal Anti-inflammatory Disease Injection</p>	<p>Biologics – A treatment will be recommended</p>

- **Step 4.** After each treatment given. Your healthcare provider may regularly check how well the treatment is working and whether you are experiencing side effects or complications. The decision to switch between your treatment plan is on an individual basis by the healthcare provider. A joint decision-making to support the best care for you.





## What treatment options are available in your country?



### Ask your doctor if the below treatments are available in your country

- Non-steroidal Anti-inflammatory Drugs (NSAIDS)
- Non-biologic Disease Modifying Anti-Rheumatic Drugs (DMARDs)
- Biologic Disease Modifying Anti-Rheumatic Drugs (DMARDs)
- Others

#### Funding Disclosure

UCB Pharma has provided financial support through an unrestricted grant for the delivery of the First phase of the Psoriatic Arthritis Awareness project, also known as the "Good Care for the Psoriatic Arthritis" Project. UCB Pharma had no influence or input over the content, including the selection of project members and the development of all associated assets, such as videos, podcasts, and articles. The support from UCB Pharma was solely in the form of an unrestricted grant.

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