



..... Living a good life
with psoriatic arthritis



Contents

What is psoriatic arthritis?.....	4
Living well with psoriatic arthritis.....	10
Treatment options	11
Diet	13
Relief in everyday work	14
In daily life	15
Partnership	16
Questions for your physicians	17
Useful addresses	18
Glossary	22

You will find important medical terms related to **psoriatic arthritis** in the glossary. These are highlighted in bold in the text.

Dear Patient,

Your doctor has given you this brochure because you have been diagnosed with “**psoriatic arthritis**”.

This brochure is intended to provide you with helpful information about **psoriatic arthritis**. **Psoriatic arthritis** is a disease that commonly occurs in association with **psoriasis vulgaris**. Therefore, you will also find information on **psoriasis vulgaris** in this brochure. Both diseases are chronic diseases which are not yet curable. In order to understand correlations, recognise symptoms and understand the important treatment goals, it is essential that you are well informed.

Particularly for chronic inflammatory diseases, a good relationship between doctor and patient is of vital importance for treatment to be a success. In addition to treatment with medication, personal factors such as smoking, alcohol or obesity are very important.

We hope to be able to help you with the information provided and to support you in achieving your goal of having a quality of life that is unrestricted as possible.

Prof. Dr. med. Andreas Körber
Dermatologist



What is psoriatic arthritis?

Psoriatic arthritis is a chronic inflammatory joint disease (**arthritis**) that occurs in connection with **psoriasis**. In contrast to an **acute** illness, **chronic** means that it lasts for a long time.

In most cases (approx. 75%), those affected first develop **psoriasis** before joints become inflamed. Overall, approximately 20 to 30% of all people with **psoriasis** develop **psoriatic arthritis** over time. On average, there are ten years between the occurrence of **psoriasis** and the diagnosis of joint inflammation. Less often (15%), joint and skin inflammation occur at the same time. It is even rarer (10% of cases) for joint inflammation to occur first and then skin to become inflamed over time.

Psoriatic arthritis is an autoimmune disease. These diseases involve the immune cells of our **immune system** being misdirected, leading to inflammatory diseases. With **psoriasis**, these inflammatory processes mainly involve skin cells and trigger the skin changes typical for this disease. With **psoriatic arthritis**, they also attack the cells of the synovial membrane and tendons of the fingers and toes.

Good to know:

We now know that **psoriatic arthritis** is not purely a skin disease. Skin damage and joint inflammation are caused by the same malfunction in the **immune system**.

Who is affected?

Every year,
6 out of 100,000
people in
Germany are
diagnosed
with the
disease.



Approximately
140,000



affected persons
in Germany.

Calculated from:
20-30% of PsO patients
develop PsA

Can start at any age;
usually diagnosed
between the ages of
30 and 50.



All genders are
equally
affected.

We do not yet have sufficient information on the exact causes of **psoriatic arthritis**, but it has been shown that the risk of disease is increased if close relatives also have the disease.

How is psoriatic arthritis manifested?

The symptoms of **psoriatic arthritis** can be classified as signs of skin and joint inflammation. With **psoriasis**, more new skin cells are formed than those which peel from the top layer of the skin. Adjacent skin cells stick together, skin thickens, and the typical **plaques** develop. These are raised, reddened, dry areas of skin covered with silvery-white scales that are clearly defined by a thin, red border. This redness is caused by dilated blood vessels through which specific inflammatory cells and messenger substances of the **immune system** enter the skin. Changes in nails can also be seen in some cases. Pinhead-sized indentations (pits) or yellow-red-brown shimmering blotches under the nail plate (oil stains) are typical here, among other things.



6

A typical symptom of joint inflammation is painful (on touch), inflamed swelling, especially on the finger, toe, knee and ankle joints. Individual fingers or toes are often completely swollen (dactylitis or “sausage fingers”). Tendons and tendon attachments (enthesitis) may also be inflamed. In contrast to **rheumatoid arthritis**, joints are generally not affected symmetrically, but only on one side. Those affected often suffer from impaired mobility, which is particularly pronounced in the morning (morning joint stiffness).

It is important to diagnose **psoriatic arthritis** as early as possible, since the bones and cartilage in the joints affected can become damaged (erode) after only a few years.

The risk of other diseases may increase due to **psoriatic arthritis**. This mainly involves eye inflammation, cardiovascular diseases, **diabetes**, anxiety disorders, depression and chronic inflammatory bowel diseases, such as **Crohn’s disease** or **ulcerative colitis**.

The progression of **psoriatic arthritis** varies from person to person. The disease often progresses in flare-ups, between which the symptoms subside or even disappear completely.

7

What are the causes?

It has not yet been fully clarified what leads to a malfunction of the immune system causing **psoriatic arthritis**. According to experts, genetic and environmental factors probably play a role in the development of the disease.

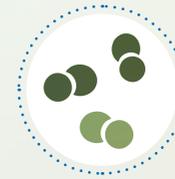
Genetic factors (e.g. **HLA-B27**) can cause a high predisposition to **psoriatic arthritis**. However, in many cases, it is not possible to determine the exact factor that led to the development of **psoriatic arthritis**.

Good to know:

Although the cause of **psoriatic arthritis** is not yet fully known, researchers have already identified several cells and messenger substances of the **immune system** that are involved in the inflammatory disease process.

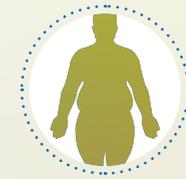
These include signal substances such as **tumour necrosis factor alpha (TNF α)**, **interleukin 12 (IL-12)**, **IL-17** or **IL-23**. Based on these findings, many kinds of therapy which are effective in treating **psoriatic arthritis** have been developed in recent years.

Other factors, known as trigger factors, can also accumulate and lead to disease outbreak. These include:



Infections

(from bacteria or viruses)



Overweight



Medication

(e.g. **beta blockers**)



Allergies



Hormonal changes

(e.g. pregnancy, puberty)



Emotional stress

Living well with psoriatic arthritis

Psoriatic arthritis is a chronic inflammatory disease. Nevertheless, it can be well controlled with early diagnosis and treatment. It is important that you avoid letting your life be restricted by the disease and do not hesitate to seek support from friends, family members or colleagues, if necessary. There are also numerous factors in everyday life that are not only risk factors for the development of **psoriatic arthritis**, but can also have an unfavourable effect on how the disease progresses (e.g. smoking, excessive alcohol consumption, excessive obesity).

Because of the visible skin changes, those affected with **psoriatic arthritis** more frequently suffer from being excluded by society than people with healthy skin (stigma). As a result, those affected report feelings of anxiety and shame, including social withdrawal. Those affected can also suffer from depression or other mental illnesses. At the same time, the typical symptoms of joint inflammation, such as pain and limited mobility, can lead to simple everyday activities becoming difficult or even impossible. Therefore, it is important to start treating the disease as early as possible.

Depending on the course and severity of the disease, your doctors may combine different treatment methods. At the same time, you can also do some simple things in your daily life to help treatment be successful and maintain your quality of life.

Good to know: The goals of treating **psoriatic arthritis** are to reduce pain and inflammatory activity, maintain mobility, prevent joint damage, and improve skin symptoms.

Treatment options

In general:

- Moisturising and nourishing creams, ointments or lotions without active ingredients and with urea and/or salicylic acid
- UV/balneotherapy/phototherapy
- Balneotherapy and climatotherapy

Drug therapy:

- External (topical) therapy: e.g. with cortisone (glucocorticoids) and/or vitamin D analogues
- **Non-steroidal anti-inflammatory drugs (NSAIDs):** painkillers that can also inhibit inflammation
- **Cortisone** (glucocorticoids): acts quickly against inflammation; use in superficial joint complaints; may worsen psoriasis
- Base medication: conventional synthetic medicines, such as MTX, fumarate, cyclosporine and acitretin
- In the event of an inadequate response or intolerance to basic medication, switch to **biologics/biosimilars**. **Biologics/biosimilars** are biotechnologically produced drugs. There are various active substance classes which, just like the conventional, synthetically produced medicines, reduce the overreaction of the immune system. They intervene in one of the various processes of the body's own immune response, and can thus reduce inflammation.

- **PDE4 inhibitors:** Phosphodiesterase inhibitors alter the release of messenger substances of the immune system and thus reduce the inflammatory response; use only after inadequate response to or poor tolerability of treatment with conventional synthetic medicines.

Other additional measures:

- Physiotherapy (remedial gymnastics): various exercises can be used to maintain joint mobility, reduce pain, improve movement and prevent long-term damage to the musculoskeletal system.
- Physical therapy: methods such as cold or heat therapy can be used to alleviate pain.
- Occupational therapy: practising joint-relieving movements and learning how to use aids correctly in everyday life.
- Functional training: hot water or dry gymnastics
- **Autogenic training/progressive muscle relaxation** (stress management)

Diet

There is no special diet for **psoriatic arthritis**. However, a balanced, vitamin-rich diet is essential for our health. Even if you have **psoriatic arthritis**, it can help you strengthen your **immune system** and reduce the risk of metabolic and cardiovascular diseases. It can also help you maintain a healthy body weight and avoid being overweight, which in turn can have a positive effect on the progression of **psoriatic arthritis**.

By trying out different foods, you can also find out whether certain foods increase your individual complaints. You should avoid these in the future.

Example of a healthy diet:

- Eat a varied, balanced diet.
- No more than two small portions of meat and sausage per week.
- Fish twice a week – fatty fish (e.g. salmon, herring) provides enough omega-3 fatty acids.
- Five portions of fruit and vegetables per day – more vegetables than fruit.
- Using linseed, rapeseed, hemp or walnut oil.



Relief in everyday work

Even if you have **psoriatic arthritis**, you can basically continue to practice almost any profession. Due to joint inflammation, you should make sure that your workplace is ergonomic, especially if your job involves sitting in an office.

It is particularly important to make sure that your office chair is correctly positioned. Ergonomic armrests, notebook holders, monitors with swivel arms and adjustable keyboards are also helpful. Vertical computer mice can be used which reduce the need to twist your forearm or hand. When writing long texts, a speech recognition programme that you can dictate to can also make things significantly easier.

There are also professional challenges in work areas where your skin is exposed to increased stress. This applies, for example, to nursing professions, professions with a high degree of dust development in closed rooms (e.g. carpenter, tiler), work in a wet environment (e.g. cleaning staff) or with chemicals (e.g. hairdressers).



14

In daily life

There are numerous factors in everyday life that are not only risk factors for the development of **psoriatic arthritis**, but can also have an unfavourable effect on how the disease progresses. These include, for example, smoking, excessive alcohol consumption and being very overweight. You should avoid all three if possible. The same applies to psychological stress, severe mechanical stress on the skin (e.g. due to tight or scratchy clothing) and sunburn.



Not only is it helpful to change your own lifestyle, but you can also actively seek support from people you know. Such people may be your treating physicians, family members or friends. You can also chat to other people who are affected. Simply having an open conversation with others about your disease can help you to deal with it better.

15

Partnership

Psoriatic arthritis can affect partnerships and sexuality. Those affected may suffer from low self-esteem and be worried about being rejected by their partner. At the same time, skin changes can limit sensations of touch or even lead to pain.

If this is the case for you, have a conversation with your partner and be open about how you feel.

If **psoriatic arthritis** has a negative effect on your sex life, you can also consult a sex therapist. Sometimes only a few sessions are enough to find a way to deal with the disease.



16

Questions for your physicians

If you have just been diagnosed with “**psoriatic arthritis**”, or perhaps your physicians have suggested a new kind of treatment to you, you probably have a lot of questions. To ensure that you do not forget anything when talking to your physicians, you should create a list of questions in advance. We have listed a few of the most common questions to help you.

- How severe is my disease?
- Which kind of treatment would you recommend to me? How does this work?
- What side effects can the treatment have?
- How often must I come in for check-ups?
- What can I do to support my treatment?
- What happens if the treatment does not have a sufficiently positive effect?
- Will the disease/treatment affect my daily life?
- Can I continue to work?
- How can I get in touch with other patients?
- Where can I find further information on the disease/treatment?



17

Useful addresses

For further information on **psoriatic arthritis**, we have put together a selection of addresses for patient organisations, self-help pages and professional associations.

Deutscher Psoriasis Bund e. V. **[German Psoriasis Association]**

Seewartenstrasse 10
20459 Hamburg, Germany
Tel.: 040 2233990
Email: info@psoriasis-bund.de
Website: www.psoriasis-bund.de

A non-profit association for people suffering from psoriasis, active across the nation. Champions the concerns and interests of those affected.

Deutsche Rheuma-Liga e. V. **[Federal German Rheumatism League]**

Welschnonnenstr. 7
53111 Bonn, Germany
Tel.: 0228 766060
Fax: 0228 7660620
Email: bv@rheuma-liga.de
Website: www.rheuma-liga.de

Self-help organisation that independently informs and advises those affected and offers practical help.

Bitte berühren – Gemeinsam aktiv gegen Schuppenflechte **[Please touch – actively working together against psoriasis]**

Website: www.bitteberuehren.de

Website of Berufsverband der Deutschen Dermatologen e. V. [Professional Association of German Dermatologists] with experience reports, information and tips for people with psoriasis and their relatives.

PsoNet – Regional psoriasis networks in Germany

c/o CVderm, UKE Hamburg
Martinistraße 52
20246 Hamburg, Germany
Tel.: 040 741055428
Fax: 040 741055348
Email: info@psonet.de
Website: www.psonet.de

Group of dermatologists and specialists organised into regional psoriasis networks. Offers a search function for doctors and regional networks.

Deutsche Dermatologische Gesellschaft (DDG) **[German Dermatological Society]**

Robert-Koch-Platz 7
10115 Berlin, Germany
Tel.: 030 2462530
Fax: 030 24625329
Email: ddg@derma.de
Website: www.derma.de

Scientific expert association of German-speaking dermatologists. Promotes scientific and practical dermatology, venerology and allergology.

Deutsche Gesellschaft für Rheumatologie e.V. (DGRh) **[German Rheumatology Society]**

Wilhelmine-Gemberg-Weg 6
10179 Berlin, Germany
Tel.: 030 24048470
Fax: 030 24048479
Email: info@dgrh.de
Website: www.dgrh.de

German medical/scientific society active in the field of rheumatology. Promotes rheumatological science and research and operates as an independent society.



Glossary

Acute: sudden and usually short-term disease; opposite of chronic.

Arthritis: disease in which the joints are inflamed, often associated with pain and swelling.

Autogenic training: relaxation procedure carried out independently by the patient, allowing withdrawal from stress and everyday life through a meditative state.

Beta blockers: medication to treat high blood pressure and coronary heart disease.

Biologics: Biologics are medicines with a complex structure and high molecular weight which are produced biotechnologically, i.e. using biological organisms.

Biosimilars: Biosimilars are biological medicines that are comparable to the original medication already available in terms of safety, efficacy and quality. To this end, biosimilars are tested using a strict approval route.

Chronic: a long-lasting disease (more than four weeks), often not curable; opposite of acute.

Cortisone: also glucocorticoids. Acts quickly against inflammation, but should only be used for a short time.

Crohn's disease: chronic inflammatory bowel disease, which can lead to inflammation of the entire bowel. Part of the small intestine and the large intestine are primarily affected.

Diabetes: more precisely: diabetes mellitus; disorder of the sugar metabolism, characterised by a chronic increase in the blood sugar level.

Disease Modifying Anti-Rheumatic Drugs (DMARDs): various medicines that can slow the progression of a disease on the rheumatic spectrum. Divided into synthetically manufactured (sDMARDs) and biologically manufactured (bDMARDs) medicines. The tsDMARDs (targeted synthetic/targeted drugs) belong to the sDMARDs, together with the conventional synthetic csDMARDs.

HLA-B27: protein that plays an important role in the immune response; indicates an increased risk of certain diseases, such as psoriatic or rheumatoid arthritis.

Immune system: the body's system for preventing diseases. It includes many different immune cells, which in turn produce signals to communicate with each other.

Interleukins: a group of the body's own messenger substances of the immune system.

Non-steroidal anti-inflammatory drugs (NSAIDs): painkillers that can inhibit additional inflammation.

PDE4 inhibitors: medicines that can influence the transmission of signals within a cell and thus reduce inflammation.

Plaque: patchy structures or changes.

Progressive muscle relaxation: relaxation methods in which improved self-awareness and a state of deep relaxation is achieved in the entire body through consciously relaxing certain muscle groups for a short space of time.

Psoriasis: chronic inflammatory skin disease, which may develop into psoriatic arthritis in 20-30% of patients.

Psoriasis vulgaris: also: Plaque psoriasis; the most common form of psoriasis.

Rheumatoid arthritis: also rheumatism. Chronic inflammatory systemic disease affecting the joints.

Tumour necrosis factor alpha (TNF- α): messenger substance of the immune system that is involved in inflammatory processes.

Ulcerative colitis: disease in which the immune system causes inflammation in the large intestine. Other symptoms include abdominal pain and diarrhoea.

You can find further suggestions for dealing with your disease on a daily basis here:

www.hexal.de/patienten/feelinx



How to reach us:

You have important questions about our medicines or you would like to order materials?
Call us toll-free at **0800 439 25 23!**

You can reach us from Monday to Friday
from 8:00 a.m. to 6:00 p.m.

Please contact your physician if you have any questions about your treatment.

Hexal AG

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A Sandoz Brand