

May, 2014 • Members

Rheumatoid and Psoriatic Arthritis

All arthritis conditions are not the same

There are more than 100 types of arthritis. The more common ones are:

- Osteoarthritis—the “wear and tear” arthritis
- Rheumatoid arthritis—inflammatory “flaring” arthritis
- Gout—the big toe, high uric acid arthritis
- Psoriatic arthritis—the psoriasis arthritis
- Lupus—the butterfly rash arthritis
- Septic arthritis—infectious arthritis
- Juvenile arthritis—any type of arthritis that affects children ≤16 years

In this newsletter we’ll talk about rheumatoid and psoriatic arthritis.

Rheumatoid arthritis is called RA for short. It occurs when the body’s immune system thinks a protein in the body is foreign and not part of the body. So the body attacks itself by mistake. The disease is systemic. This means all parts of the body can be affected, including the heart and lungs.

Psoriatic arthritis is called PsA for short. It is an inflammation of the skin and joints. It occurs in some people who have a skin disorder called psoriasis.

Symptoms of rheumatoid arthritis (RA)

Symptoms can occur in the jaw, neck, shoulders, elbows, wrists, hands, knees, ankles, and feet. Symptoms include:

- Joint pain, stiffness, swelling
- Fatigue
- Loss of appetite and weight loss
- Fever and warm-to-the-touch joints
- Rash
- Rheumatoid nodules (lump on the skin over a joint)

Small joints are usually affected before large joints. If a joint on 1 side of the body is affected, the same joint is often affected on the other side of the body too. Morning stiffness can last a few hours or most of the day.

Some people have relatively symptom-free periods and periods in which the disease flares up. During a flare, there is a sudden increase in symptoms. It can last days or months. Other people have symptoms all the time. If not treated, the joints eventually become deformed and don’t work properly. When this happens, the person has trouble doing normal activities of daily living.



Rheumatoid arthritis facts^{1,2}

- Affects 1.5 million people in the United States
- Affects more women than men (3:1 ratio)
- 1% to 3% of women will get it
- Begins to affect people when they are 30 to 60 years of age

Psoriatic arthritis facts¹⁻³

- Affects about 0.2% of the people in the United States
- Affects about 10% to 20% of people with psoriasis
- Usually develops about 10 years after the psoriasis starts
- Usually diagnosed when the person is 15 to 50 years of age

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Symptoms related to psoriatic arthritis (PsA)

About 10% to 20% of people with psoriasis develop PsA.³ These people may have:

- Patchy, scaly, red or white areas of skin
- Pitted or discolored fingernails
- Nails that separate from the nail bed
- Swelling of fingers and toes
- Stiffness
- Painful joints or back pain
- Tenderness, pain, or swelling over the tendons that connect muscle to bone
- Fatigue
- Anemia

Often only 1 or a few joints are affected. It could be a finger, toe, spine, or knee. In most people, skin symptoms show up years before joint symptoms. But in others, joint damage can occur early on.

Diagnosis and treatment

There is no cure for these types of arthritis, but treatment can help. Treatment is not the same for all types of arthritis, even though some of the symptoms are the same. So it's important to get diagnosed and find out which type of arthritis it is. Then the right treatment can be selected. Treatment can include medication, a healthy diet, weight control, and exercise.

Early diagnosis and treatment are critical. This is because joint damage cannot be reversed, and treatment can slow or halt the progression. If inflammation is kept low, then the joints might not get deformed as quickly. This means the joints will continue to work the way they should for a longer period of time. The patient will be able to live an active, more normal life.

Are you at risk?

Risk factors for RA include:

- Family history
- Bacterial or viral infection
- Smoking
- Sex—women are 3 times as likely to get it than men
- Age—diagnosis is more common in people 40 to 60 years old

Risk factors for PsA include:

- Being diagnosed with psoriasis
- Family history of psoriasis
- Age—diagnosis is more common in people between 30 and 50 years old

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Laboratory testing for arthritis

There is no one test that can be used to diagnose arthritis or find out which type it is. But there are tests that can help. Rheumatoid factor (RF) and anti-CCP are standard tests for RA. A new test called 14-3-3 eta looks like it will be helpful too. So far, it looks like more people who have RA can be diagnosed when these 3 tests are used together.⁴

RF:

- Generally 60% to 90% of people with RA test positive.
- Fewer people test positive in early stages of RA.
- RF positivity in early RA means the patient is likely to have more severe RA.
- Higher amounts of RF mean the patient is likely to have more severe RA.
- People with other autoimmune diseases, certain infections, or cancer can also have RF.

Anti-CCP

- 55% to 85% of people with RA test positive.⁵⁻⁷
- Almost all people who test positive have RA.
- A positive result in early RA predicts more severe RA in 3 to 10 years.

14-3-3 eta

- 60% to 82% of people with RA test positive.⁴
- It does not appear to be positive in people with related conditions (except PsA).
- The level is higher in RA and PsA patients who have joint damage.

Doctors sometimes use the HLA-B27 test to help diagnose psoriatic arthritis. Over 50% of those with an inflamed spine are positive.⁸

There are 2 tests that can be used to measure the amount of inflammation. They are called the ESR (erythrocyte sedimentation rate) test and the CRP (C-reactive protein) test. Doctors use these tests to see how a patient is doing on the therapy.

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