

Patient and Family Information Leaflet

Psoriatic Arthritis

What is Psoriatic Arthritis?

Psoriatic arthritis (PsA) is a form of joint inflammation that is associated with a scaling skin condition called psoriasis. PsA is an autoimmune condition, in which our immune system attacks our joints, causing painful inflammation and joint damage. Men and women are equally likely to be affected.

What causes Psoriatic Arthritis?

Our immune system normally protects us from infections. However, in people who develop autoimmune diseases, the immune system becomes confused and overactive, and attacks our own body. Like many autoimmune conditions, the exact cause of psoriasis and psoriatic arthritis is not known. Studies have shown that both genetic and environmental factors are implicated.

What are the Signs and symptoms of Psoriatic Arthritis?

- **Psoriasis:** Most patients with PsA develop a scaly rash (psoriasis) first before developing arthritis. Psoriasis can develop on any part of the body, but is more common over the scalp, hair line, elbows, knees, belly button and natal cleft.
- **Peripheral arthritis:** Any joint can be affected by the disease including the arm and leg joints. Patients usually have joint pain, swelling and stiffness in the morning for more than 30 minutes.
- **Axial disease:** The joints in the spine and in the buttock (sacroiliac joints) may be affected leading to pain and stiffness in the back and buttock respectively.
- **Nail psoriasis:** Patients may develop nail changes such as pitting, thickening, detachment of the nail plates and staining.
- **Dactylitis:** Sausage-like swelling may affect an entire finger or toe.

- Enthesitis: Inflammation along tendon and ligament insertion points leading to pain and swelling worse with specific movements e.g. pain over the back of the heel where the Achilles tendon inserts (Achilles tendinitis), soles of the feet (plantar fasciitis) and around the elbow (tennis elbow or golfer's elbow).
- Other symptoms may include:
 - Tiredness
 - Diarrhoea, blood in the stools which may occur due to inflammation in the intestines.



How is PsA diagnosed?

PsA is diagnosed based on patients' symptoms and clinical examination by a doctor, usually in a patient with skin psoriasis, though the skin may not always be affected before the onset of joint inflammation. Blood tests showing elevated inflammatory markers (e.g. C-reactive protein and erythrocyte sedimentation rate) are helpful. X-rays or ultrasound scans of the joints may be performed as part of the evaluation.

What is the treatment of PsA?

The symptoms of PsA can be alleviated, and joint damage can be prevented by prompt and appropriate treatment. It is important for patients with PsA to attend regular medical check-ups and take medications as prescribed, even when they feel well to avoid disease flares.

1) Medication

- **Conventional DMARDs**

Disease-modifying anti-rheumatic drugs (DMARDs) are medications that suppress the overactive immune system from further damaging the joints. Some of these medications come in the form of tablets (examples include methotrexate, leflunomide, sulfasalazine, ciclosporin A) or may be given as subcutaneous injections (injections under the skin usually given in the abdomen or thighs) e.g. methotrexate.

- **Biologic Agents**

Biologics: These are targeted injectable drugs given subcutaneously or through the vein. They are usually used in patients who do not respond to DMARDs, or who have significant axial disease, dactylitis or otherwise severe disease (examples include infliximab, adalimumab, golimumab, etanercept, certolizumab pegol, secukinumab, ixekizumab, risankizumab, guselkumab and ustekinumab)

- **Targeted synthetic DMARDs**

Targeted DMARDs are oral tablets and are usually given for patients with more severe disease or when conventional DMARDs have failed to control disease activity adequately (e.g. tofacitinib and upadacitinib; apremilast)

Some patients require combination therapy with more than one of the above medications. Patients on DMARDs will require regular blood tests to monitor for any potential side effects

- **NSAIDs and COX-2 inhibitors**

Non-steroidal anti-inflammatory drugs (NSAIDs) are useful adjunctive agents for pain control and reduction of joint inflammation. Examples include diclofenac and naproxen.

- In patients with severe joint inflammation, a needle may be inserted to remove joint fluid and steroids may be injected directly into the affected joint(s) for rapid relief.
- **For psoriasis:**
 - Regular moisturisers are recommended to reduce scaling and itch.
 - Topical medications such as steroid creams, salicylic acid, coal tar shampoo and Vitamin D-based creams are often used.
 - Phototherapy with ultraviolet light may be recommended by the Dermatologist

2) Rest and exercise

Physiotherapy and occupational therapy may be recommended in patients who have functional impairment from joint deformities and to relieve pain.

PsA is often associated with other medical conditions such as osteoporosis, obesity, metabolic associated steatotic liver disease (MASLD) (fatty liver), high cholesterol, diabetes and high blood pressure. These conditions should be addressed as part of holistic care for PsA. Certain vaccinations are recommended to prevent common infections, such as influenza, pneumococcal, Respiratory Syncytial Virus (RSV) and shingles.

What should I do if I have been diagnosed with PsA?

Lifestyle changes are an important aspect of PsA management. Patients should be empowered to play an active role in their care.

- Avoid smoking
- Eat a balanced diet. Raw and partially cooked food should be avoided in patients taking DMARDs to reduce risk of infections.
- Stay active and exercise in moderation when inflammation is under control. Exercise helps to rebuild muscle.

- Sufficient rest is important when joint is acutely swollen and painful.
- Lose weight if you are overweight.
- Reach out for support – whether through friends, family, or support groups such as the National Arthritis Foundation

Is there any dietary recommendation for patients with PsA?

Raw and partially cooked food should be avoided to reduce risks of infections if you are taking DMARDs and/or steroids.

Can patients with PsA become pregnant?

Patients with PsA can have successful pregnancies. It is important to discuss any pregnancy plans early with your rheumatologist as some medications are not suitable for pregnancy.

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