Psoriatic Arthritis

Media backgrounder

DISEASE AWARENESS:

What is psoriatic arthritis?

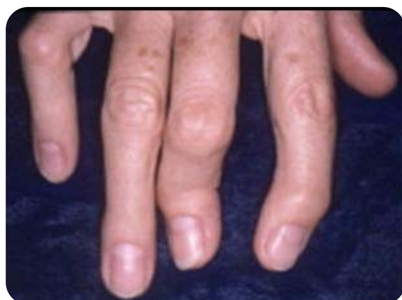
Psoriatic arthritis (PsA) is a type of inflammatory, disabling arthritis closely associated with the skin disorder, psoriasis.[1,2] The peak age of onset is from 36-45 years, although psoriatic arthritis can also occur in childhood or older age.[1]

Psoriatic arthritis develops in approximately 30-40 per cent of patients with psoriasis[2]. On average patients report suffering with psoriasis for approximately 10 years before developing PsA.[1]

What are the symptoms of psoriatic arthritis?

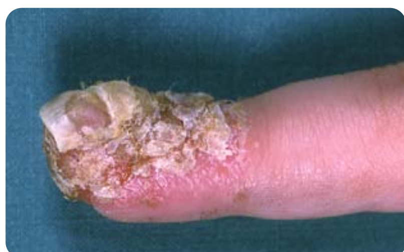
Typically inflammation may be seen in one or several joints either in the hands and feet, larger joints such as the hips and knees, or the spine.[3]

Patients may present with pain, swelling and stiffness in the affected joints.[3]



Joint deformity affecting a patient's hand

The majority of people with psoriatic arthritis also suffer from 'psoriatic nail disease', where the nail plate becomes deeply pitted and crumbles in yellowish patches.[1]



Psoriatic nail disease on a patient's finger

What causes psoriatic arthritis?

Like psoriasis, the exact cause of psoriatic arthritis is not known, however it is believed that a number of genetic and environmental factors may be involved in the development of the disease.[2,3]

FACT!
About 40 per cent of people with psoriasis or psoriatic arthritis have a close relative with the condition. If one identical twin has the condition, there is a 75 per cent chance that the other twin will develop PsA as well[3]

How is psoriatic arthritis diagnosed?

Dermatologists treating patients with psoriasis are in an ideal position to screen for psoriatic arthritis and provide early therapeutic intervention or referral in order to prevent disease progression.[2]

However due to a lack of widely accepted classification and diagnostic criteria for psoriatic arthritic and its resemblance to rheumatoid arthritis (RA), accurate diagnosis is extremely difficult for physicians.[1]

The following factors can be used to distinguish psoriatic arthritis from rheumatoid arthritis:[1]

- PsA occurs just as frequently in both sexes, whereas RA is more common in women
- The number of joints affected by PsA tends to be asymmetrical in pattern. In RA the same joints on both sides of the body are typically affected
- Distal joints are affected in PsA but not in RA

- Typical features include dactylitis (inflammation of the digits)
- Almost half of patients may also have an inflammatory arthritis of the back, particularly the lower back
- Rheumatoid factor is detected in about 80 per cent of patients with RA but only about 13 per cent of patients with PsA
- Nail lesions are very common in PsA but not in RA patients

IMPACT ON PATIENTS:

Over the last two decades, it has become clear that psoriatic arthritis is a much more aggressive and debilitating condition than previously thought.[1] Psoriatic arthritis can lead to chronic levels of joint damage, spinal pain, increased disability and increased mortality.[1,4]

FACT!
Approximately 20 per cent of patients develop a very destructive form of arthritis. After 10 years, 55 per cent of patients have five or more deformed joints[1]

Patients with PsA have reduced quality of life and impaired ability to function:[1]

- In a Canadian survey of over 100 patients who took the Short Form Health Survey (SF-36), 48 per cent reported that their health seriously limited their ability to participate in moderate to vigorous activities and 40 per cent said their health limited the kind of work they performed[5]
- Social and financial implications are also important, both in terms of personal loss and the impact of direct (e.g. medical care) and indirect (e.g. inability to work) costs to the state[4]

TREATMENT OPTIONS:

The goals of treatment for psoriatic arthritis are to control inflammation and stop disease progression. Skin and joint symptoms are usually treated in parallel by a multidisciplinary team of rheumatology and dermatology specialists.[2]

- Traditional standard therapy using non-steroidal anti-inflammatory drugs, is aimed at providing symptomatic relief however these treatments do not alter disease progression[4]
- In more severe cases, patients are treated with disease-modifying anti-rheumatic drugs (DMARDs). DMARDs have an overall systemic effect on the body, suppressing the overactive immune and/or inflammatory systems, thereby controlling (or ‘modifying’) an aspect of the disease process

Biologics:

Recently a new class of medicines called biologics has been developed to treat psoriatic arthritis. Unlike therapies which are made by combining man-made chemicals, biologics are created from living human or animal proteins. Whereas other systemics have a broad impact on the immune system, biologics are designed to target specific molecules in the immune system that trigger inflammation.[4]

There has been interest in the pivotal role that molecules in the immune system, particularly tumour necrosis factor alpha (TNF-α), play in the inflammation of the skin and joints.[2] People with immune diseases like psoriatic arthritis have too much TNF-α in their bodies. Some biologics work by blocking the inflammation caused by TNF-α which in turn can reduce psoriatic skin lesions and joint swelling.[4] These biologics are known as anti-TNFs.

The following anti-TNFs are currently licensed by the European Medicines Agency for the treatment of active and progressive psoriatic arthritis in Europe:

- **Enbrel® (etanercept)**
- **Humira® (adalimumab)**
- **Remicade® (infliximab)**

These drugs are given at various dosages and timings – Enbrel and Humira are injected under the skin and Remicade is administered as an infusion into a vein.

Biologics are highly specific and have demonstrated the potential to be a safe and effective therapeutic option for the treatment of psoriatic arthritis.[2]

Proven Enbrel experience

Enbrel has a long established safety profile with over 16 years of proven clinical experience for the treatment of inflammatory conditions. Enbrel is currently the number one biologic prescribed worldwide.[6]

Results from the first and largest collaborative study between rheumatologists and dermatologists have confirmed the role of Enbrel as an effective treatment for psoriatic arthritis. The PRESTA (**P**soriasis **R**andomised **E**tanercept **ST**udy in Subjects with Psoriatic **A**rthritis) study demonstrated that Enbrel clears skin and also offers patients with psoriatic arthritis improvements in joint pain, both sustained over time.[7,8]

In addition, results showed that Enbrel can improve patients' quality of life reinforcing the need for early treatment of psoriatic arthritis to prevent irreversible damage to joints.[8]

New data from the PRESTA trial presented at the 2009 European League Against Rheumatism Study annual congress, confirm that at all available doses, Enbrel provides significant improvement in all PsA symptoms in patients with active psoriatic arthritis in addition to achieving fast and effective skin clearance.[9,10,11]

Note to media

Please contact your local Wyeth office for information regarding country regulations. Further details are available at www.wyeth.eu

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