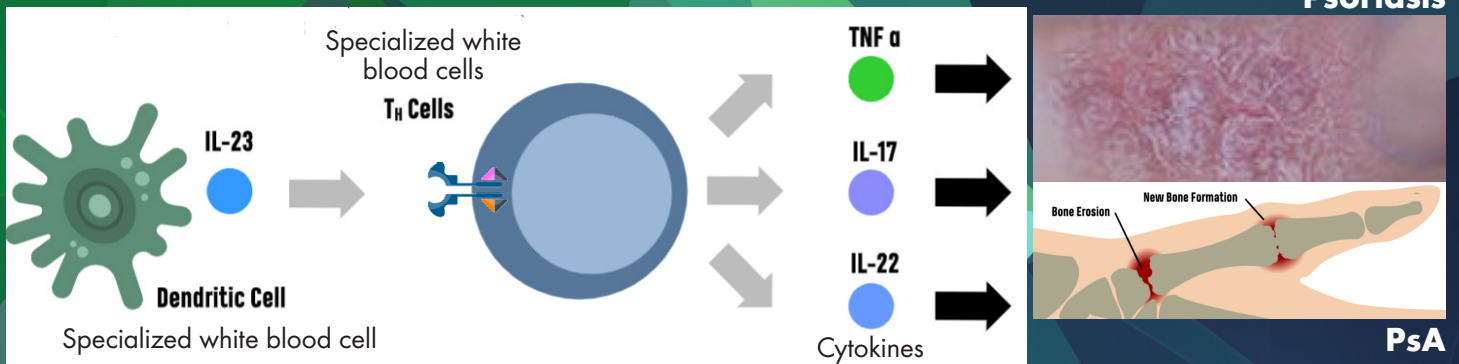


Treatment of Psoriasis and Psoriatic Arthritis (PsA)



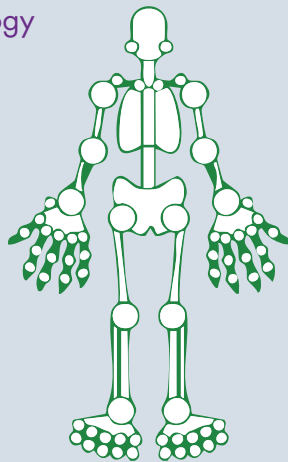
What causes psoriasis to develop and why biologic and targeted treatments are used

An injury to skin cells (keratinocytes) can set off inflammation driven by chemicals (cytokines) in the blood produced by specialized white blood cells. Cytokines direct other cells, such as keratinocytes, to multiply, causing psoriasis plaques or cells in joints, which causes arthritis symptoms. Medicines to treat psoriasis target cytokines to remove them or prevent them from functioning. Medicines used to treat psoriasis target key cytokines, including interleukin (IL) 23, IL-17, and tumor necrosis factor alpha (TNF-α). Having psoriatic arthritis (PsA) can increase the burden of psoriasis and reduce quality of life. Getting psoriasis under control and watching for signs of PsA may delay the onset and help prevent permanent damage.

PEST: Psoriasis Epidemiology Screening Tool

Do you have:

- Swollen joints
- Diagnosed arthritis
- Nail pitting
- Heel pain
- Swollen fingers or toes?



If you answer yes to 3 or more of the above, you have an increased risk of PsA diagnosis.

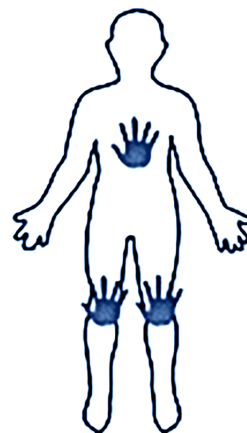
Consult a rheumatologist

Assessing Psoriasis Severity



One handprint is equivalent to ~1% of your body surface area

3% body surface area affected

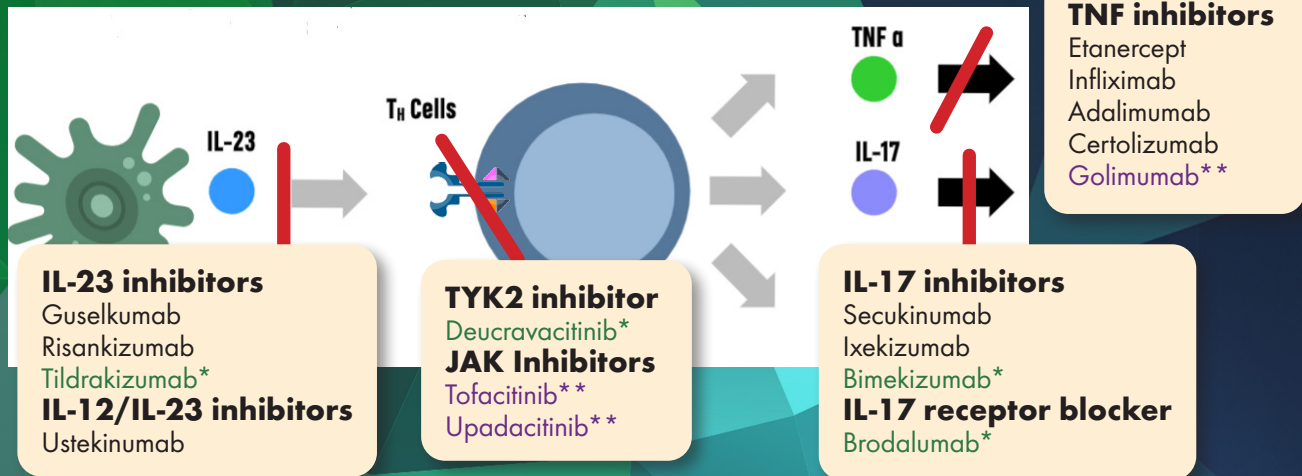


12% body surface area affected



Psoriasis severity is often determined by body surface area (BSA). Your handprint is about 1% of your BSA. More than 3% BSA is considered moderate disease, and more than 10% BSA is considered severe. Small areas may be considered severe if they negatively impact quality of life in areas such as the face, scalp, genitals, palms, or soles.

Treatment of Psoriasis and Psoriatic Arthritis (PsA)



Blocking targets along the inflammation pathway inhibits disease activity down the line. Approved both psoriasis and PsA; *approved PsO only; ** approved PsA only

Considerations for Selecting Treatment

- Disease severity and locations
- Medical history and other diseases: PsA, inflammatory bowel disease, cardiovascular disease
- Previous treatments
- Impact of pain, itch, emotional stress, or fatigue on quality of life
- Drug efficacy and safety
- Patient's desire to have children
- Patient's preferences for administration
- Oral or injections
- Access to refrigeration or an infusion center
- Insurance/formulary/costs

For more information about medications to treat psoriasis/PsA, visit:
www.psoriasis.org/systemics



Talk to your provider about the best options for you

To maximize your treatment response:

Adopt healthy habits



- Eat a healthy diet; obesity may reduce the efficacy of some medications
- Stay active
- Don't smoke
- Get adequate sleep

Take medications as recommended by your healthcare team



Maintain emotional health and wellbeing



- Talk to your provider about sleep problems, anxiety, or depression



Paradigm Medical Communications, LLC and Group for Research and Assessment of Psoriasis and Psoriatic Arthritis present this resource for educational purposes only. Healthcare professionals are expected to employ their own knowledge and judgement during any discussion with, or treatment of, their patients.

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