Patient PrepRheum

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Psoriatic Arthritis – An Underdiagnosed Disease

Narrator 00:00

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Naomi Creek 00:09

Welcome to Patient PrepRheum, a podcast that explores the importance and often misunderstood aspects of living with autoimmune arthritis and related conditions in Australia.

I'm your host Naomi Creek, National Coordinator at GHLF Australia and, in this episode, we're talking with Doctor Premarani Sinnathurai, who is a staff specialist in the rheumatology department at Royal North Shore Hospital and clinical senior lecturer at the University of Sydney. She was awarded her PhD from the University of Sydney in 2019 on comorbidity and patient-centred health outcomes in psoriatic arthritis.

Her research focuses on the role of comorbidity and adiposity on outcomes in psoriatic arthritis. Her clinical work includes specialist psoriatic arthritis clinics in addition to general rheumatology and acute referral clinics. We'll be having an in-depth discussion about psoriatic arthritis including how it's diagnosed, the role specialists play, symptoms of the disease and treatment options.

Dr Sinnathurai, thanks so much for joining us today.

Dr Sinnathurai 01:27

Thank you for inviting me.

Naomi Creek 0:19

Psoriatic arthritis is such a complex condition. Can you explain what it is and the many ways it impacts the body?

Dr Sinnathurai 01:27

Sure. So psoriatic arthritis is an autoimmune disease, which means that your immune system, which is just supposed to fight off infections, gets confused and starts to attack your own body. So, in the case of psoriatic arthritis that particularly affects the skin causing the rash of psoriasis, and of course the joints, causing inflammation in the joints called arthritis.

Naomi Creek 01:47

And it can affect other parts of the body, can't it? Not just the skin and the joints?

Dr Sinnathurai 01:52

Yes, absolutely. So, in psoriatic arthritis, the inflammation extends beyond the joints so they can affect the tendons and the enthesis, which is where the tendon inserts onto bone. It can affect the fingernails as well, although it's associated with other manifestations of immune disease so you can get inflammation of the eyes or inflammatory bowel disease associated with the arthritis as well.

Naomi Creek 02:14

And do most patients have more than one of these aspects of the symptoms?

Dr Sinnathurai 02:19

I wouldn't say most patients. The most common one, of course, is the skin disease psoriasis with arthritis and the other associations are less common.

Naomi Creek 02:27

Right. Doctor, can you describe how psoriatic arthritis is diagnosed? Some people are diagnosed early in their condition journey, while others seem to go undiagnosed for years. If you could explain a bit about that.

Dr Sinnathurai 02:40

So, the diagnosis firstly is based on the history and examination. So, a history of joint pain and swelling and usually in association with the skin rash psoriasis. So, it's most common for people to have the rash first and then develop the joint inflammation later. But sometimes people can develop the joint disease first, or he can even be diagnosed in someone who has joint inflammation and a first-degree relative who has psoriasis, even though they've never had it themselves.

But the first step is with seeing a doctor and having history and examination. And then we can go on to do further tests if necessary. There isn't one sort of specific test that 100 per cent diagnoses psoriatic arthritis. So, we have to always combine the clinical picture with our investigations. But some of the most common investigations are that we might do some blood tests looking for inflammation in the bloods.

We usually test for some markers that can be seen in rheumatoid arthritis, which is a different sort of arthritis. So, rheumatoid factor and CCP antibody — and these are usually negative and someone who has psoriatic arthritis. After the blood tests, we may do imaging studies with plain X-rays usually to start with and then, if necessary, we can go on to do more detailed imaging such as with ultrasound or MRI scans.

Naomi Creek 03:54

I see, so the imaging is sort of an extra measure to, sort of, add those pieces of the puzzle to get that diagnosis.

Dr Sinnathurai 04:00

Yeah, that's right. So, sometimes it can be very clear just by looking at the patient that what the diagnosis is. Other times, when it's not quite so clear, that's when we might need to do extra imaging to confirm. And the other utility of doing something like x-rays is for working out how much the disease has progressed, and whether there's actually any damage already in the joints because that might help guide us in terms of how aggressive we might be with treatment.

Naomi Creek 04:25

I see. And I just wanted to go back to the diagnosis. We've got a couple of patients who we're going to be chatting with in our next episodes — and some of them did go undiagnosed for many years — and I think it'd be great to hear what you think about what the barriers are to that early diagnosis and what the consequences are of leaving it untreated for for many years.

Dr Sinnathurai 04:45

So yes, certainly there is often a delay in diagnosing psoriatic arthritis. I think that's for a number of reasons. One is that I'd mentioned that we do check inflammation markers in the blood which, traditionally, we would expect to be elevated in anyone who has an inflammatory arthritis in their joints, but actually in some studies, up to 50 per cent of patients with psoriatic arthritis have normal inflammation markers.

It is assumed that they don't have an inflammatory arthritis. It can be written off as being mechanical pain or osteoarthritis, because of the normal blood tests. And, sometimes, the early signs of psoriatic arthritis can be more subtle. So, if they don't have a lot of joint swelling and there's just a lot of pain, say around the enthesis — so where those tendons insert into joint into bone — and it may not be as obvious, it may not affect many joints, so it can be missed clinically, especially if the person that's looking at them isn't used to looking for those signs.

Naomi Creek 05:34

And so, do you think also, sometimes patients aren't referred from one specialist to the other? So, they may have psoriasis and they're seeing a dermatologist, and they might not be thinking of psoriatic arthritis as another diagnosis?

Dr Sinnathurai 05:46

Possibly. I mean, I think that dermatologists are often quite aware of it. But I think within the community as well, patients aren't always aware that there is such a condition, so they don't see any

connection between their skin disease and any joint pains they might be having. So, they don't think to mention it to their dermatologist because they think they're totally separate issues.

Naomi Creek 06:04

I think I probably agree with you there. I think sometimes when patients have these different symptoms, they appear at different times. So, they're seen in isolation. So, they're not sort of all put together into the one package as "Ah. You have psoriatic arthritis", so it can take a long time. And what about family history? It seems a lot of people do have family members who have psoriasis. Is there a strong connection with that?

Dr Sinnathurai 06:25

Yeah, definitely. There is a strong family connection. So, we know that both psoriasis and psoriatic arthritis do tend to run in families. And as I mentioned, with the diagnosis of psoriatic arthritis, sometimes the patient themselves has never had the rash of psoriasis. But their first-degree relatives, so mum or brother or dad, has had it and that can be enough to actually make the diagnosis, even if they've never had the rash themselves. Although it is most common that they have the rash for several years before the joint symptoms appear.

Naomi Creek 06:53

And do some people get the rash later?

Dr Sinnathurai 05:55

Yes, some people do. It's less common, but it can happen.

Naomi Creek 06:58

And so, once a patient has been given the diagnosis of psoriatic arthritis, what are their treatment options?

Dr Sinnathurai 07:05

So, there's a range of different treatments that are available. And these include both, sort of, non-pharmacological — so lifestyle and physical measures that we use — as well as the different medications which are available. So, for everyone, you know, on diagnosis, it's important to talk about things like exercise and physiotherapy that might be appropriate to help deal with the different joint symptoms that they have.

But then also, we do use medications. So, we need to look at controlling the inflammation which is in the joints and there's a few different ways that we do that. There are some medications that are mostly for short-term use to reduce that inflammation. So, these might be things like anti-inflammatory

medications, so non-steroidal anti-inflammatories most commonly, but sometimes also, corticosteroids can be used. But these are only short-term measures and don't really affect the disease outcome.

And so, in the longer term, we use medications, which we call disease-modifying antirheumatic drugs, or DMARDs. And these medications are actually intended to suppress that overactive immune system, which is attacking the joints and the skin, and therefore actually stop the process of the disease.

So, they're not just painkillers, and they're not just reducing inflammation, we're actually trying to stop the disease process and, therefore, stop it from causing progressive damage in the joints, which is what would happen if we didn't do anything.

And there's a whole range of medications for this. There are what we call conventional disease-modifying agents, generally tablets, and we've been using for a long time now. And for some patients, they're very effective to control the inflammation in both the joints and the skin. For some patients who don't respond to those more conventional medications, there are more targeted or advanced therapies, which have been in use now for a couple of decades, really. But they have offered more treatment options for patients with more severe or resistant disease.

Naomi Creek 08:49

I see. And with the medication, I guess, sometimes that people do have to change medi- because they stop working at some point.

Dr Sinnathurai 08:56

Yes, that's right. So, sometimes patients respond to the first treatment we put them on and it's great. Other times, we have to go through a process of trial and error to use different combinations of medications. And yes, sometimes over time, the disease can flare so someone can be well-controlled for a while and then they become active again. And that means we might have to change either the dose of the medications or sometimes switch medications altogether or add in something new.

Naomi Creek 09:22

And with people on treatment. There really is no cure as such. So, so people are going to probably be on medication for a long time, aren't they, to control their condition? Do we see remission in psoriatic arthritis?

Dr Sinnathurai 09:35

Yeah, we do. And that's, sort of, our goal of treatment to achieve either a remission or what we call minimal disease activity where patients have really very little symptoms or signs of their condition and, hopefully, can carry on with their lives unhindered, apart from perhaps taking some medication.

I think there is a proportion of patients who are able to come off their medication after a time. It's certainly not everyone, but sometimes, after being in a sustained remission for a while, we can reduce their medications and some patients do even come off, if not permanently, at least for a period of time.

But we're not yet at the point where we say that we have cured people. But yes, there are a few people who are lucky enough to be able to come off their medications, but others need to continue them in order to maintain that good disease control.

Naomi Creek 10:20

Yeah. What are some of the changes that you've seen in patients who've started medication for the first time? What has the medication allowed them to do?

Dr Sinnathurai 10:29

Well, yeah, when it works really well, we have patients who really can go back to their normal life. So, if I think about a patient who came in recently with quite active disease, both skin and joint inflammation, and was having trouble driving the car, going to work, picking up his kids and also had the skin disease — which can be socially quite limiting because people can feel quite embarrassed or self-conscious about how that looks. And we're starting the medication, his skin improved, and his joint pain and swelling went away. So, he was able to go back to driving, back to his normal job and really going about his normal life.

Naomi Creek 11:03

That's a wonderful outcome for that person, isn't it?

Dr Sinnathurai 11:05

Absolutely. That's what we're hoping for.

Naomi Creek 11:07

Yeah. What about for people who are wanting a family? I know with a lot of these medications, they need to come off them to have a family. Is that the case with most of these medications for psoriatic arthritis?

Dr Sinnathurai 11:18

With some of them, yes. I guess particularly more so for women of childbearing age, we have to be careful because they cannot be used during pregnancy. But there are others which can be used.

And so, I think for people who have these conditions, if they want to have a family, that's something that's really important to discuss with their treating doctors so that we can choose the right medications. And sometimes, yes, we have to stop them and that needs to be planned as well. So, as long as we take the right precautions and plan ahead, then it is still possible to have a family.

Naomi Creek 11:47

That's fantastic. What are the challenges for specialists in treating this condition, which can affect so many parts of the body? I know people who need to see a rheumatologist and dermatologist, how do you coordinate that care for patients?

Dr Sinnathurai 12:01

Absolutely, that's really important. We're always trying to choose medications that can treat all of the manifestations that the patient has to try and cover as many things with one medication or a couple of medications as we can. So, it's really important that there is discussion between the treating specialists, and generally there is also coordination through the GP as well.

So, the patient's general practitioner is really an important person in coordinating care between different specialists. Myself, I mean, I always copy my letters. I send a letter to the GP and I copy to the dermatologist or gastroenterologist, or whoever else might be involved. And generally, that helps to keep everyone in the loop.

And sometimes we actually just have to pick up the phone and talk to each other, particularly if we're thinking about needing to change a medication or sometimes, you know, we might choose one drug and it's working really well for the joints, but not the skin or vice versa. And so we might have to switch things around. And it's best to do that in discussion so that we can choose the best option for everyone.

Naomi Creek 12:54

Yep, that makes sense. And I guess for different patients, different things are more important. So, some people their skin involvement might be they want that fixed more than their joint pain, perhaps?

Dr Sinnathurai 13:06

Yeah, yeah, absolutely. People can have different severities of their skin and joint disease. So, they don't always line up. So, someone could have very severe skin disease, but very little joint pain or vice versa. And they can flare at different times as well. So, your skin might be well controlled, but suddenly your joints are flaring up.

And so yes, absolutely there are different priorities for different patients. I have some patients, for example, who are not particularly bothered by a little bit of skin disease, and they don't want to increase medication, they'd rather put up with the rash, but for other people, and it might depend on where the rash is like if it's on their face, very visible area, or even a little bit of skin disease can be quite debilitating for some people, and they think it's worthwhile increasing or changing medications to try and achieve that little bit of extra skin control.

Naomi Creek 13:48

Yeah, I can understand that. And I guess some of the medications can help both aspects of psoriatic arthritis for some people.

Dr Sinnathurai 13:56

Yes, absolutely. And definitely, we try and choose our medications based on the individual needs of the patient, but a lot of them do cover both the skin and the joint disease,

Naomi Creek 14:05

Right. Your focus on your research is comorbidities. What are some of these? And are there certain groups of patients who might be affected more than others?

Dr Sinnathurai 14:14

So, psoriatic arthritis is associated with the metabolic syndrome and other factors of cardiovascular disease. So, patients with psoriatic arthritis and psoriasis have higher rates of being overweight or obese, higher rates of diabetes, high cholesterol and ischemic heart disease. So, these are all factors that need to be considered in terms of looking at the overall health of our patients.

Because obviously, in the long term, cardiovascular morbidity is a really important problem for the whole population, but particularly for our patients who are at higher risk. And so, we need to just make sure all those risk factors are managed, but also some of those factors can impact on their arthritis control.

So, we know that patients who are overweight or obese actually tend to have more active or more severe joint disease. They tend not to respond to their treatments as well. And so it's also an area that we can try and help patients to manage so that they, in addition to the medications that we're using, we can use dietary and lifestyle changes to try and improve their overall health as well as their joint health.

Naomi Creek 15:18

And with the obesity and overweight. Is that something that people I guess develop once they have psoriatic arthritis because of the pain and inflammation and things, is that a metabolic issue? Is that the main reason once they develop it, or can people have that beforehand?

Dr Sinnathurai 15:36

I think it's a bit of both. So, there are studies that show, that say, in patients with psoriasis, those who are overweight are more likely to develop psoriatic arthritis. So, then it comes before the arthritis. But yes, absolutely, once someone has joint pain and is less mobile, and also sometimes the medications that we use, it does tend to make it unfortunately easy to gain weight after that. So, I think it's a little bit of both.

Naomi Creek 15:58

Yep, that makes sense. And with the comorbidities, do you discuss that with the patients in your appointment? So the importance of looking out for those and and how to address them?

Dr Sinnathurai 16:08

Yeah, we do try and do that. It's often not something I would address necessarily at the first diagnosis appointment. There's always so much to take in, and we're talking about different medications, and it can become quite overwhelming. But certainly, over time, when I'm taking care of patients — and the thing with this condition being the chronic disease, we do get to know the patients over a period of time — and it is one of the long-term things that we look at. And it's usually something that we try and manage in conjunction with the GPs.

So, I don't treat my patients' cholesterol or blood pressure myself, but we might monitor for them or, at least, ask the GP to monitor and then the GPs are very expert at treating those sorts of conditions and managing those risk factors as well.

Naomi Creek 16:43

Doctor Sinnathurai, we have a question from one of our community members and here it is.

Andrea McMahon 16:49

I've heard that stress can exacerbate symptoms of psoriatic arthritis. Could you share some effective stress management techniques or lifestyle changes that might help reduce flare-ups and improve overall well-being?

Dr Sinnathurai 17:02

Yeah, look, it's tricky. I guess in life, it's not possible to totally avoid stressful triggers or events, but there are ways that we can try and help deal with them. So, there are different resources looking at mindfulness or meditation, things like that. Some patients find that very helpful.

Speaking to your GP, if you're finding that the stress and anxiety is actually becoming difficult to manage, can be very helpful. So, some people might need to have either some counselling for the stress management techniques or, if it's actually more of a symptom of an underlying mental health issue, such as anxiety or depression, then that can be something which might require further treatment.

And we know that anxiety and depression are more common in people with psoriatic arthritis than the general community. So, that's a really important thing to look out for as well. And yeah, I think that … having a flare plan. So, knowing what to do if your joints and skin start to play up because, if you don't have a plan, then that can make the whole situation more stressful. Whereas if you know that, “Okay, if this happens, then I can do A, B, and C to try and manage that”. I think that makes it easier for patients to manage those events, which, you know, we can't always avoid all the triggers, unfortunately.

Naomi Creek 18:09

Yeah. So, it's having that toolbox isn't it, of tricks to go to to say, "Okay, I've got this happening. I need to see this person or deal with it this way". So being prepared.

Dr Sinnathurai 18:20

Yeah, absolutely. And giving patients that control over their condition. The ability to do something themselves and to know how to manage it is really important.

Naomi Creek 18:28

And we have one other question from another patient.

Kay Boucker 18:31

Hello, what advice do you have for patients who are experiencing side effects from their psoriatic arthritis medications? How should they approach discussing these issues with their healthcare providers?

Dr Sinnathurai 18:43

So, side effects, hopefully, when they're first prescribed the medications they would have been made aware of the most common side effects to look out for and what to do. But it's really important if patients are experiencing a side effect from their medication that they talk to their doctor about it, because sometimes they can be managed, or sometimes they settle down after a little while when you first start the medication.

But if they're more severe, then it may be that the medication needs to be stopped or changed. And so, it's important to let your doctor know about it so they can discuss with you the best options.

Naomi Creek 19:12

That makes sense, and what about patients with their appointments? How can they make the most of their time, because we know that it's often short with rheumatologists or any specialist? So, what can they do maybe in preparation for their appointments to ask the right questions and things like that?

Dr Sinnathurai 19:28

So, some things which I find a really helpful. One, if you should know or have a list with you of your medications that you're actually taking. So, it's very difficult to work out what we should do with someone if they don't actually know what they've been taking at home, because we might have the list of what's been prescribed, but they may or may not be taking everything. So that's really important.

If you're supposed to have blood tests for monitoring or to check your disease activity, then if you can have them done before the appointment that means that we're not trying to chase them up and we can actually discuss the results during the appointment so that's helpful as well.

And then, for some patients, it's useful to make a list, because sometimes when they come in they, you can get a bit flustered, everyone's a little bit stressed and they forget the things that they wanted to ask. So, if there are particular things that you think of, it's okay to bring in a list, and you know, what you wanted to ask and what your concerns were.

So, the things that we're normally going to ask is about whether your joints are painful and sore and or swollen, and whether your skin has been under control and whether there's been any side effects from the medication. So those are all things that you can have a little think about before you come in and about whether you're happy with how your condition is going, or whether you feel like you need something to change. So, I think those would be useful things to think about before coming to an appointment.

Naomi Creek 20:37

And what about pain diaries or even just diaries of how people have been? Do you think they're worthwhile for patients to keep and bring to their appointments?

Dr Sinnathurai 20:44

Look, for some patients, they find it helpful. Other patients find that it makes them, I guess, focus too much on symptoms. So, it can be a double-edged sword. I think, I think if you're trying to monitor the effect of a new treatment, sometimes it can be useful, but for some patients, they're like, I don't want to think about my level of pain every day, I just want to get on with it.

So, you do have to have a bit of a think about it, I think before your appointment, because we are going to say, "How do you feel?". And so, if you don't really know that can make it difficult, but pain diaries and or symptom diaries are good for some but not for everyone. For some people find that it's just anxiety-provoking to measure their pain every day. So, it depends on the individual.

Naomi Creek 21:18

Yeah, I can understand that. Is there anything else that you'd like to share about psoriatic arthritis that you feel we haven't covered today?

Dr Sinnathurai 21:25

I think sort of early, especially sort of pre-diagnosis, I think that one of the common misconceptions is that there's nothing that can be done. I've had a lot of patients with both, they've just ignored their skin disease or their joint pain, because they didn't think that anything could be done about it. So, it's really important for people to realise that actually, there are lots of treatments available.

It's really different to the way it was, say 30 years ago, and so, both for skin and joint disease and the other manifestations, there's a lot that can be done, but sometimes it can be a bit of a process. So, some people are lucky and the first thing we try works really well. For other people, we need to have a process of trial and error and it's sort of a an ongoing process between the patient and their doctor working out what the best treatment is.

And then, also, the importance of the lifestyle measures. So, making sure that people are getting moving, might need the help of the physio, particularly with joint pain to work out what the best exercises are. But in addition to the medication, we know that exercise, getting strong and staying as fit as people are able to really helps their joint disease in the long term.

Naomi Creek 22:23

I'm interviewing a patient tomorrow about their condition, and they actually are medication resistant. So, they have a lot of side effects. They've tried a lot of medications and unfortunately, there's only a very few that they are able to take. I guess the lifestyle changes and things are extra important for someone like that, aren't they? But even extra harder, because they would be experiencing more pain.

Dr Sinnathurai 22:45

Yeah, I think they're important for everyone, even those people that the medications work well for. But yeah, absolutely, there are some patients unfortunately — our treatments aren't yet perfect — and there are still people that we really struggle to get control of their condition. And in those situations, all of those extra things that people are able to do, do make a difference.

It might not totally fix their symptoms, but I think every little bit that we can do does help and hopefully, there are always new breakthroughs and new medications coming along. So, hopefully, for some of these patients that have very treatment-resistant arthritis in the future, we will be able to control them.

Naomi Creek 23:20

So, what's one piece of advice you would give a patient starting out on their psoriatic arthritis journey?

Dr Sinnathurai 23:26

I think that keep talking with your doctor. I think taking your medication is important. And so, if you have concerns or you're not sure about taking them, then do say so and work it out. Don't just sort of take the script and then don't actually fill it because we really are trying to help and there are treatments that can improve and like, you know, improve the disease, improve your quality of life and symptoms. And so, if it doesn't work out at the first try, then don't get too discouraged but keep working on it and, hopefully, we'll get a good outcome in the end.

Naomi Creek 22:55

Fantastic. Well, that brings us to the end of our episode. It's been so lovely to talk to you, Dr Sinnathurai. Thank you for sharing your wealth of knowledge, experience and insights on psoriatic arthritis.

Dr Sinnathurai 24:07

Thank you.

Naomi Creek 24:10

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Narrator 24:39

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