

Find out if you are at risk for PsA



SCREENING TOOL FOR PSORIATIC ARTHRITIS

Work With Your Healthcare Provider
to Evaluate Your Risk Now

The information contained in this educational resource is intended to reinforce and supplement information you receive from your healthcare team. It is not a substitute for medical advice from your physician. If you have questions about the information you read in this educational resource, please discuss them with your healthcare provider.

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A SCREENING TOOL FOR PSORIATIC ARTHRITIS

A TOOL TO HELP YOUR HEALTHCARE PROVIDER DETERMINE IF YOU MAY HAVE PSORIATIC ARTHRITIS

Introducing the *Psoriasis Epidemiology Screening Tool*

Patients with psoriasis are at increased risk for developing psoriatic arthritis (PsA).¹ Statistics show that as many as 30% of people with psoriasis will develop PsA.

Unfortunately, PsA may lead to permanent harm to your joints.^{2,3} It is important to get diagnosed and treated early to help prevent long-term joint damage.³⁻⁵

There is a validated, effective tool that can be used in clinical practice to identify whether or not you are at risk of developing PsA: the *Psoriasis Epidemiology Screening Tool (PEST)*.⁶ The PEST is provided along with this brochure.

Promptly identifying if you have PsA is essential to help prevent problems that may result from the disease. In one study it was shown that even a 6-month delay—from the time your PsA symptoms arise to when you consult a rheumatologist—can lead to permanent damage and impact long-term physical function.²

Patients in that study were evaluated within 6 months of their PsA symptom onset.²

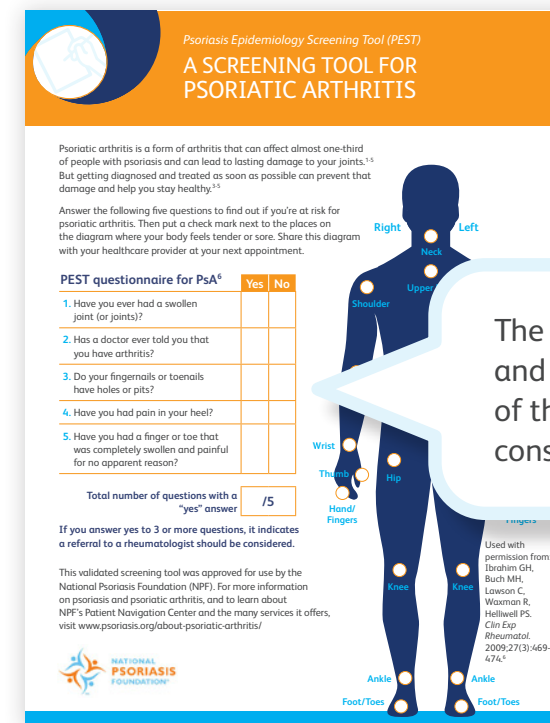
Origins of the PEST

The PEST is a questionnaire that was partially derived from previously used surveys.⁶ Researchers in the United Kingdom identified existing questionnaires designed to help screen for PsA; those questionnaires were used to gather input from patients with psoriasis.

The researchers' goal was to design a simpler tool to screen for PsA in people with psoriasis.⁶ The result of their efforts was the PEST.

Working With Your Healthcare Provider to Complete the PEST

The PEST is a tool to be used by you along with your healthcare provider (HCP).



The tool is made up of 5 questions regarding physical signs and symptoms of PsA.⁶ If you answer “yes” to 3 or more of those questions, you may be at risk for PsA and should consider scheduling an appointment with a rheumatologist.

In short, the PEST is a tool your HCP may use to evaluate your potential risk for PsA.⁶ The PEST questions help to highlight symptoms you may be experiencing that you should discuss with your healthcare team and determine the need to consult with a rheumatologist.⁷

It's important to note that the PEST does not replace a full medical examination by your HCP. Rather, it generates helpful information for the HCPs evaluating and treating your condition—a team that may include your primary care physician, dermatologist, or rheumatologist.

Complete the PEST now and share the findings with your healthcare team.

DIAGNOSING PSORIATIC ARTHRITIS



PsA often goes undiagnosed or misdiagnosed.⁷ Delays in PsA diagnosis, in fact, are common.⁸ One multicenter research study involving more than 500 patients showed that the time from symptom onset to formal diagnosis ranged from 1.2 to more than 4 years.

Several potential reasons why PsA is sometimes undiagnosed or misdiagnosed may include:

- The symptoms of PsA may overlap with other conditions, such as rheumatoid arthritis and osteoarthritis⁷
- Patients may not realize that their PsA-related symptoms—such as joint pain or tender or swollen joints—could be related to their psoriasis.⁷ They may assume these symptoms will resolve on their own and not consider them relevant to mention to their dermatologist or other HCP treating their psoriasis
- As of 2017, there were no well-validated tools for screening and detecting PsA in daily clinical practice⁹

PsA Basics: Key Signs, Symptoms, and Characteristics

What is PsA?

It's an *autoimmune disease* that occurs when your immune system attacks healthy cells.¹⁰ This is the opposite of what occurs when your immune system is functioning correctly and works to protect your body from infection and disease. PsA:

- Affects the joints, skin, and nails and is marked by pain or tenderness over the affected joints¹¹⁻¹³; discoloration of affected joints may show a reddish or purplish color
- Tends to affect the small joints of the body, such as the fingers or toes.¹¹ But larger joints like the knees may also be affected
- Appears on the nails as discoloration, pitting, or thickening of the nail surface.¹² In some cases, PsA may cause loss of the affected nails
- May also affect tendons and ligaments¹²

Potential Complications of PsA: Near- and Long-Term Issues

Patients with PsA may also have other medical complications known as *comorbidities*—which refers to the coexistence of two or more diseases experienced by a person at the same time.¹⁴

In a Canadian study involving 631 patients, more than 40% of all patients with PsA have suffered from 3 or more comorbidities, including diabetes, obesity, and high blood pressure.¹⁴ Other types of inflammatory diseases may occur when you have PsA, such as uveitis (an inflammatory eye disease).^{14,15}

Early diagnosis of PsA may help improve outcomes such as the long-term joint damage that untreated PsA may cause.²

How the PEST Helps Identify PsA Signs and Symptoms

The PEST is a simple questionnaire.

It includes a series of yes or no questions that ask you to indicate whether or not you are experiencing discomfort, pain, or swelling in your joints—as well as holes or pits in your fingernails or toenails.⁶

The questions on the PEST help identify symptoms you are experiencing that may be associated with PsA. Your responses to these questions can help your HCP determine if you have PsA.

1. Have you ever had a swollen joint (or joints)?



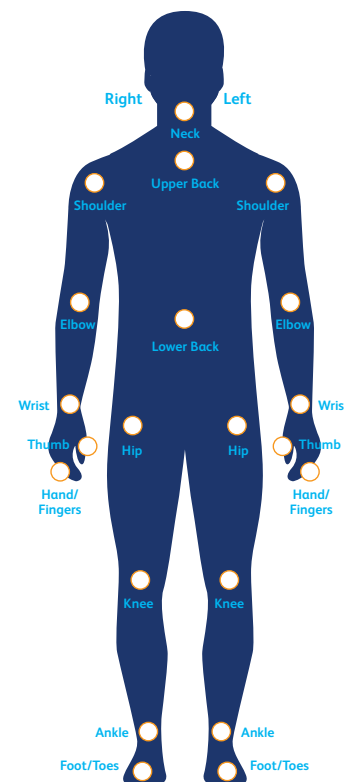
This illustration shows the swelling that may occur in joints such as the fingers.^{12,16}

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2. Has a doctor ever told you that you have arthritis?

The signs and symptoms of arthritis can affect different parts of the body. The PEST provides an illustration for you and your HCP to mark where you are experiencing joint pain or swelling.^{6,17}

Used with permission from: Ibrahim GH, Buch MH, Lawson C, Waxman R, Helliwell PS. *Clin Exp Rheumatol*. 2009;27(3):469-474.⁶



3. Do your fingernails or toenails have holes or pits?



Nail psoriasis, nail changes such as a pitting or separation from the nail bed on the fingers and/or toes, may be a sign of PsA.^{11,18}

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4. Have you had pain in your heel?



Enthesitis, inflammation where tendons or ligaments attach to the bone (eg, in the Achilles tendon), may be a sign of PsA.^{12,19}

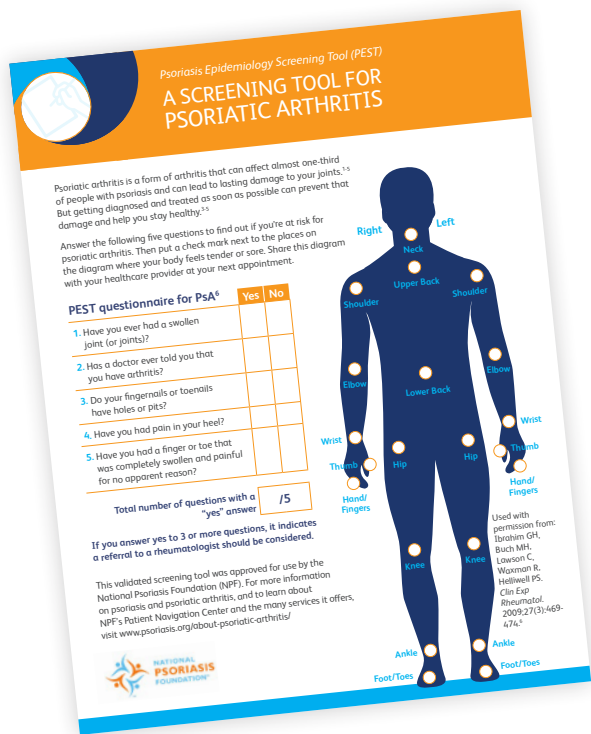
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5. Have you had a finger or toe that was completely swollen and painful for no apparent reason?



Dactylitis, sausage-like appearance of toes and/or fingers, may be a sign of PsA.^{12,19} It is caused by inflammation of joints and tendons, leading to swelling and tenderness of the whole digit.¹²

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NEXT STEPS? COMPLETE THE PEST NOW!

Now that you know PsA is a form of arthritis that can affect almost one-third of people with psoriasis¹ and can lead to lasting damage to your joints if left untreated,²⁻⁵ you should fill out the PEST with your HCP to assess your risk level.

Be as candid as possible in recording your answers. This will be important when you work with your HCP (eg, dermatologist or primary care provider) in a discussion of your current condition and future medical needs.

Also, be sure to bring the completed PEST questionnaire with you if you're advised to see a rheumatologist. The form provides vital information for a rheumatological examination.

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