

Psoriatic Arthritis

Shared Decision Making

Disease **M**odifying **D**rug Therapy

“DMARDs Therapy”



[El Miedany et al. Ann Rheum Dis 74\(Suppl2\): 1002](#)

[DOI: 10.1136/annrheumdis-2015-eular.1410](#)

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Contents



(click on the icon you would to read about, then click home to come back to this menu)

- 1 What is shared decision making tool?
- 2 Information about Psoriatic Arthritis?
- 3 What is Different about Psoriatic Arthritis?
- 4 Why do we treat Arthritis?
- 5 What are my Available Treatment options.
- 6 What are my chances of improvement?
- 7 What are the side effects?
- 8 What is most important for me? Sorting it out.
- 9 Moving towards a decision.

Supporting your Decision Making

- This booklet is **not meant to replace other information leaflets** or talking with your treating health care professional.
- Rather, its goal is to inform you about your treatment options and support your decision making.

① What is Shared Decision Making Tool? ≡

- Shared Decision Making is a new approach aiming at achieving the partnership between you as a patient and the treating doctor. It has been used by medical providers to enhance the discussion about your disease management. It was developed to give you a simple idea, in a plain language, about effectiveness and outcome probabilities of the treatment options for your disease.
- This tool is dedicated to the advanced treatment for the **persistently active Psoriatic Arthritis**, namely, the “DMARDs Therapy” . It was developed following the international Patient Decision Aid Standards Consortium criteria* and has been developed and used with other people suffering from similar condition. Our pilot testing revealed that this tool has helped people like you to know more about risks and benefits of the Biologic therapy and to make a decision about future treatment.

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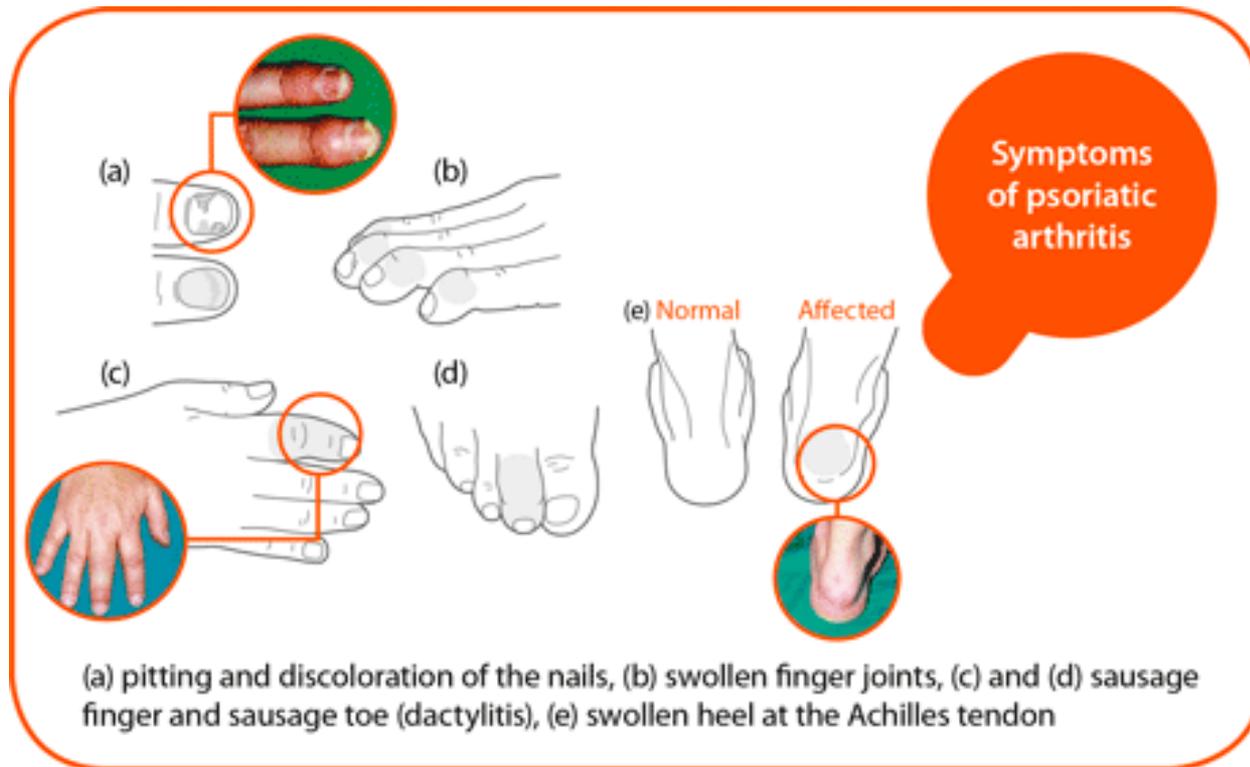
Information about Psoriatic Arthritis ≡

- **Psoriatic arthritis (PsA) is a form of arthritis affecting individuals with psoriasis.**

- **Joints become inflamed, which causes pain, swelling and stiffness.**
- **Tendons may also become inflamed and cause pain (such as tennis elbow and pain around the heel).**
- **Joints are typically stiff after resting, particularly early in the morning or in the evening.**
- **Approximately 10% to 20% of those with psoriasis may develop some form of arthritis.**
- **In most people (80%) the arthritis develops after the appearance of psoriasis.**
- **Some people may develop a condition (uveitis) of the eye which may cause redness and inflammation (if you are concerned about this seek medical advice).**
- **People with psoriatic arthritis often complain of feeling fatigued or exhausted.**
- **There is some evidence that people with psoriasis and/or psoriatic arthritis might have a slightly increased cardiovascular risk (heart disease). See Psoriasis and the Heart.**



Musculoskeletal Affection in Psoriatic Arthritis



Psoriasis affect the nails, joints, ligaments, eyes, spine as well as the skin

How do joints and tendons become inflamed?

- **Joints normally function to allow movement to occur between bones. In the joint the end of the bone is covered with cartilage, around which is a capsule lined by a membrane called synovium.**
- **This membrane normally makes the fluid that lubricates the joint space , allowing movement. In arthritis the synovial membrane becomes inflamed and releases substances that cause inflammation.**
- **The inflamed synovium releases more fluid than normal and so the joint becomes tender and swollen. Persistent inflammation may lead to damage to the cartilage and erosion of the underlying bone.**
- **Synovial membrane also lines and lubricates tendons and so they also become inflamed.**



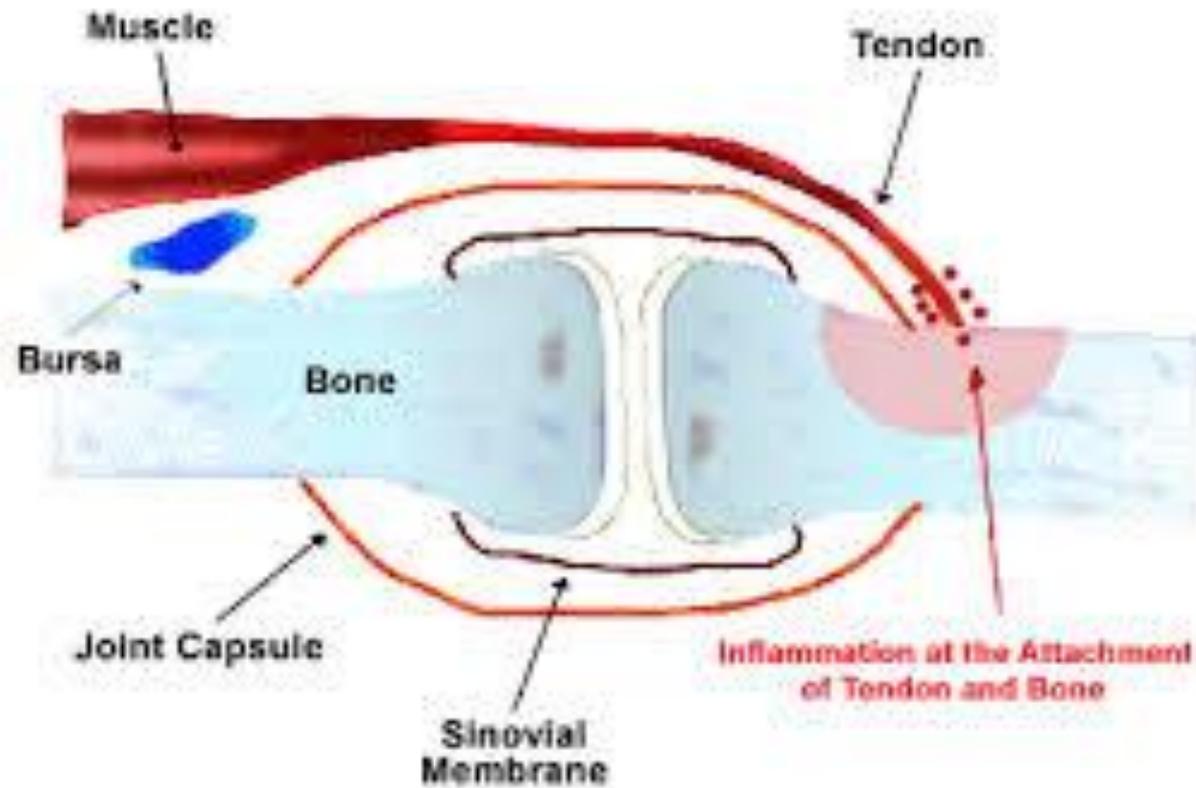
③ What is different About Psoriatic Arthritis? ≡

There are several features that distinguish psoriatic arthritis from other forms of arthritis:

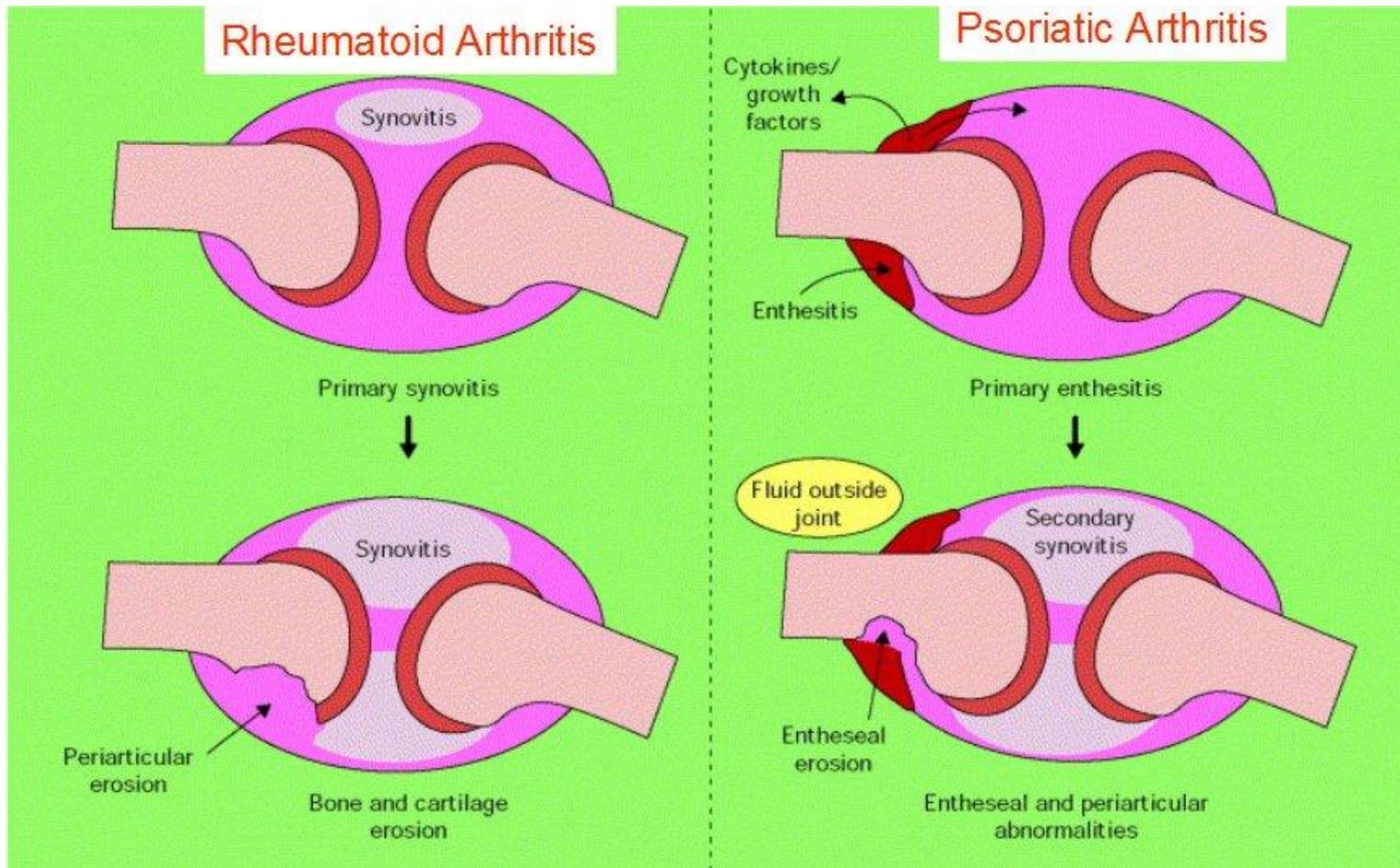
- The pattern of joints that may be involved is different.
- Psoriatic arthritis may just affect a small number of joints (oligoarthritis) or many joints (polyarthritis). Most commonly the psoriatic arthritis is asymmetric in pattern (unlike rheumatoid arthritis which is symmetrical).
- Psoriatic arthritis may affect the end joints of fingers; often corresponding with the fingers that have psoriatic nail involvement. See Nail Psoriasis.
- When psoriatic arthritis affects the joints of the spine and sacroiliac joints it is called spondylitis (similar to ankylosing spondylitis). This can result in stiffness and pain of the back or neck.
- An entire toe or finger can become swollen or inflamed (dactylitis).
- Some people have involvement of the jaw.
- Psoriatic arthritis may affect where the tendons connect to the bone (enthesitis). Common areas to be affected include the heel and ankle.
- Psoriatic arthritis may cause joints to become stiff and limit the amount of movement in them. In some severe cases the joint may fuse so it cannot be moved.
- Importantly, the absence of rheumatoid factor in the blood helps distinguish psoriatic arthritis from rheumatoid arthritis.

What is different About Psoriatic Arthritis

Enthesitis: Inflammation at the site where ligaments/tendons attach to bone



Psoriatic Versus Rheumatoid Arthritis

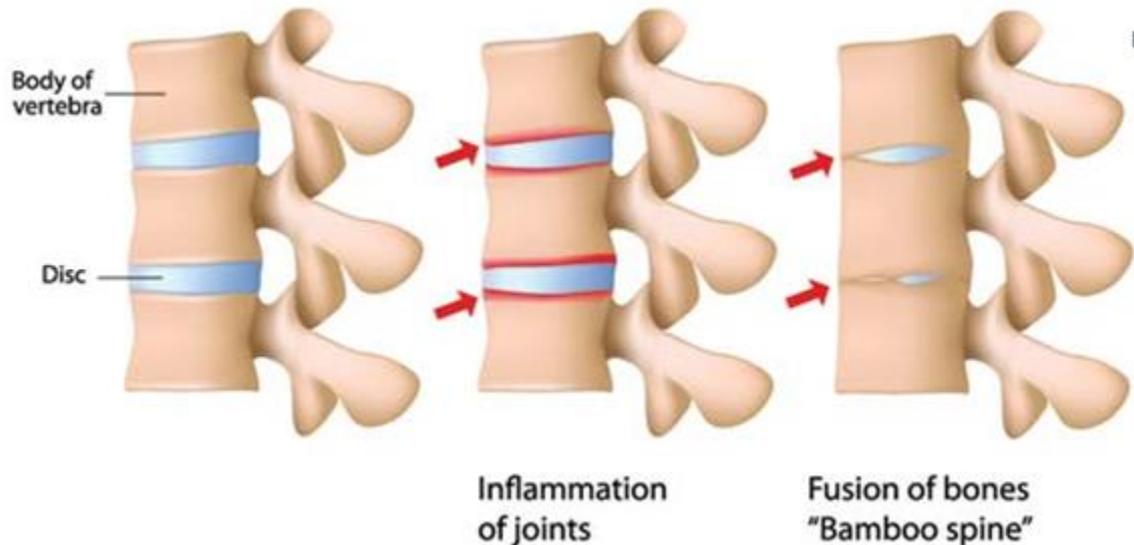


How Spinal Damage Progresses Without Treatment

In Psoriatic Arthritis the ligaments of the spine become inflamed at the points where they attach to the spinal vertebrae. In time, this can stimulate the bone-making cells and cause some bone to grow and form within the ligaments. As the inflammation process continues, these bony growths may become larger and form bony bridges between vertebrae that

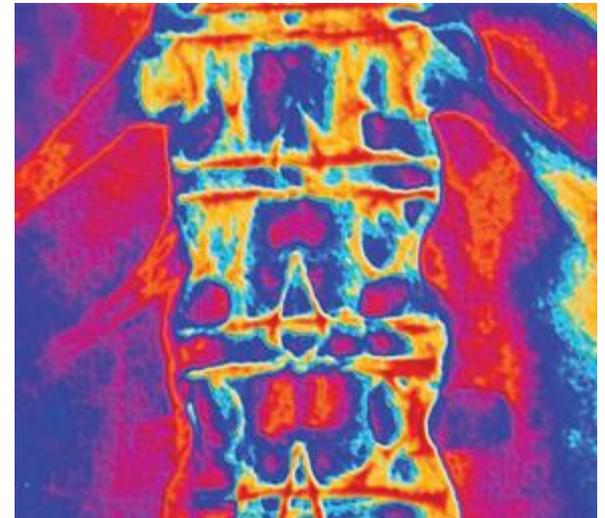
are next to each other.

This may, over time, cause some of the vertebrae in the spine to fuse together with this new abnormal bone material connecting them. The small facet joints of the spine are also commonly inflamed.



How Spine Damage Progresses in Psoriatic Arthritis Without Treatment

- The sacroiliac joints in the lower back and their nearby ligaments also commonly become inflamed. This too may ultimately end in fusion between the sacrum and pelvis.



Other areas of the body may be affected

The disease is not always confined to the spine and sacroiliac joints. In some cases, inflammation occurs in the joints and in other parts of the body outside of the spine may occur. Like the spine, inflammatory changes occur at other sites where ligaments are attached to bones. Common sites include tip of the shoulder, outer side of the elbow, lateral side of the hip, back of the ankle as well as heels. Such inflammation in the soft tissue may cause sleep disturbance as it may wake up the patient because of pain. The person may also feel stiff in particular in the morning.



④

Why Do We Treat Psoriatic Arthritis?

Targets Are

Stop or suppress joint inflammation	Stop or suppress skin Affection	Minimize Pain and swelling	Prevent Joint Damage	Allow you to continue living in the way you like and able to do your job.
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**“Now as we have identified
the problem,**

**it’s time to think what to do
next”**

Psoriatic Arthritis Treatment

- Education
- Exercise
- Physical Therapy
- Associations
- Self Help groups

Spine Disease

Joint Disease

Surgery

Anti-inflammatory medication
(NSAIDs) / Analgesics

Disease Modifying Drugs
e.g. Methotrexate/ Sulphasalazine

Local Steroid Injections

Biologic Therapy (Anti-TNF therapy)

⑤ Available Medications at This Stage ≡

3 Types of Medications

Anti-inflammatory Drugs	Disease Modifying Drugs	Steroids
<ul style="list-style-type: none">- Will be commenced at initial stage before the diagnosis is made.- Helps to take the edge of the pain off, but does not stop the disease process.- Examples: Naproxen, Ibuprofen, Diclofenac	<ul style="list-style-type: none">- Will be recommended to start once the inflammatory Psoriatic arthritis diagnosis is made & should continue as long as the disease continues.- Helps to stop the disease process and control skin rash.- Examples: Methotrexate, Sulphasalazine , leflunomide.	<ul style="list-style-type: none">- Can not be used as a single therapy.- Helps to ease the symptoms swiftly but does not stop the disease process.- Usually will cause flare of Psoriatic skin rash on withdrawal.- Can be used occasionally in combination with disease modifying drug therapy- Examples:- Injections either intramuscular or into the joint.

Treatment Options

You have 3 options to choose from

**Continue
your
current
Treatment**

**Start
Disease
Modifying
Drug
therapy**

**Defer your
treatment
for the
time being**

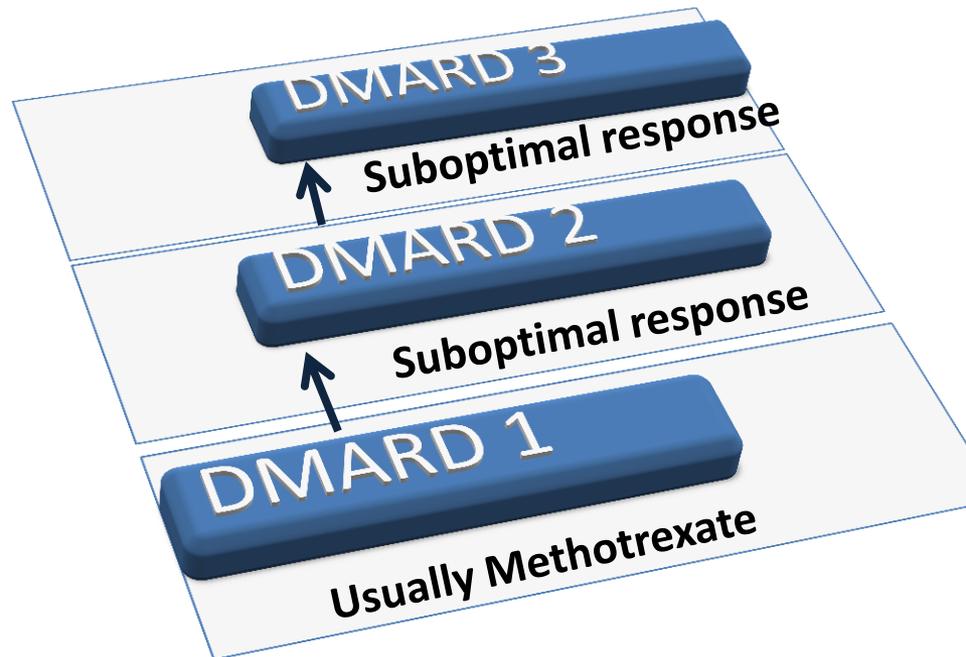
DMARDs Therapy

- Is usually **the first option** offered for your arthritis.
- **Methotrexate** is the first drug of choice which will be offered to you.
- Only 2 DMARDs therapy agents (Methotrexate & Leflunomide) can help to stop the inflammatory process in both the skin and joint affection.
- There are **2 approaches** to start DMARDs therapy:
 - Step up
 - Combination therapy

Starting DMARDs Therapy Approaches

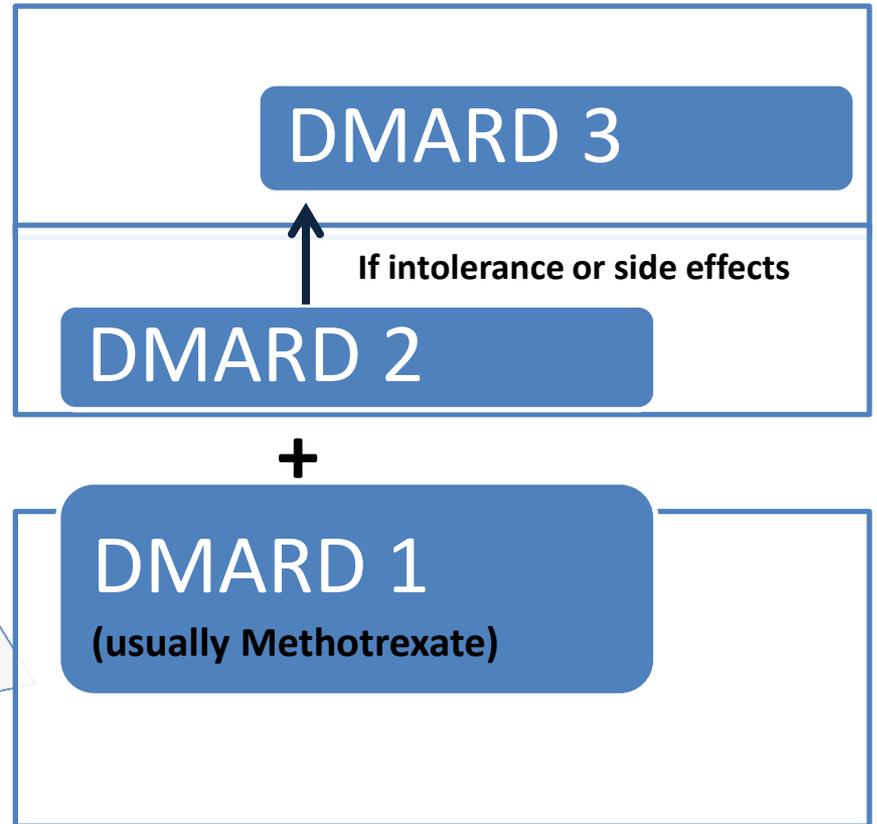
Step Up

Methotrexate is usually the first option



Combination therapy

Methotrexate Plus another DMARD



Disease Modifying Drug therapy

	Methotrexate	Sulphasalazine	Leflunomide
Experience: Used since	1976	1930s	1998
How it works	hampering the growth of hyper-active inflamed joint (synovial) cells.		
Forms of medication	- Tablet - Injection	Tablet (enteric coated)	Tablet
Frequency of taking the medicine	Weekly	Daily	Daily
Time to kick in	- 6-8 weeks - Full benefit in 6 months	- 6-8 weeks - Full benefit in 6 months	- 6-8 weeks - Full benefit in 6 months

Disease Modifying Drug therapy: DMARDs

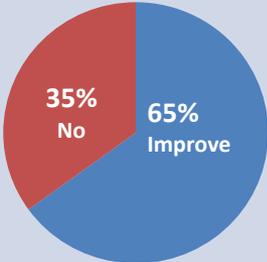
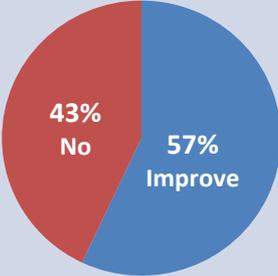
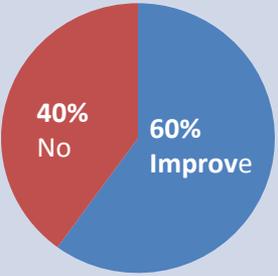
Benefits

	Methotrexate	Sulphasalazine	Leflunomide
Impact on the Disease	known as DMARD as they not only decreases the pain and swelling caused by arthritis, but can also reduce joint damage, which causes disability.		
Impact on you & your life	<ul style="list-style-type: none">-Less joint pain / Swelling.-Less stiff in the morning-Reduce joint damage by 85%.-Able to continue activities of daily living-Able to work		

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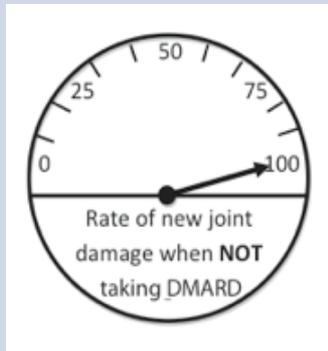
What are my Chances of Improvement? ≡

Some patients improve more than others with a new treatment

No Treatment	Methotrexate	Sulphasalazine	Leflunomide
 <p>99% No Improvement /Get worse</p>	 <p>35% No 65% Improve</p>	 <p>43% No 57% Improve</p>	 <p>40% No 60% Improve</p>
<p>No Treatment:</p> <ul style="list-style-type: none"> -Disease will get worse -Joint Damage -Difficulty in doing Activities of daily life. 	<p>After starting MTX:</p> <ul style="list-style-type: none"> -50% of patients will have major improvement - 15% will have complete suppression of the disease 	<p>After starting SZP:</p> <ul style="list-style-type: none"> -30% of patients will have major improvement - 8% will have complete suppression. 	<p>After starting Lef.:</p> <ul style="list-style-type: none"> -29% of patients will have major improvement - 13% will have complete suppression.

Joint Damage Speedometer

No Treatment



Methotrexate



Sulphasalazine



Leflunomide



7

Understanding Side Effects

All drugs have the potential for benefit and harm

	Methotrexate	Sulphasalazine	Leflunomide
Common minor side effects	<ul style="list-style-type: none"> -Tiredness/ Sickness -Common Specially on the day you take MTX. -Sometimes can be severe, -usually improves with time. -can be reduced with minor changes in the treatment program e.g.: reducing the dose, taking the medication at bedtime or taking Folic acid tablet 6 hours before MTX or folinic acid pills 6 hours after the MTX. -When you start MTX, you should talk with your doctor if you have side effects. - Adjusting the MTX dose will often minimize side effects. 	<ul style="list-style-type: none"> -increased sensitivity to the sun, -skin rashes, -headaches, and vivid dreams. -Stomach problems are also common. You may experience nausea, heartburn, and stomach pain, which sometimes occurs with bleeding. -When you start SSA, you should talk with your doctor if you have side effects. -Adjusting the SSA dose will often minimize side effects. 	<ul style="list-style-type: none"> -when first start LEF therapy it's common to have loose stools, which can lead to urgency and diarrhea in the first couple of weeks. -This usually improves during the first month after starting LEF. -Some people are allergic to LEF and will develop a rash. - LEF may also cause mouth sores and/or mild hair thinning, and can possibly lead to increased blood pressure. -When you start LEF, you should talk with your doctor if you have side effects. Adjusting the LEF dose will often minimize side effects.

Understanding Side Effects (2)

All the 3 Drugs May Affect the Liver

	Methotrexate	Sulphasalazine	Leflunomide
Liver irritation	The 3 drugs are broken down by the liver, therefore may cause liver irritation. Sometimes this can lead to permanent liver problems.		
Incidence of serious liver damage	1: 5000	<1:5000	<1:5000
Symptoms of liver affection	If you do have patterns of high liver tests, most likely you will not feel anything abnormal.		
Advice for Reducing Liver affection	<ol style="list-style-type: none">1. Do safety monitoring lab tests to monitor liver function tests.2. Notify your doctor of all drugs you take.3. Avoid daily alcohol use.4. Notify your doctor, If you have hepatitis B or C5. Avoid taking NSAIDs on daily basis		
Monitoring Liver Function Tests every 2 months	<p>-Normal liver function tests: there is a high level of assurance that medication can be continued safely.</p> <p>-Elevated liver function tests: will require stopping NSAIDs, adjust or stop the DMARD therapy.</p>		
How Shall I manage High tests?	<p>-Stop NSAIDs.</p> <p>-In most of the cases Liver function tests will return to Normal on temporarily stopping MTX.</p>		

Understanding Side Effects (3)

All the 3 Drugs May cause some changes in the Blood

	Methotrexate	Sulphasalazine	Leflunomide
Changes in the Blood Picture	-People with PsA may have anemia (low levels of red blood cells). This can be caused by the disease, stomach ulcers, not taking the recommended Folic acid supplement therapy or other effects from drugs.		
Symptoms	-If you do have changes in your blood picture, most likely you will not feel anything abnormal. -Sometimes the changes in the blood picture, caused by any of the 3 medications, may present as fatigue, bleeding or increased risk of infection.		
Advice for Reducing Blood picture changes	1. Do safety monitoring lab tests to follow blood counts. 2. Notify your doctor of all drugs you take. 3. Make sure you take Folic acid whenever indicated. 4. Minimize taking anti-inflammatory therapy to only when you feel it is necessary.		
Monitoring full blood count (FBC) every 2 months	-Normal FBC: there is a high level of assurance that medication can be continued safely. -Changes in the FBC: Discuss the FBC result with the treating doctor, to identify the type of anemia and whether other investigations need to be done (such as blood check for iron, folate, vitamin B12 etc).		

Understanding Side Effects (4)

All the 3 Drugs May be associated with serious infections

	Methotrexate	Sulphasalazine	Leflunomide
What is a serious infection	infections severe enough that you would need to be admitted to the hospital for one or more days to receive antibiotics through the vein and/or other care like IV fluids and oxygen		
Incidence of serious infection/yr	2: 100	1:100	3:100
Advice for Preventing serious infections	<ol style="list-style-type: none">1. Take the medication as prescribed.2. Avoid or use the lowest dose of prednisone possible.3. Do safety monitoring lab tests as recommended.4. Keep up to date on pneumonia and flu vaccination5. Seek medical advice if you got unusual chest cold or other infection		

Understanding Side Effects (5)

Lung

	Methotrexate	Leflunomide
Lung Affection	- This usually causes a sudden onset asthma-like reaction or a dry cough. You might get short of breath with daily activities or minor exertion.	-This usually causes a sudden onset asthma-like reaction or a dry cough. You might get short of breath with daily activities or minor exertion.
incidence	1-2/100	1/100
How to reduce the Risk	-Get a Chest X-ray before starting MTX. -Quit smoking. -Report persistent cough or new shortness of breath to your doctor.	-Get a Chest X-ray before starting Leflunomide -Quit smoking. -Report persistent cough or new shortness of breath to your doctor.
Other Side effects	- mouth sores, - slight hair thinning, - sun sensitivity	

Understanding Side Effects (6)

Pregnancy

	Methotrexate	Sulphasalazine	Leflunomide
Pregnancy	<ul style="list-style-type: none">-MTX does not reduce a woman's ability to conceive during treatment or in the future.-If you or your spouse conceives a child while you are taking MTX, miscarriage or fetal birth defects can occur.	<ul style="list-style-type: none">-In men SZP can temporarily reduce sperm counts. This resolves when SZP is stopped. SZP does not have any impact on sexual interest or performance.-SZP is generally considered safe during pregnancy, but you should discuss reproductive plans with your doctor before taking SZP.	<ul style="list-style-type: none">-LEF does not necessarily reduce a woman's ability to conceive during treatment or in the future.-If you or your spouse conceives a child while you are taking LEF, miscarriage or fetal birth defects can occur. Therefore, sexually active men and women using LEF must use a medically approved form of birth control.
Advice for Pregnancy	<ul style="list-style-type: none">-Sexually active men and women using MTX must use a medically approved form of birth control.	<ul style="list-style-type: none">discuss reproductive plans with your doctor before taking SZP.	<ul style="list-style-type: none">-stop the medication.-you will need a special treatment to remove the Lef from your body, which will take about 2 months.



Sorting it out



What is most important for me?

Please tick

	Very Important	Somewhat Important	Not Important
Improve Pain & Function (Expected to improve by 57-65%)			
Reduce Joint Damage (Rate of damage expected to drop to 15-40%)			
Possibility of infection (Possibility: 1-3/100)			
Possibility of liver affection (Possibility 1/5000)			
Other side effects			



Moving Toward a Decision



Please tick in front of your decision. You may find it helpful to write the Pros & Cons

Your decision	Pros	Cons
Continue current medication <input type="checkbox"/>		
Start Methotrexate <input type="checkbox"/>		
Think more about other options <input type="checkbox"/>		
Defer Choice for now <input type="checkbox"/>		

10

Reflecting on Your Decision



- As you work towards making a decision for your inflammatory arthritis, please tick the box to let us know whether these statements are true for you:
- I have been informed about my treatment options, as well as its benefits and possible risks.
- I am clear about which benefits and risks matter most to me.
- I am fully aware of my choices and have been given the chance to be involved in the decision.
- I feel I had enough support and advice enabling me to make a choice.
- I am aware of the nature of my disease and feel satisfied with my decision.
- **If most or all of these statements are true for you, you are on your way to a good decision.**
- **If not, you may want to talk further with your doctor, nurse, family or other important support persons**

Signature:

Date: / /201

Thank you

- **You may hand this over now to your treating Health Care Professional.**

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