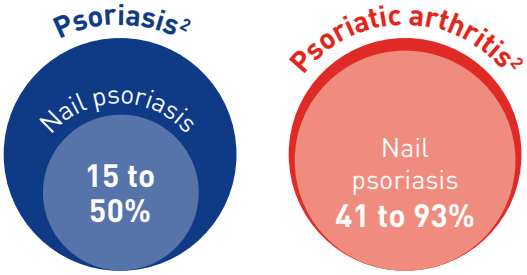
Nailing Psoriatic Arthritis:
Understanding the Link Between Nails and Joints

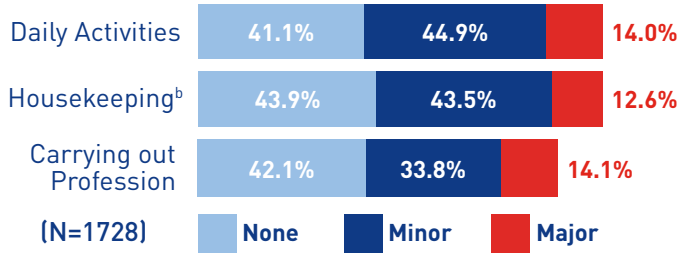
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THE PREVALENCE OF NAIL PSORIASIS IS HIGHER IN PATIENTS WITH PSORIATIC ARTHRITIS COMPARED TO PSORIASIS[1]



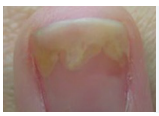
NAIL PSORIASIS LIMITS FUNCTION

RESTRICTIONS ON...[a,3]



> *"It's hard to do anything without fingernails, and if I use my fingers too much, they bleed"*[4]

DIFFERENTIAL DIAGNOSIS *BASED ON NAIL PATHOLOGY*



Onycholysis[1] | Detachment of the nail plate from the nail bed[5]
DD: Manicuring, idiopathic, onychomycosis, drugs, contact dermatitis, subungual tumors, lichen planus, bullous disease, metabolic disorders, connective tissue disorders[5]



Nail Dystrophy[1] | Distorting, discoloration and/or cracking of the nail plate[6]
DD: Old age, peripheral arterial disease, chronic venous stasis, leg trauma, eczema, Darier's disease, lichen planus[6]



Pitting[1] | Superficial depressions in the nail plate associated with inflammation of the proximal nail matrix[5]
DD: Alopecia areata, eczema, syphilis, Reiter's disease, trauma, isotretinoin therapy, diabetes mellitus, idiopathic[5]



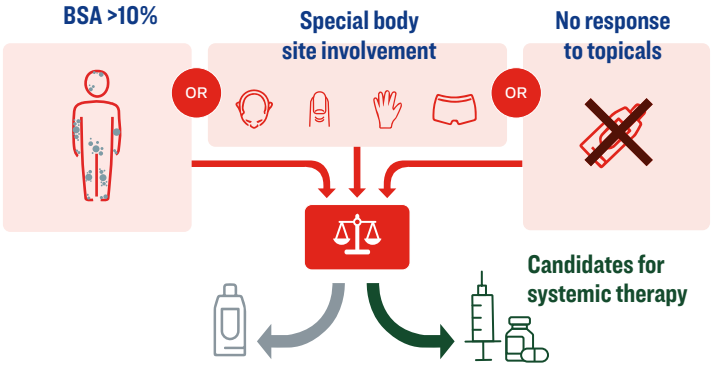
Oil Spots[1] | Translucent, yellow-red discoloration in the nail bed[7]
Specific to nail psoriasis[5]



Subungual Hyperkeratosis[1] | Deposition and collection of cells that have not undergone desquamation. Associated with inflammation in the nail bed and hyponychium[7]
DD: Onychomycosis, eczema, lichen planus, pityriasis rubra pilaris, cutaneous T-cell lymphoma, contact dermatitis[5]

RISK FACTORS FOR THE DEVELOPMENT OF PSORIATIC ARTHRITIS INCLUDE NAIL PSORIASIS[6]

IPC CONSENSUS ON CANDIDATES FOR SYSTEMIC THERAPY[8]



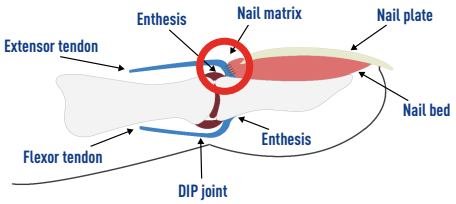
SCAN ME FOR MORE INFORMATION

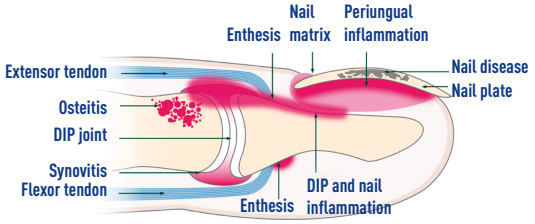
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ANATOMY OF A NAIL AND DISTAL INTERPHALANGEAL (DIP) JOINT[9,10]



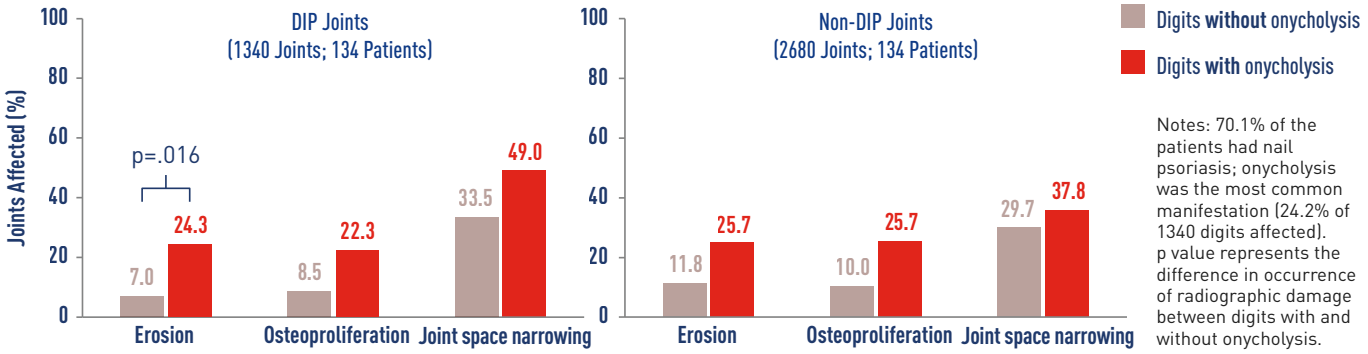


Reproduced from McGonagle D, Kavanaugh A, McInnes IB, et al. Association of the clinical components in the distal interphalangeal joint synovio-entheseal complex and subsequent response to ixekizumab or adalimumab in psoriatic arthritis. *Rheumatology* (Oxford). 2024;63(11):3115-3123. doi:10.1093/rheumatology/keae060

Images used with permission from McGonagle D, et al. *Rheumatology (Oxford)*. 2024;63(11):3115-3123; Tan ES, et al. *Am J Clin Dermatol*. 2012;13(6):375–388.[9,10]

A RETROSPECTIVE COHORT STUDY SHOWED THAT NAIL PSORIASIS IS ASSOCIATED WITH EROSIVE JOINT DAMAGE IN PSORIATIC ARTHRITIS PATIENTS[11]

Radiographic Damage at DIP and Non-DIP Joints



Notes: 70.1% of the patients had nail psoriasis; onycholysis was the most common manifestation (24.2% of 1340 digits affected). p value represents the difference in occurrence of radiographic damage between digits with and without onycholysis.

Group For Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA)

FIRST-LINE TREATMENT RECOMMENDATIONS 2021[12,13]



Psoriasis	Nail disease	Peripheral arthritis	Axial disease	Enthesitis	Dactylitis
Topicals, procedurals[c]		**NSAIDs, physiotherapy, injections (GCs)**[c]			
Phototx or **csDMARDs,** bDMARDs **(TNFi, IL-12/23i, IL-17i, IL-23i), JAKi,** or **PDE4i**	bDMARDs **(TNFi, IL-12/23i, IL-17i, IL-23i)** or **PDE4i**	**csDMARD,** bDMARDs **(TNFi, IL-12/23i, IL-17i, IL-23i,** CTLA4-Ig**), JAKi,** or **PDE4i**	bDMARDs **(TNFi, IL-17i)** or **JAKi**	MTX, bDMARDs **(TNFi, IL-12/23i, IL-17i, IL-23i,** CTLA4-Ig**), JAKi,** or **PDE4i**	MTX, bDMARDs **(TNFi, IL-12/23i, IL-17i, IL-23i,** CTLA4-Ig**), JAKi,** or **PDE4i**

Notes: The order of the products in the boxes is sorted by mechanism of action and does not reflect guidance on relative efficacy or suggested usage. Bold text indicates a strong recommendation, standard text a conditional recommendation.

[a]Results based on questionnaires concerning their nail changes and complaints returned by 1728 psoriatic patients in the Netherlands. Full percentages of restrictions not reported.[3] [b]Housekeeping is not a subset of daily activities.[3] [c]Conditional recommendation based on data from abstracts only.[12]

bDMARD=Biologic Disease-Modifying Anti-Rheumatic Drug; BSA=Body Surface Area; csDMARD=Conventional Synthetic Disease-Modifying Anti-Rheumatic Drug; CTLA4-Ig=Cytotoxic T-Lymphocyte Associated Antigen 4-Immunoglobulin Fusion Protein; DD=Differential Diagnosis; GC=Glucocorticoid; IL=Interleukin; IPC=International Psoriasis Council; JAKi=Janus Kinase Inhibitor; MTX=Methotrexate; NSAID=Non-Steroidal Anti-inflammatory Drug; PDE4i=Phosphodiesterase 4 Inhibitor; TNFi=Tumor Necrosis Factor Inhibitor.

1. Kaeley GS, et al. *J Rheumatol*. 2021;48(8):1208-1220. 2. Ogdie A, Weiss P. *Rheum Dis Clin North Am.* 2015;41(4):545-568. 3. de Jong EM, et al. *Dermatology.* 1996;193(4):300-303. 4. https://www.psoriasis.org/advance/when-psoriatic-disease-strikes-the-hands-and-feet/ (Accessed April 14, 2026). 5. Yin NC, Tosti A. In: *Nail Psoriasis: From A to Z*. 2014:85-96. 6. Haneke E. *Psoriasis (Auckl)*. 2017;7:51-63. 7. Sobolewski P, et al. *Reumatologia*. 2017;55(3):131-135. 8. Strober B, et al. *J Am Acad Dermatol*. 2020;82(1):117-122. 9. McGonagle D, et al. *Rheumatology (Oxford)*. 2024;63(11):3115-3123. 10. Tan ES, et al *Am J Clin Dermatol.* 2012;13(6):375–388. 11. Antony AS, et al. *J Rheumatol*. 2019;46(9):1097-1102. 12. Coates LC, et al. *Nat Rev Rheumatol*. 2022;18(8):465-479. 13. Laheru D, et al. *J Rheumatol*. 2023;50(3):433-437.

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