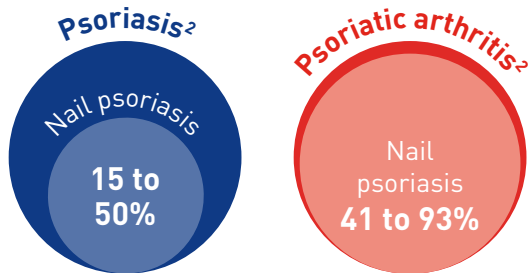


# Nailing Psoriatic Arthritis:

## Understanding the Link Between Nails and Joints

THE PREVALENCE OF NAIL PSORIASIS IS HIGHER IN PATIENTS WITH **PSORIATIC ARTHRITIS** COMPARED TO PSORIASIS<sup>1</sup>



NAIL PSORIASIS LIMITS FUNCTION

RESTRICTIONS ON...<sup>a,3</sup>

| Activity                  | None  | Minor | Major |
|---------------------------|-------|-------|-------|
| Daily Activities          | 41.1% | 44.9% | 14.0% |
| Housekeeping <sup>b</sup> | 43.9% | 43.5% | 12.6% |
| Carrying out Profession   | 42.1% | 33.8% | 14.1% |

(N=1728)

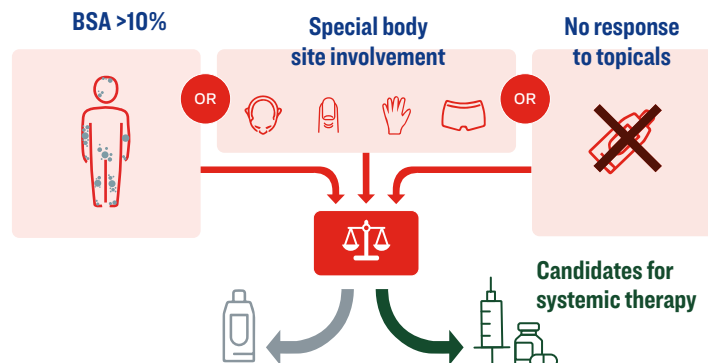
“ It’s hard to do anything without fingernails, and if I use my fingers too much, they bleed<sup>4</sup> ”

### DIFFERENTIAL DIAGNOSIS BASED ON NAIL PATHOLOGY

|  |  |
|--|--|
|  | <b>Onycholysis<sup>1</sup></b>   Detachment of the nail plate from the nail bed <sup>5</sup><br>DD: Manicuring, idiopathic, onychomycosis, drugs, contact dermatitis, subungual tumors, lichen planus, bullous disease, metabolic disorders, connective tissue disorders <sup>5</sup>  |
|  | <b>Nail Dystrophy<sup>1</sup></b>   Distorting, discoloration and/or cracking of the nail plate <sup>6</sup><br>DD: Old age, peripheral arterial disease, chronic venous stasis, leg trauma, eczema, Darier’s disease, lichen planus <sup>6</sup>  |
|  | <b>Pitting<sup>1</sup></b>   Superficial depressions in the nail plate associated with inflammation of the proximal nail matrix <sup>5</sup><br>DD: Alopecia areata, eczema, syphilis, Reiter’s disease, trauma, isotretinoin therapy, diabetes mellitus, idiopathic <sup>5</sup>  |
|  | <b>Oil Spots<sup>1</sup></b>   Translucent, yellow-red discoloration in the nail bed <sup>7</sup><br>Specific to nail psoriasis <sup>5</sup>   |
|  | <b>Subungual Hyperkeratosis<sup>1</sup></b>   Deposition and collection of cells that have not undergone desquamation. Associated with inflammation in the nail bed and hyponychium <sup>7</sup><br>DD: Onychomycosis, eczema, lichen planus, pityriasis rubra pilaris, cutaneous T-cell lymphoma, contact dermatitis <sup>5</sup> |

### RISK FACTORS FOR THE DEVELOPMENT OF PSORIATIC ARTHRITIS INCLUDE **NAIL PSORIASIS**<sup>6</sup>

IPC  
CONSENSUS  
ON CANDIDATES  
FOR SYSTEMIC  
THERAPY<sup>8</sup>



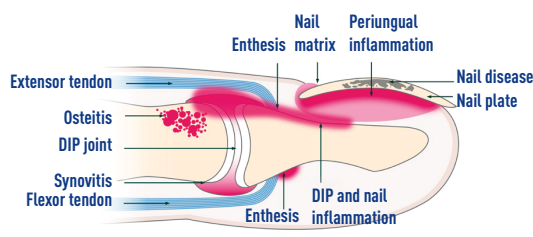
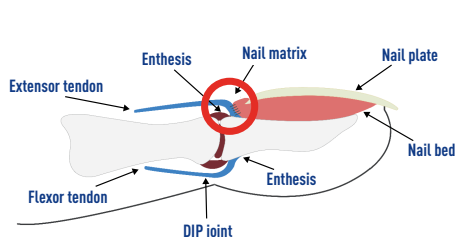
SCAN ME  
FOR MORE  
INFORMATION

# Nailing Psoriatic Arthritis:

## Understanding the Link Between Nails and Joints



### ANATOMY OF A NAIL AND DISTAL INTERPHALANGEAL (DIP) JOINT<sup>9,10</sup>

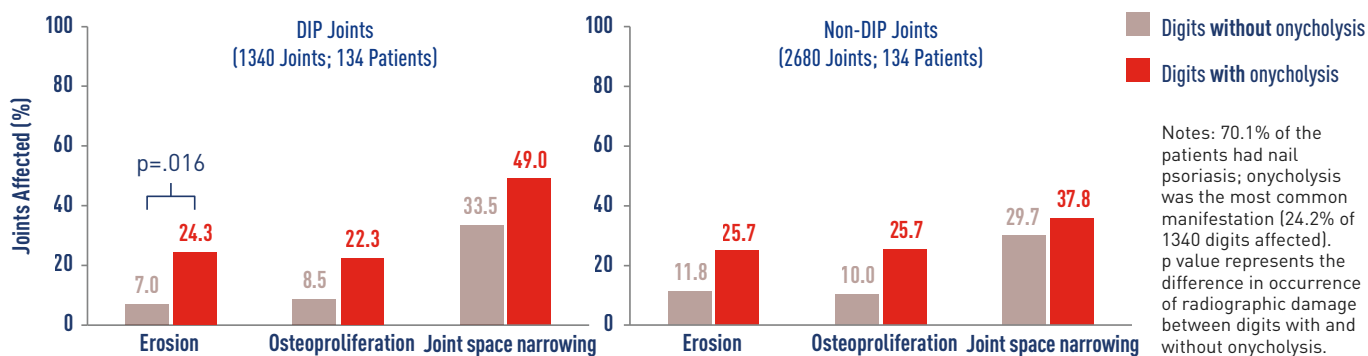


Reproduced from McGonagle D, Kavanaugh A, McInnes IB, et al. Association of the clinical components in the distal interphalangeal joint synovio-entheseal complex and subsequent response to ixekizumab or adalimumab in psoriatic arthritis. *Rheumatology* (Oxford). 2024;63(11):3115-3123. doi:10.1093/rheumatology/keae060

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.<sup>9,10</sup>

### A RETROSPECTIVE COHORT STUDY SHOWED THAT NAIL PSORIASIS IS ASSOCIATED WITH EROSIIVE JOINT DAMAGE IN PSORIATIC ARTHRITIS PATIENTS<sup>11</sup>

#### Radiographic Damage at DIP and Non-DIP Joints



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

#### FIRST-LINE TREATMENT RECOMMENDATIONS 2021<sup>12,13</sup>



Psoriasis



Nail disease



Peripheral arthritis



Axial disease



Enthesitis



Dactylitis

Topicals, procedurals<sup>c</sup>

**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

NSAIDs, physiotherapy, injections (GCs)<sup>c</sup>

**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.

<sup>9</sup>Results based on questionnaires concerning their nail changes and complaints returned by 1728 psoriatic patients in the Netherlands. Full percentages of restrictions not reported.<sup>3</sup>

<sup>10</sup>Housekeeping is not a subset of daily activities.<sup>3</sup> <sup>c</sup>Conditional recommendation based on data from abstracts only.<sup>12</sup>

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.