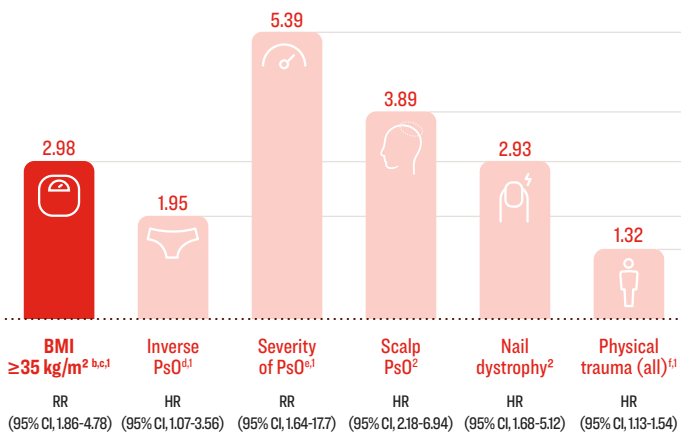


## Risk Factors for PsA

Effect Size<sup>a</sup>

Note: Risk factors for the development of PsA in patients with PsO are from cohort studies unless otherwise stated.

Other risk factors may include family history of PsA, smoking, and duration of PsO<sup>1</sup>

## The Effects of Obesity in PsA

Compared with patients with PsA who are of a healthy weight, those with comorbid obesity have higher<sup>2</sup>:

- Joint counts
- HAQ-DI
- CRP
- cDAPSA
- The relationship between PsA and obesity is **bidirectional**<sup>3</sup>
- PsA may lead to weight gain as patients may be less likely to be physically active<sup>4</sup>
- Excess body weight may place additional mechanical stress on the joints and heighten the likelihood of microtrauma<sup>4,5</sup>

Irreversible Joint Damage in PsA<sup>6</sup>

Can happen with a  
delay in diagnosis of just

**6 months**

Can lead to **worse long-term**  
physical function



Treatment of PsA leads to improvements in QoL for patients<sup>7</sup>

Simple Mnemonic to Aid in Screening of PsA<sup>8</sup>

Joint

**PAIN** • **STIFFNESS** • **AXIAL**

after waking in the morning,  
or after a period of inactivity.  
Swelling/Sausage digit (dactylitis)

Examples of PsA Screening Tools Include<sup>9</sup>:

**PASE**

Psoriatic Arthritis Screening and Evaluation



**PEST**

Psoriasis Epidemiology Screening Tool



**EARP**

The Early Psoriatic Arthritis Screening Questionnaire

AAD/NPF Recommendations for Dermatologists<sup>10</sup>

Patients with PsO should be **informed about**  
the association between PsO and PsA



PsA should be **considered in all**  
patients with cutaneous PsO



Patients with signs and symptoms suspicious  
for PsA should be **fully evaluated for PsA**.

Initiate appropriate PsA therapy if comfortable  
with the diagnosis or otherwise consult with a  
rheumatologist for assessment and management



Explore the other infographics in  
the **Comorbidities in Psoriasis** series



<sup>a</sup>Adjusted for other covariates; <sup>b</sup>BMI  $\geq 35.0$  kg/m<sup>2</sup> vs. normal (BMI  $< 25.0$  kg/m<sup>2</sup>); <sup>c</sup>Time varying exposure; <sup>d</sup>Intergluteal/perianal involvement; <sup>e</sup>PASI score  $> 20$  vs.  $< 10$ ; <sup>f</sup>Values based on the general population.

AAD=American Academy of Dermatology; BMI=Body Mass Index; cDAPSA=Clinical Disease Activity Index for Psoriatic Arthritis; CI=Confidence Interval; CRP=C-Reactive Protein; HAQ-DI=Health Assessment Questionnaire Disability Index; HR=Hazard Ratio; NPF=National Psoriasis Foundation; PASI=Psoriasis Area and Severity Index; PsA=Psoriatic Arthritis; PsO=Psoriasis; QoL=Quality of Life; RR=Relative Risk.

Female icon has been generated with the use of AI

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