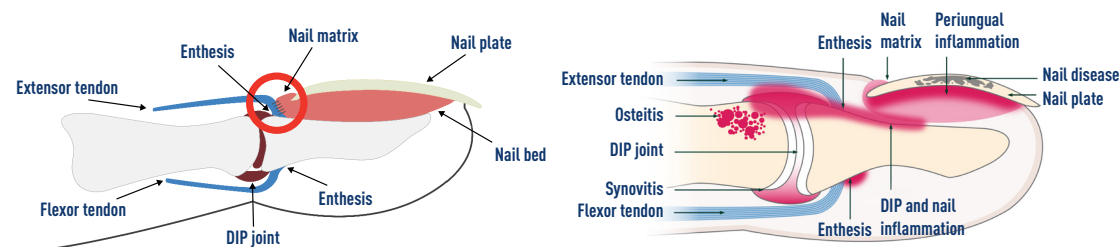


Nailing Psoriatic Arthritis:



Understanding the Link Between Nails and Joints

ANATOMY OF A NAIL AND DISTAL INTERPHALANGEAL (DIP) JOINT¹

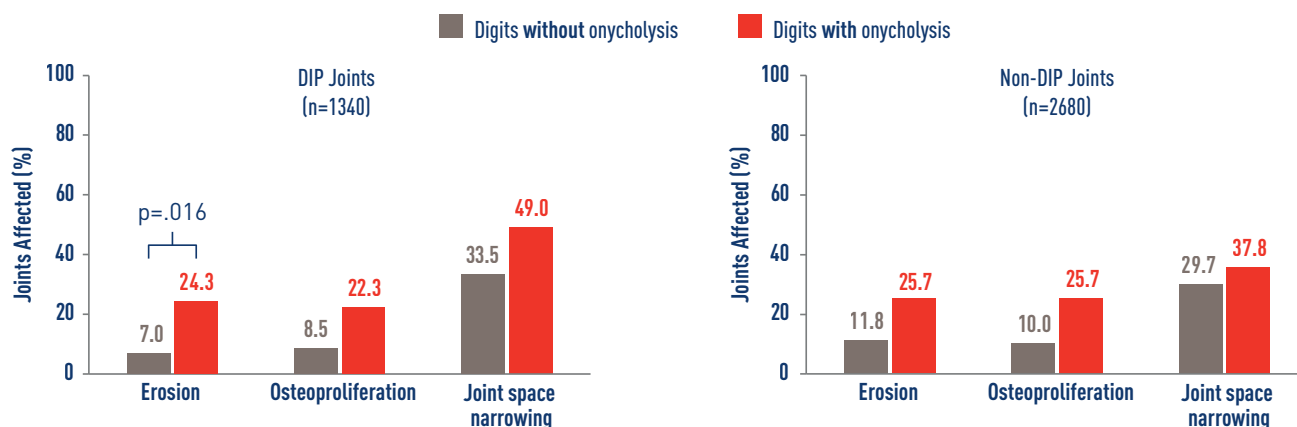


Reproduced from McGonagle D, Kavanaugh A, McInnes I, et al. Association of the clinical components in the distal interphalangeal joint synovioentheseal complex and subsequent response to ixekizumab or adalimumab in psoriatic arthritis. *Rheumatology (Oxford)*. 2024;doi: 10.1093/rheumatology/keae060 (Ahead of print). Published by Oxford University Press.

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A RETROSPECTIVE COHORT STUDY SHOWED THAT NAIL PSORIASIS IS ASSOCIATED WITH EROSIIVE JOINT DAMAGE IN PSORIATIC ARTHRITIS PATIENTS²

Radiographic Damage at DIP and Non-DIP Joints



Note: 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^{3,4}



Psoriasis



Nail disease



Peripheral arthritis



Axial disease



Enthesitis



Dactylitis

Topicals, procedurals^a

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)^a

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.

^aConditional recommendation based on data from abstracts only.

RISK FACTORS FOR THE DEVELOPMENT OF PSORIATIC ARTHRITIS INCLUDE NAIL PSORIASIS⁵



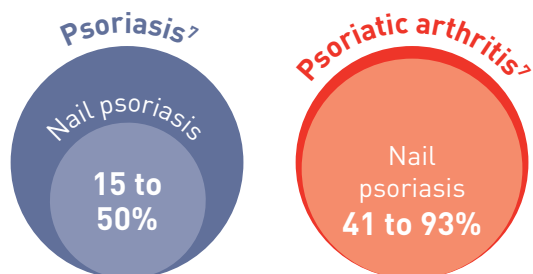
SCAN ME FOR MORE INFORMATION

Nailing Psoriatic Arthritis:



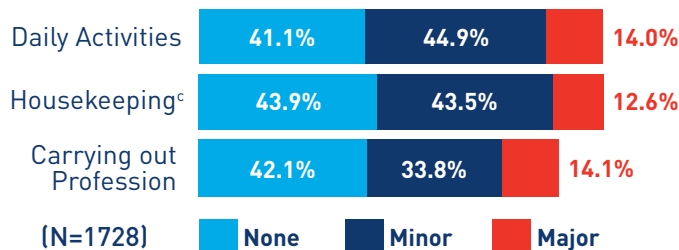
Understanding the Link Between Nails and Joints

THE PREVALENCE OF NAIL PSORIASIS IS HIGHER IN PATIENTS WITH PSORIATIC ARTHRITIS COMPARED TO PSORIASIS⁶



NAIL PSORIASIS LIMITS FUNCTION

RESTRICTIONS ON...^{b,8}



“ It’s hard to do anything without fingernails, and if I use my fingers too much, they bleed⁹ ”

DIFFERENTIAL DIAGNOSIS BASED ON NAIL PATHOLOGY



Onycholysis⁶ | Detachment of the nail plate from the nail bed¹⁰

DD: Manicuring, idiopathic, onychomycosis, drugs, contact dermatitis, subungual tumors, lichen planus, bullous disease, metabolic disorders, connective tissue disorders¹⁰



Nail Dystrophy⁶ | Distorting, discoloration and/or cracking of the nail plate⁵

DD: Old age, peripheral arterial disease, chronic venous stasis, leg trauma, eczema, Darier’s disease, lichen planus⁵



Pitting⁶ | Superficial depressions in the nail plate associated with inflammation of the proximal nail matrix¹⁰

DD: Alopecia areata, eczema, syphilis, Reiter’s disease, trauma, isotretinoin therapy, diabetes mellitus, idiopathic¹⁰



Oil Spots⁶ | Translucent, yellow-red discoloration in the nail bed¹¹

Specific to nail psoriasis¹⁰



Subungual Hyperkeratosis⁶ | Deposition and collection of cells that have not undergone desquamation. Associated with inflammation in the nail bed and hyponychium¹¹

DD: Onychomycosis, eczema, lichen planus, pityriasis rubra pilaris, cutaneous T-cell lymphoma, contact dermatitis¹⁰

^bResults based on questionnaires concerning their nail changes and complaints returned by 1728 psoriatic patients in the Netherlands. ⁸ Full percentages of restrictions not reported.

^cHousekeeping is not a subset of daily activities.⁸

bDMARD=Biologic Disease-Modifying Anti-Rheumatic Drug; 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; JAKi=Janus Kinase Inhibitor; MTX=Methotrexate; NSAID=Non-Steroidal Anti-inflammatory Drug; PDE4i=Phosphodiesterase 4 Inhibitor; TNFi=Tumor Necrosis Factor Inhibitor.

1. McGonagle D, et al. *Rheumatology (Oxford)*. 2024;doi: 10.1093/rheumatology/keae060 (Ahead of print). 2. Antony AS, et al. *J Rheumatol*. 2019;46(9):1097-1102. 3. Coates LC, et al. *Nat Rev Rheumatol*. 2022;18(8):465-479. 4. Laheru D, et al. *J Rheumatol*. 2023;50(3):433-437. 5. Haneke E. *Psoriasis (Auckl)*. 2017;7:51-63. 6. Kaeley GS, et al. *J Rheumatol*. 2021;48(8): 1208-1220. 7. Ogdie A, Weiss P. *Rheum Dis Clin North Am*. 2015;41(4):545-568. 8. de Jong EM, et al. *Dermatology*. 1996;193(4):300-303. 9. <https://www.psoriasis.org/advance/whenpsoriatic-disease-strikes-the-hands-and-feet/> (Accessed March 11, 2024). 10. Yin NC, Tosti A. In: *Nail Psoriasis: From A to Z*. 2014:85-96. 11. Sobolewski P, et al. *Reumatologia*. 2017;55(3):131-135.