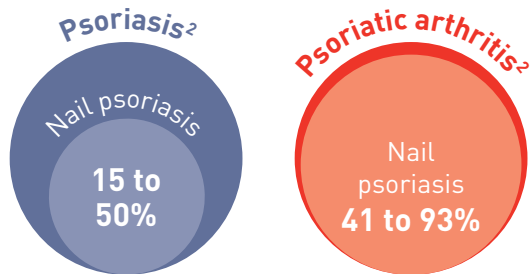


Nailing Psoriatic Arthritis:



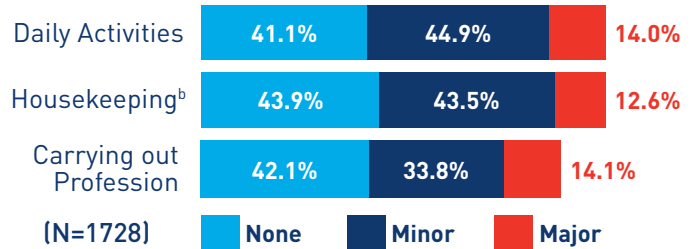
Understanding the Link Between Nails and Joints

THE PREVALENCE OF NAIL PSORIASIS IS *HIGHER* IN PATIENTS WITH **PSORIASIS ARTHRITIS** COMPARED TO PSORIASIS¹



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 bleed⁴”

DIFFERENTIAL DIAGNOSIS BASED ON NAIL PATHOLOGY



Onycholysis¹ | Detachment of the nail plate from the nail bed⁵

DD: Manicuring, idiopathic, onychomycosis, drugs, contact dermatitis, subungual tumors, lichen planus, bullous disease, metabolic disorders, connective tissue disorders⁵



Nail Dystrophy¹ | Distorting, discoloration and/or cracking of the nail plate⁶

DD: Old age, peripheral arterial disease, chronic venous stasis, leg trauma, eczema, Darier’s disease, lichen planus⁶



Pitting¹ | Superficial depressions in the nail plate associated with inflammation of the proximal nail matrix⁵

DD: Alopecia areata, eczema, syphilis, Reiter’s disease, trauma, isotretinoin therapy, diabetes mellitus, idiopathic⁵



Oil Spots¹ | Translucent, yellow-red discoloration in the nail bed⁷

Specific to nail psoriasis⁵

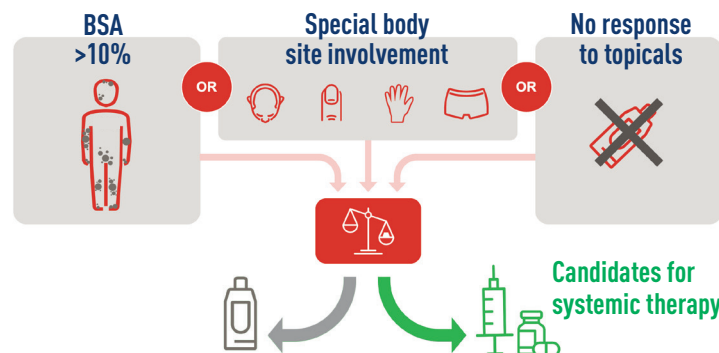


Subungual Hyperkeratosis¹ | Deposition and collection of cells that have not undergone desquamation. Associated with inflammation in the nail bed and hyponychium⁷

DD: Onychomycosis, eczema, lichen planus, pityriasis rubra pilaris, cutaneous T-cell lymphoma, contact dermatitis⁵

RISK FACTORS FOR THE DEVELOPMENT OF PSORIASIC ARTHRITIS INCLUDE **NAIL PSORIASIS**⁶

IPC CONSENSUS ON CANDIDATES FOR SYSTEMIC THERAPY⁸



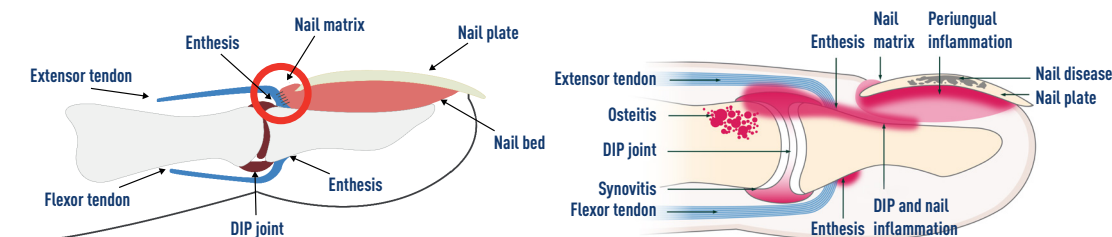
SCAN ME FOR MORE INFORMATION

Nailing Psoriatic Arthritis:

Understanding the Link Between Nails and Joints



ANATOMY OF A NAIL AND DISTAL INTERPHALANGEAL (DIP) JOINT⁹

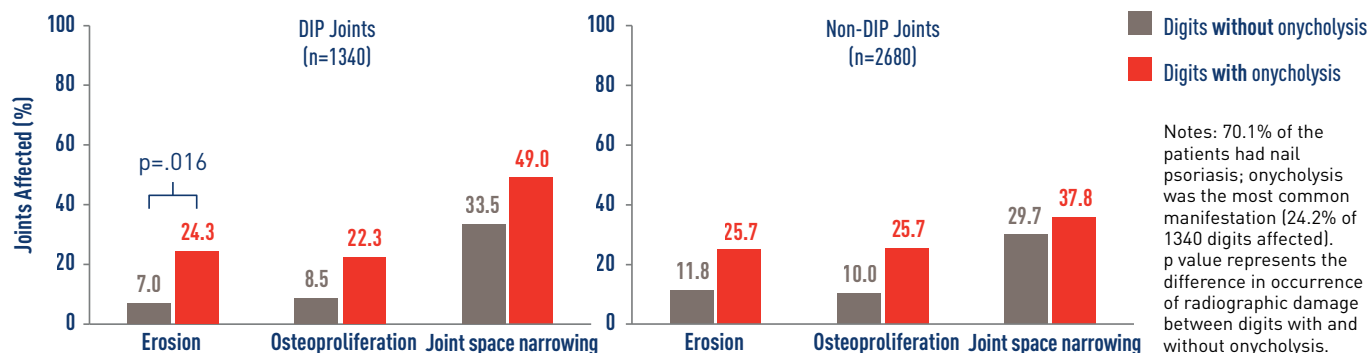


Reproduced from McGonagle D, Kavanaugh A, McInnes I, et al. Association of the clinical components in the distal interphalangeal joint synovioentheseal complex and subsequent response to ixekizumab or adalimumab in psoriatic arthritis. *Rheumatology (Oxford)*. 2024;doi: 10.1093/rheumatology/keae060 (Ahead 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 PATIENTS¹⁰

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^{11, 12}



Psoriasis



Nail disease



Peripheral arthritis



Axial disease



Enthesitis



Dactylitis

Topicals, procedurals^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

NSAIDs, physiotherapy, injections (GCs)^c

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.

^aResults based on questionnaires concerning their nail changes and complaints returned by 1728 psoriatic patients in the Netherlands. Full percentages of restrictions not reported.³

^bHousekeeping is not a subset of daily activities.³ ^cConditional recommendation based on data from abstracts only.¹¹

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 March 13, 2024). 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;doi: 10.1093/rheumatology/keae060 (Ahead of print). 10. Antony AS, et al. *J Rheumatol*. 2019;46(9):1097-1102. 11. Coates LC, et al. *Nat Rev Rheumatol*. 2022;18(8):465-479. 12. Laheru D, et al. *J Rheumatol*. 2023;50(3):433-437.