

# Treatment of Psoriatic Arthritis

**A variety of treatments are available for people with PsA. These include medications and non-medication treatments, such as physical therapy and lifestyle changes<sup>1</sup>.**

## **Physical therapy<sup>1</sup>**

Keeping active can help to maintain and improve posture and flexibility, and can reduce pain and stiffness. Physical therapy is an important part of treatment for PsA. A physical therapist can work with patients to create a tailored exercise and movement program.

## **Lifestyle changes<sup>1</sup>**

Weight loss can help improve response to PsA medication.

## **Nonsteroidal anti-inflammatory drugs (NSAIDs)<sup>1</sup>**

NSAIDs reduce joint inflammation, along with pain and stiffness. For people with mild PsA, treatment with NSAIDs alone may be enough to manage symptoms.

## **Corticosteroids<sup>1</sup>**

Corticosteroids have a strong anti-inflammatory effect and can be used for short-term relief, particularly during flares. They can be given as an injection into a severely inflamed or swollen joint. Oral steroids are not recommended for people with PsA, as they can worsen psoriasis.

## **Conventional synthetic disease-modifying antirheumatic drugs (csDMARDs)<sup>1,2</sup>**

These are also called slow-acting or classic DMARDs, and are prescribed when joints other than spinal joints are affected. DMARDs block the causes of inflammation and reduce symptoms. Rheumatologists usually make the decision to prescribe csDMARDs.

## **Targeted synthetic disease-modifying antirheumatic drugs (tsDMARDs)<sup>2</sup>**

tsDMARDs are similar to csDMARDs, but they target particular parts of the immune system to reduce inflammation. These treatments may be used if PsA is not well controlled by csDMARDs. Rheumatologists usually make the decision to prescribe tsDMARDs.

## **Biologic disease-modifying antirheumatic drugs (bDMARDs)<sup>1,2</sup>**

bDMARDs, or biologics, are designed to target particular parts of the immune system to reduce inflammation, like tsDMARDs. However, bDMARDs are produced from living cells, tissues, or blood. Like tsDMARDs, rheumatologists usually make the decision to prescribe bDMARDs when csDMARDs have not worked.

**References**

1. Gladman D, Ritchlin UpToDate Patient education: Psoriatic arthritis (Beyond the Basics) 2024 [Available from: <https://www.uptodate.com/contents/psoriatic-arthritis-beyond-the-basics#H1>
2. Cohen S, Cannella A. UpToDate Patient education: Disease-modifying antirheumatic drugs (DMARDs) in rheumatoid arthritis (Beyond the Basics). [Available from: <https://www.uptodate.com/contents/disease-modifying-antirheumatic-drugs-dmards-in-rheumatoid-arthritis-beyond-the-basics>

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