

The Truth About Living With Psoriatic Arthritis

(NAPSA)—Arthritis is one of the most prevalent chronic health problems and the nation's leading cause of disability among Americans over age 15. However, many people do not understand that arthritis is not a single disease, but actually an umbrella term used to refer to more than 100 different diseases. This includes psoriatic arthritis, a condition that combines psoriatic skin lesions with the joint pain and inflammation of arthritis.

Psoriatic arthritis is an autoimmune disease, which means the immune system attacks the body's own tissues. The symptoms that commonly occur in people with psoriatic arthritis include stiffness, pain and swelling in one or more joints; scaly spots on the scalp, elbows, knees and/or at the tailbone; swelling of fingers and/or toes giving them a sausage-like appearance; reduced range of motion; and fatigue. In addition, about 80 percent of people with psoriatic arthritis experience nail lesions.

Physical mobility is not the only thing that is affected in people with psoriatic arthritis. Often, they also have to deal with psychological stigmas due to the way people respond to their physical appearance. In addition to having to live with the disease itself, the skin lesions of the disease can be embarrassing and can have a profound effect on a patient's quality of life.

"Psoriatic arthritis can have a range of symptoms from mild disease to severe disease that can be disabling. It's important to see

Psoriatic Arthritis Facts:

- Affects men and women of all races equally.
- Usually appears between the ages of 20 and 50.
- On average, occurs approximately 10 years after first skin lesions appear.
- While exact cause is unknown, genetic and environmental factors may be associated with the development of arthritis.



your doctor if you are experiencing joint pain," says Gail M. Zimmerman, President and Chief Executive Officer of the National Psoriasis Foundation. "Letting joint symptoms go untreated may cause progressive, disabling effects on the joints but the skin lesions can have an emotional impact due to self-esteem issues and social stigmas."

The condition is diagnosed in up to 30 percent of the 4.5 million Americans who have psoriasis. It can develop at any time and the course of the disease varies with the individual. Because there is no definitive test, the diagnosis is made mostly on a clinical basis and by ruling out other causes. Studies show that getting an early diagnosis and finding an effective treatment are important for preventing long-term damage to joints and tissue.

The goal of treatment for psoriatic arthritis is to treat both joint and skin symptoms, including relieving pain, reducing swelling,

helping joints function properly, slowing joint damage and improving skin lesions. Based on the type of psoriatic arthritis, physicians will choose the therapy that best works for each individual. Treatments include nonsteroidal anti-inflammatory drugs (NSAIDs), disease-modifying anti-rheumatic drugs (DMARDs) and biologic agents. Other approaches include light therapy, surgery and heat or cold therapy.

Treatments such as the biologic agent HUMIRA (adalimumab) offer another option for patients. HUMIRA simultaneously targets and treats the joint and skin symptoms. HUMIRA is also indicated for moderate to severe rheumatoid arthritis patients.

"HUMIRA and other biologics work by inhibiting the action of tumor necrosis factor-alpha, a protein produced by the immune system, which is produced in excess amounts in people with psoriatic arthritis," said rheumatologist Philip Mease, M.D., of Swedish Medical Center and University of Washington School of Medicine. "Biologics are designed to eliminate TNF-alpha's detrimental effects, such as inflammation and other symptoms associated with psoriatic arthritis."

To learn more about psoriatic arthritis, available treatments and current clinical trials please visit the National Psoriasis Foundation at www.psoriasis.org or the Arthritis Foundation at www.arthritis.org. For more information about HUMIRA, visit www.HUMIRA.com.



HUMIRA is indicated for reducing the signs and symptoms of active arthritis in patients with psoriatic arthritis. HUMIRA can be used alone or in combination with DMARDs. HUMIRA is indicated for the treatment of active and progressive psoriatic arthritis in adults when the response to previous DMARD-therapy has been inadequate.

Important Safety Information:

Cases of tuberculosis (TB) have been observed in patients receiving HUMIRA. Serious infections and sepsis, including fatalities, have been reported with the use of TNF-blocking agents, including HUMIRA. Many of these infections occurred in patients also taking other immunosuppressive agents that in addition to their underlying disease could predispose them to infections. Treatment with HUMIRA should not be initiated in patients with active infections. The combination of HUMIRA and anakinra is not recommended. TNF-blocking agents, including HUMIRA, have been associated in rare cases with demyelinating disease and severe allergic reactions. Infrequent reports of serious blood disorders have been reported with TNF-blocking agents. More cases of malignancies have been observed among patients receiving TNF blockers, including HUMIRA, compared to control patients in clinical trials. These malignancies, other than lymphoma and non-melanoma skin cancer, were similar in type and number to what would be expected in the general population. There was an approximately four-fold higher rate of lymphoma in combined controlled and uncontrolled open label portions of HUMIRA clinical trials. The potential role of TNF-blocking therapy in the development of malignancies is not known. The most frequent adverse events seen in the placebo-controlled clinical trials in rheumatoid arthritis (HUMIRA vs. placebo) were injection site reactions (20 percent vs. 14 percent), upper respiratory infection (17 percent vs. 13 percent), injection site pain (12 percent vs. 12 percent), headache (12 percent vs. 8 percent), rash (12 percent vs. 6 percent) and sinusitis (11 percent vs. 9 percent). Discontinuations due to adverse events were 7 percent for HUMIRA and 4 percent for placebo. As with any treatment program, the benefits and risks of HUMIRA should be carefully considered before initiating therapy. The safety profile for patients with psoriatic arthritis treated with HUMIRA in the clinical trials has been similar to the safety profile seen in patients with RA.