

银屑病关节炎(PsA)是什么？

银屑病关节炎 (PsA) 或称「牛皮癣关节炎」是一种免疫系统的疾病，会影响皮肤和关节，引起关节疼痛，僵硬，肿胀和变形。它通常出现于患有银屑病的患者；银屑病属于一种慢性疾病，特点包括手肘、小腿和头皮皮肤出现红色的皮疹、变厚及佈满鳞状皮屑。指甲亦可能会变厚，甲面不平及颜色混浊。

银屑病关节炎的成因是什么？

健康的免疫系统释放抗体对抗入侵人体的病毒和病菌。自身免疫性疾病如银屑病关节炎的患者，其身体会攻击自己的组织，发送白血细胞攻击皮肤，关节囊（滑膜）和关节周围的肌腱，引致炎症。通常受影响的关节包括手关节，腕，肘，膝，踝关节和脚趾。手指也可能发炎和膨胀至型如香肠（指炎）。炎症随着时间侵入软骨和骨，造成关节损伤；在严重的情况下，手指甚至会缩短。它亦会影响人的脊椎，造成僵硬和疼痛。由于关节损伤可能出现在疾病的初期，尽快诊断银屑病关节炎和治疗得当是很重要的。银屑病关节炎是一种全身性疾病，会影响身体的其他器官，如眼睛，心脏瓣膜和肠道。

炎症属慢性，並可能会导致血管凝聚“斑块”（动脉粥样硬化），因而可导致心脏疾病。

谁会患上银屑病关节炎？

男性及女性患上银屑病关节炎的机会相同。发病的高峰年龄是30和55岁之间。它亦可以在儿童期被诊断。大多数患者先患上银屑病，然后再出现关节炎。

银屑病关节炎有什么风险因素？

如大多数的自身免疫性疾病一样，银屑病关节炎没有已知的单一诱因，亦不知道因什么触发。研究人员认为银屑病关节炎与遗传因素相关，並可以由感染、损伤或压力触发。70%的银屑病患者先出现银屑病(牛皮癣)，再出现关节问题。因此，如果你有任何疼痛，尽快告诉你的皮肤科医生。不是每个银屑病患者都会患上银屑病关节炎。其中只有15-35%会患上银屑病关节炎。

银屑病关节炎有什么症状？

银屑病关节炎通常出现在银屑病发病后约5-10年。症状有关节疼痛、肿胀和僵硬，情况在早上特别严重，而且症状会持续几个星期至几个月。部分患者可能有背部、颈部或臀部疼痛。手指和脚趾也可能疼痛和膨胀至型如香肠（指炎）。



香肠指（指炎） 变厚，堆叠，混浊的指甲

其他症状包括疲劳，乏力，体重下降和食欲不振。病情严重的患者，关节会损坏和弯曲，手指缩短，背部弯曲并僵硬。

手指变形 手指缩短



如何诊断银屑病关节炎？

由资深的医生通过详细的病史和体检检查关节和肌腱炎，银屑病和指甲变化等徵状而作出诊断。你的医生也将寻找隐蔽的银屑病（发线、腋窝、背部、肚脐周围等）。血液测试和X-光也能帮助医生作出诊断。如果较大的关节（如膝关节）肿胀，医生可能需要抽取关节液的样本作特备化验。样本化验有助医生区分关节病属于感染性，退化性或炎症性。

银屑病关节炎有什么治疗？

虽然银屑病关节炎不能根治。但有各种良好的药物治疗可以控制病情，舒缓关节肿胀和疼痛，减轻关节损伤和保护关节功能。有些药物可以同时治疗皮肤和关节病。大多数患者都能有效控制病情，过着正常及有意义生活。

a. 药物

NSAIDs（非类固醇类抗炎药物如双氯芬酸，或环氧合酶-2抑制剂）可用于缓和关节疼痛和僵硬。使患者更加舒适及，减低疼痛和肿胀。然而这些药物主要舒缓症状，却无助于控制病情。

医生一般都会处方DMARDs（抗风湿药物）。这些药物包括甲氨蝶呤、柳氮磺吡啶、来氟米特及环孢素。它们能减少关节肿胀和发炎并减缓关节损伤。医生亦有可能会处方低剂量的类固醇，直接将类固醇注入关节亦可舒缓疼痛和肿胀。长期使用类固醇有严重副作用，所以类固醇不宜长期使用。突然停止使用类固醇也可能引发银屑病复发，医生会判断这种药物是否适合你使用。

新的药物称为生物制剂(Biologics)能迅速和有效地控制病情及缓和关节损伤。生物制剂是注射药物，并且费用昂贵。但不是所有的银屑病关节炎患者都适合或需要这类药物。医生会判断这种药物是否适合你使用。

b. 运动

一旦炎症受控，便应重建在关节炎影响下而变弱的韧带和肌肉能力。运动能帮助锻炼肌肉力量，稳定关节。一些对关节造成压力的运动却不宜多做，但是轻量的锻炼如慢跑，散步，游泳等能令你保持身体强健。当关节肿胀和疼痛时便不应加重关节的运

动负荷。物理治疗师会为您提供适合的建议。

c. 手术

有时为了矫正关节变形或置换受损关节便需要进行手术。

银屑病关节炎有什么并发症？

银屑病关节炎不仅是关节和皮肤病，炎症亦可以影响许多器官。银屑病关节炎亦会导致贫血，疲劳和体重下降。银屑病关节炎患者容易出现肥胖、高血脂、冠心病及中风。因此适当治疗、健康饮食和定时运动是非常重要的。

银屑病关节炎可以预防吗？

虽然科学家不肯定银屑病关节炎的确切起因，但通过及早诊断和治疗便能预防银屑病关节炎造成的伤残。健康均衡的饮食习惯和适量的运动对保持身体健康相当有帮助。如果你有银屑病，现在又出现关节疼痛，请向风湿科医生征询意见。如患者不遵照指示服药和治疗，银屑病关节炎可引致残障。

对抗银屑病关节炎的方法是及早诊断和接受治疗。可能在未来十年内，医生便能够找到治愈这种疾病的方法。

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National Arthritis Foundation
Awareness Programme



Psoriatic Arthritis
银屑病关节炎

What is Psoriatic Arthritis (PsA)?

Psoriatic Arthritis (PsA) is a disease of the immune system that affects the skin and joints, causing joint pain, stiffness, swelling and deformity. It typically appears in people who have Psoriasis, a chronic disease characterized by a scaly, reddish skin rash that usually appears on the elbows, shins and scalp. The nails may appear thickened, rugged and cloudy.

What happens to the joints in Psoriatic Arthritis?

A healthy immune system releases antibodies that fight off viruses and bugs that invade the body. In autoimmune diseases such as Psoriatic Arthritis, the body turns against its own tissues, sending white blood cells to attack and inflame the skin, the joint capsule (synovium) and the tendon around the joints. The commonly affected joints are the hand joints, wrists, elbows, knees, ankles and toes. Fingers may also inflame and swell up like sausages (dactylitis). Over time, the inflammation invades the cartilage and bone, causing joint damage or even shortening of fingers in severe cases. It also affects the spine in some patients, causing stiffness and pain. As joint damage may occur early in the disease process, diagnosing Psoriatic Arthritis as quickly as possible and treating it properly is important.

Psoriatic Arthritis is a systemic disease that can affect other organs in the body like the eye, the heart valve and the bowel. The inflammation is chronic and as a result may cause blood vessels to build up “plagues” (*atherosclerosis*) and therefore, can lead to heart disease.

Who gets affected?

Psoriatic Arthritis affects men and women equally; the peak age of onset is between 30 and 55 years old. It can be diagnosed during childhood. Most people develop Psoriasis first, then Arthritis.

What are the risk factors for Psoriatic Arthritis?

Like most forms of autoimmune diseases, Psoriatic Arthritis has no known single cause and doctors do not know exactly what triggers it. Researchers believe PsA is linked to genetic factors and can be triggered by an infection, injury or stress. In 70% of patients, skin disease (Psoriasis) start before joint problem. Therefore, if you have Psoriasis, it is important to tell your dermatologist if you have any aches and pains. Not everyone who has Psoriasis develops Psoriasis Arthritis. Only 15-35% of them develop Psoriasis Arthritis.

What are the symptoms of Psoriatic Arthritis?

Psoriatic Arthritis typically appears about 5 – 10 years after the onset of Psoriasis. Symptoms are pain, swelling and stiffness of joints, especially in the mornings and symptoms do not go away for weeks to months. Some patients may have back, neck or buttock pain. Fingers and toes may also be painful and swell up like sausages (*dactylitis*).



Other symptoms include fatigue, malaise, loss of weight and appetite – depending on the severity of disease. In advanced PSA, joints are damaged and crooked, fingers shortened and the back bent with stiffness.



How is Psoriatic Arthritis diagnosed?

Diagnosis is made by an experienced doctor (Rheumatologist) through a detailed history and physical examination for signs of joint and tendon inflammation, Psoriasis and nail changes. Your doctor will also look for Psoriasis nail lesions and skin lesions that might be in hidden places (under the hairline, arm pit, at the back, around the navel). Blood tests and X-rays are useful to confirm the diagnosis. If big joints (e.g. the knee-joint) are swollen, your doctor may aspirate the fluid with a needle and send for special examination. This will help the doctor to differentiate between infective, degenerative or inflammatory joint disease.

What is the treatment for Psoriatic Arthritis?

There is currently no cure for Psoriatic Arthritis. Nevertheless, there are various good drug treatments that can reduce joint swelling and pain, slow down joint damage and preserve function. Some drugs can control both skin and joint disease. Most patients have their disease under control and lead meaningful lives.

a. Medication

NSAIDS (non-steroidal anti-inflammatory drugs) like diclofenac acid or COX-2 inhibitors are helpful to reduce pain and stiffness. Reducing pain is important as it makes you more comfortable. However, these drugs will only reduce the symptoms and do not slow down the disease progression.

DMARDs (Disease-Modifying Anti-Rheumatic Drugs) are often prescribed. They reduce swelling and inflammation and slow down joint damage. These include Methotrexate, Sulphasalazine, Leflunomide and Cyclosporine. Low dose steroids may be used. Steroids can also be injected directly into a joint to relieve pain and swelling. However, Steroids should not be used for long term because of it's the significant side-effects. Stopping Steroid suddenly may also trigger a flare in Psoriasis skin lesions. Your doctor is the best judge on which drugs to use.

There are now a new group of drugs called **Biologic Agents** which can control the disease quickly and effectively. They are given as injections and are expensive. Not all PsA patients are suitable or need such drugs. Your doctor is the best judge on which drugs to use.

b. Exercise

Once the inflammation is under control and you have less pain, it is important to rebuild the muscles and ligaments weakened by the Arthritis. Exercise rebuilds muscle strength which can aid to stabilize the joints. While some sports which stress the joints excessively are not suitable, most gently exercises like jogging, walking; swimming are good to keep you strong. It is important not to exercise the acutely swollen and painful joints. Your physiotherapist is the best person to ask for advice.

c. Surgery

Sometimes surgery is necessary to correct joint deformity or to replace a completely destroyed joint.

What are the complications of Psoriatic Arthritis?

PsA is not only a disease of the joint and skin. The inflammation can affect many organs. Therefore untreated or under-treated PsA can result in anemia, fatigue and weight loss. PsA patients are more prone to obesity, heart attacks and strokes. It is important for appropriate treatment, healthy diet and regular exercises.

Can I prevent Psoriatic Arthritis?

Although scientist are not certain about the exact cause of Psoriatic Arthritis, one can prevent the disabilities caused by Psoriatic Arthritis through early diagnosis and treatment. A healthy balanced diet and moderate regular exercise are also helpful in preventing the complications. If you have Psoriasis and now experiencing joint pain and aches, please seek advice from a Rheumatologist. Psoriatic Arthritis will cripple patients if the diagnosis is delayed or if patients do not take their medications as instructed.

EARLY DIAGNOSIS AND COMPLIANCE TO MEDICATION ARE VERY IMPORTANT IN THE FIGHT AGAINST PSORIATIC ARTHRITIS. IT IS POSSIBLE THAT WITHIN THE NEXT DECADE DOCTORS MAY BE ABLE TO FIND A CURE FOR THE DISEASE

For more information, visit the following websites:

Psoriasis Association of Singapore
www.psoriasis.org.sg

Arthritis Foundation (USA)
www.arthritis.org

National Psoriatic Foundation (USA)
www.psoriatic.org