Cosentyx®
(secukinumab)
About psoriatic arthritis

This material is intended for patients who have been prescribed **Cosentyx®**.

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About this guide

If you've had psoriatic arthritis for a while, you may already know a lot about the condition. However, if there are some things about psoriatic arthritis that you're not sure about, learning more could help you to feel more in control of your condition.

This booklet explains what the condition is and how it is treated. It is not intended to replace conversations with your doctor or nurse, but it could help you develop a clearer understanding of the condition and assist you during appointments with your doctor and nurse.

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What is psoriatic arthritis?

Psoriatic arthritis is an inflammatory disease that makes joints swollen, stiff and painful. It can develop in people who already have psoriasis, a common skin condition that causes a red, scaly rash.

Psoriatic arthritis commonly affects the fingers and toes, especially at the joints closest to the nails. Larger joints, including the spine, neck, knees and elbows, may also be involved.

It is equally as common in men as women and can occur at any age, but usually develops between the ages of 30-55.

Psoriatic arthritis develops in up to 40% of patients who have psoriasis. The majority of psoriatic arthritis patients also have psoriasis, but in some cases skin disease may not be obvious.

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What causes psoriatic arthritis?

Psoriatic arthritis is classified as an autoimmune condition because it occurs when the body's own immune system fails to respond in the correct way.

The immune system is the body's defence against infection and illness. It recognises bacteria and viruses as foreign substances, and creates temporary inflammation to remove them. In psoriatic arthritis, the immune system becomes overactive and mistakenly produces inflammatory proteins and molecules that target healthy tissue in the joints.

The exact cause of psoriatic arthritis is unknown, but doctors believe a combination of genetic and environmental factors are involved.

Psoriatic arthritis can run in families, but we don't know exactly how it is inherited – even if a person inherits the identified combination of genes, they may never develop it.

In people who are susceptible, a physical trauma or an infection may activate the immune system, triggering the development of the condition.

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What are the symptoms of psoriatic arthritis?

The main symptoms of psoriatic arthritis include:

Joint symptoms

- Stiff, swollen, warm and tender joints
- Pain and swelling at the back of the heel
- Swollen fingers or toes, especially at the joints closest to the nails
- Back pain and stiffness
- Stiffness when you wake up
- Joint symptoms may not be equal on each side of the body

Skin symptoms

- A red, scaly rash (psoriasis)

Other symptoms

- General tiredness
- Painful, red eyes
- Enthesitis – tenderness and swelling at the site where tendon enters the bone
- Dactylitis – swelling and tenderness of fingers and toes
- Dented, discoloured or abnormal nails

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How does psoriatic arthritis progress?

One of the things that can make psoriatic arthritis a frustrating condition to live with is its unpredictability.

Psoriatic arthritis can go through periods where it becomes worse (called a flare-up) or when symptoms lessen. The number of flare-ups that you experience, how severe they are, and how long they last can vary greatly from person to person.

The severity of psoriatic arthritis can vary between different people. Some people will have a mild form of the disease and may only notice symptoms in one or two joints. Other people will have more severe symptoms that need long-term treatment.

Psoriatic arthritis will usually impact how well you function, your daily activities and your quality of life, but treatment can help reduce the effects of the condition.

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How is psoriatic arthritis diagnosed?

Psoriatic arthritis is usually diagnosed by a rheumatologist, who will ask about your symptoms and examine your joints. You may also be asked whether there is a family history of psoriasis.

Although there's no specific lab test for psoriatic arthritis, your doctor may take a blood test to rule out other forms of arthritis that have similar symptoms. X-rays, ultrasound or MRI scans can sometimes help your doctor confirm a diagnosis.

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How is psoriatic arthritis treated?

Psoriatic arthritis treatment aims to reduce pain and stiffness, improve your skin symptoms and prevent joint damage as much as possible.Treatment will depend largely on the severity of your psoriatic arthritis.

By understanding the different treatment options available to you and discussing any questions or concerns you have with your doctor, you can make sure you are receiving the treatment that is right for you.

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Your doctor may advise one of the following treatments:

Arthritis treatment

Physiotherapy and exercise

Exercise is important to help prevent muscle weakness and stiffness in your joints. Your doctor or physiotherapist can advise you on the most effective exercises and create an exercise programme that suits you.

Nonsteroidal anti-inflammatory drugs (NSAIDs)

NSAIDs block the inflammation in your joints and are sometimes known as 'anti-inflammatories'. They are good at easing pain and stiffness and may be sufficient if the disease is mild and affects only a couple of joints.

Steroid injections

If you have a single, severely inflamed or swollen joint, your doctor may inject a steroid medication directly into the joint. This can offer rapid relief, which can last for several weeks.

Disease-modifying anti-rheumatic drugs (DMARDs)

DMARDs work by blocking the causes of inflammation and changing the way the disease progresses. They may be needed to control the disease if multiple joints are affected.

DMARD medications do not treat symptoms and it may take several weeks for them to have an effect on your joints, so you should keep taking them even if you don't feel them working.

Biological therapies

These are a newer class of drugs. They are usually given to people if their psoriatic arthritis has not responded well enough to NSAIDs and DMARDs. Biological therapies are normally liquid and administered as an injection or as an infusion. While they are often given in combination with a DMARD, such as methotrexate, this is not a necessity and they can be administered alone. There are several different biologics available for the treatment of psoriatic arthritis, which target different proteins responsible for causing your disease (e.g. TNF and IL-17A proteins).

Psoriasis treatment

Creams and ointments or ultraviolet (UV) light therapy can all be used to help with your psoriasis. Oral systemic treatments and biological therapies also help psoriasis.

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Glossary

Autoimmune condition

A condition that occurs when the body's healthy tissues are attacked by an overactive immune system.

Biological therapies

Biological therapies are a newer form of DMARD treatment for moderate to severe psoriatic arthritis. They are usually prescribed if conventional DMARDs have not worked well enough. They are normally administered as an injection or as an infusion.

Disease modifying anti-rheumatic drugs (DMARDs)

These are drugs used in psoriatic arthritis, and some other arthritis diseases, to suppress the disease and reduce inflammation. Unlike painkillers and NSAIDs, DMARDs treat the disease itself, rather than just reducing pain and stiffness caused by the disease. Methotrexate is one example of a DMARD.

Flare-up

Psoriatic arthritis can go through periods when the inflammation and accompanying symptoms become worse for a while – this is called a flare-up.

Gene

A small section of DNA that contains the instructions for a specific molecule, usually a protein.

Immune system

The body's own complex defense system, made up of a network of cells, tissues, and organs that work together to protect the body. In psoriatic arthritis, a malfunctioning of a specific part of the immune system leads to inflammation, joint damage and an acceleration of the skin's renewal process.

Inflammation

The body's normal reaction to injury or infection. When inflammation occurs, blood flow to the affected tissues increases, resulting in heat and redness. Fluid and cells also leak into the tissue, causing swelling.

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Psoriasis

A common condition where new skin cells are produced more quickly than normal, leading to a build-up of excess skin cells. This leads to patches of thickened, red and inflamed skin.

Psoriatic arthritis

An inflammatory disease that makes joints swollen, stiff and painful. Psoriatic arthritis usually affects people who also have psoriasis.

Magnetic resonance imaging (MRI) scan

A type of scan that uses high frequency radio waves in a strong magnetic field to build up pictures of the inside of the body. An MRI scan can show up soft tissue structures as well as bone.

Who to contact in case of side effects and/or product complaints

If you get any side effects, talk to your doctor, pharmacist or nurse. By reporting side effects, you can help provide more information on the safety of this medicine.

You can report side effects directly to HPRA Pharmacovigilance, at www.hpra.ie.

Side effects can also be reported to Novartis preferably at www.novartis.com/report, by emailing drugsafety.dublin@novartis.com or by calling (01) 2080 612.

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