



Skin Psoriasis

- **Foot pain.** Psoriatic arthritis can also cause pain at the points where tendons and ligaments attach to your bones — especially at the back of your heel (Achilles tendinitis) or in the sole of your foot (plantar fasciitis).
- **Lower back pain.** Some people develop a condition called spondylitis as a result of psoriatic arthritis. Spondylitis mainly causes inflammation of the joints between the vertebrae of your spine and in the joints between your spine and pelvis (Sacroiliitis).
- **Nail changes.** Nails can form tiny dents (pits), crumble or separate from the nail beds.
- **Eye inflammation.** Uveitis can cause eye pain, redness and blurry vision.

What is a PsA flare?

Psoriatic arthritis flare can affect skin, joints, eyes or cause lower back pain or foot pain.

Causes of PsA Flare:

- Stress
- Injury or Illness
- Infection
- Pause in medication
- Unhealthy lifestyle such as smoking/excessive alcohol

Symptoms of a PsA Flare (may include):

- **Swollen fingers and toes.** Psoriatic arthritis can cause a painful, sausage-like swelling of your fingers and toes
- **Foot pain.** Psoriatic arthritis can also cause pain at the points where tendons and ligaments attach to your bones — especially at the back of your heel (Achilles tendinitis) or in the sole of your foot (plantar fasciitis).

Psoriatic Arthritis (PsA) Flare

Self-management Patient Initiated Follow- Up (PIFU)



- **Skin Patches.** Some patients are prone to skin patches of psoriasis in their scalp/over their body and may experience worsening patches during a flare.
- **Fatigue.** Increase in inflammation and overwhelming symptoms may cause fatigue.

PsA Flare Self-Management:

Reduce Activity:

- Prioritise your tasks throughout the day and try not to over-exert yourself
- Plan your day and take short rests when needed
- Consider mindfulness meditation to aid with relaxation

Heat or Cold:

Heat or cold applied to joints may reduce pain and inflammation. Alternate 15mins at a time and always place a towel between skin and source to prevent skin damage - avoid placing on psoriasis patches.



Medication:

Rheumatic medication (DMARDs) and biologics can be supplemented with anti-inflammatory medication (NSAIDs) during a flare e.g. Ibuprofen/Naproxen. It's important that you discuss this with your pharmacist or doctor as they may not be safe for everyone.

Pain medication - Pain killers such as paracetamol or over the counter co-codamol may help. Some patients see their GP for additional pain management.

Topical Treatment: Anti-inflammatory gels may be applied to inflamed joints locally following manufacturer's instructions. For Psoriatic skin lesions, it is best to consult your GP or Dermatologist for the best cream suited for your skin.

Joint flare

If you have attempted these methods and your symptoms show no signs of improvement after 7-10 days, you may need to contact your rheumatology team. If you experience regular flares, it may be time to have your medication reviewed.

Your symptoms and blood test results will help the team assess whether your disease is becoming less controlled or whether you are experiencing pain for other reasons.

Support:

Papaa- The Psoriasis and Psoriatic Arthritis Alliance-
<https://www.papaa.org/>

Psoriasis Association-
<https://www.psoriasis-association.org.uk/>

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