



# Guide to **Psoriatic Disease**



# There Is Always Hope for Psoriasis

2021 has been a challenging year for me. I lost my job in January, as the company I worked for had to shut down its operations because of the pandemic. Since then, I have not been able to find a new job because of my psoriasis. I have been freelancing from home ever since.

I had to move out of the company staff dormitory, and it wasn't easy to find a new place to live. I could not tell my new tenant or housemates about my condition because I knew it was very likely I would be rejected if I did.

I stayed in my room for many months and only came out when I needed to use the kitchen or bathroom. I was so conscious of being in the living or dining rooms. My dead skin flakes fell everywhere, and I always had to sweep and clean up the mess.

I tried to explain my condition to my housemates, but they could not understand. Although they never say anything bad to my face, I can tell by their body language that they are uncomfortable around me, as if I'm contagious. I have always avoided them as much as I could.

I was hospitalized twice this year because of psoriatic arthritis, where I spent two weeks in the hospital. I have been admitted before, but it's a very different experience when you are in the middle of a pandemic. There were so many restrictions, I could not leave the ward, and it felt claustrophobic. It was a very stressful experience, especially during moments when the sirens of ambulances could be heard.

By my second hospitalization, 98% of my body was covered with red, blotchy scales. I was in so much pain that I had difficulty getting out of bed, let alone perform simple tasks like having a shower or holding a spoon to feed myself.

When the doctor saw how severe my condition was, he suggested that I try biologics. There was an option for patients to sign up for a trial of seven doses. At that point, I was on the verge of giving up because nothing else seemed to be working. I was so tired of dealing with the physical and psychological pain, that I immediately agreed and signed up for the program.

After the first dose, I could notice an improvement in my condition. After the second dose, my skin was starting to be clear of psoriasis. It has not felt or looked this good since I was first diagnosed with psoriasis 12 years ago. Even my joint pain, swelling, and mobility problems caused by psoriatic arthritis have improved significantly.

One of the first things I did when I was feeling better was to make an appointment for a haircut. It was so nice to finally get my hair cut. After so many years of covering myself from head to toe, I started wearing shorts again and spending more time with my friends. It made me so happy to enjoy the simple pleasures in life and to be able to do all the things I missed out due to psoriasis.

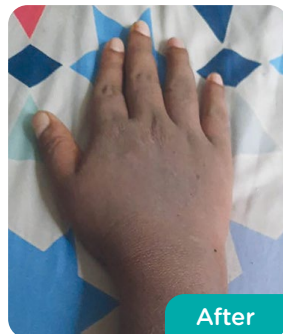
I just had my last dose of biologics injection recently. I have applied for the Medical Assistant Fund to continue my treatment. I am keeping my fingers crossed that my application will be approved soon so that I can continue to be happy, healthy, and stress-free.

Ananth

*By True Complexion\**



Before

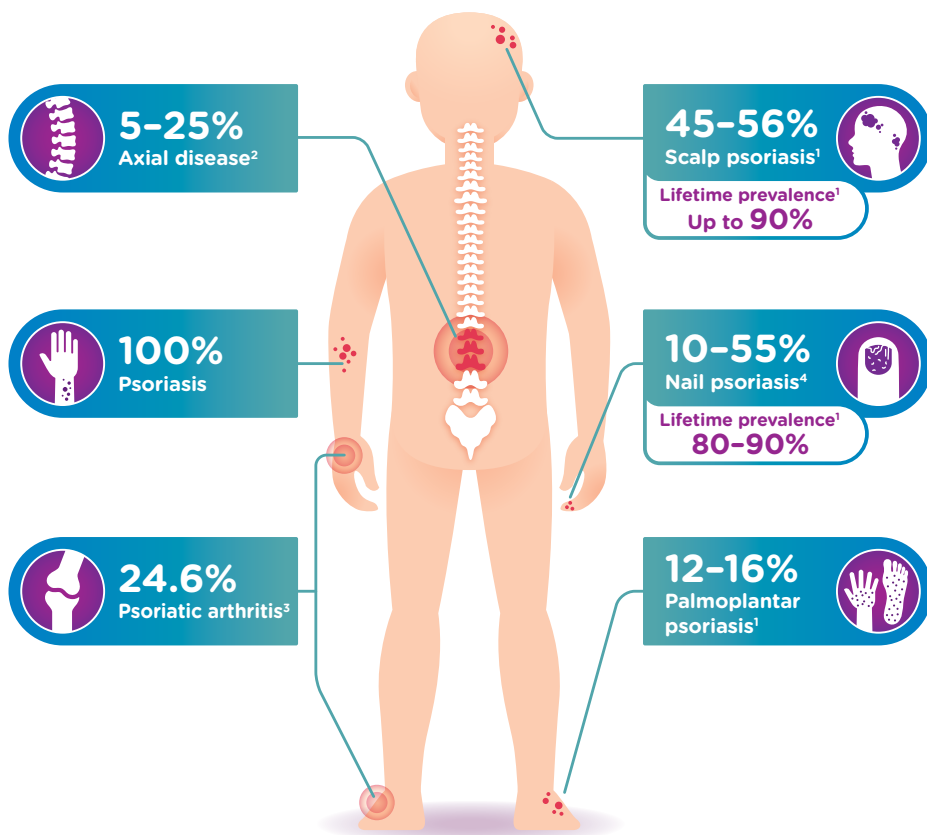


After

\* <https://mypsoriasis.my/there-is-always-hope-for-psoriasis>

# What is psoriasis and psoriatic arthritis?

- Psoriasis is a chronic, immune-mediated, non-communicable, inflammatory disease, characterized by the patches of inflamed skin.
- Did you know?
  - > Psoriasis is not just a skin disease but a systemic one that can affect your whole body, such as joints, cardiometabolic and mental health, collectively referred to as **psoriatic disease**.



# Psoriatic arthritis (PsA) at a glance

- Among a wide spectrum of psoriatic disease manifestations, PsA is a chronic, inflammatory disease of the joints and the places where tendons and ligaments connect to bone.
- Approximately 30-40% of psoriasis patients develop PsA.
- Psoriatic arthritis is divided into the following clinical domains.



**Psoriasis:** Typically precedes the symptoms of PsA. Lesions in scalp and intergluteal/perianal area can be associated with PsA.



**Dactylitis:** Swelling and tenderness of digits, with a sausage-like appearance.



**Axial arthritis:** Back pain and stiffness.



**Nail:** Changes in the nails, such as pitting (small depressions on the surface of the nail), thickening, ridges, and onycholysis (separation of the nail from the nail bed). Considered as a predictor of PsA.



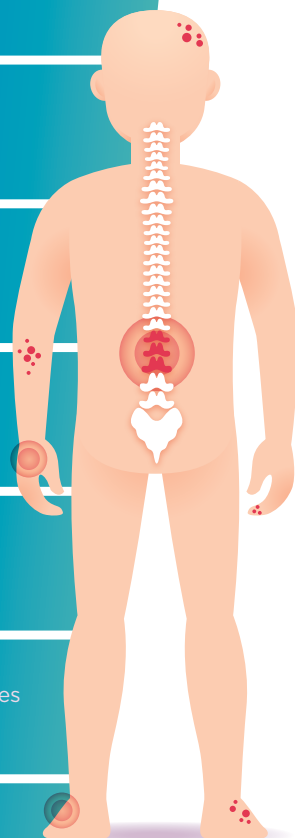
**Peripheral arthritis:** Stiffness, pain and swelling of joints.



**Enthesitis:** Swelling and tenderness in the sites of tendon insertion into bone.



**Comorbidities:** Disorders in eyes or bowel, cardiovascular disease, diabetes, depression and anxiety, malignancy, liver and kidney disease.



GRAPPA, Group for Research and Assessment of Psoriasis and Psoriatic Arthritis;  
PsA, psoriatic arthritis; QoL, quality of life

**References:** 1. Alinaghi F et al. *J Am Acad Dermatol*. 2019;80:251-265; 2. Villani AP, et al. *J Am Acad Dermatol*. 2015;73:242; 3. Reich K, et al. *Br J Dermatol*. 2009;160:1040; 4. Mease PJ, et al. *J Am Acad Dermatol*. 2013;69:729; 5. Bronckers IMGJ, et al. *Pediatr Drugs*. 2015;17:373-384; 6. Coates LC, et al. *Arthritis Rheumatol*. 2016;68:1060; 7. Wong PCH, et al. *Int J Rheumatol*. 2012; 2012:839425.

## Understand your risks for PsA

- If you have the following health conditions, you may have higher risk of developing PsA compared with those without.
- In addition, there seems to be a link between PsA and cardiovascular diseases. Presence of cardiometabolic comorbidities such as high blood pressure, hyperlipemia and type 2 diabetes appeared to be at an increased risk of PsA.

### HEALTH CONDITIONS

### PsA RISK INCREASE VS THOSE WITHOUT

Nail psoriasis



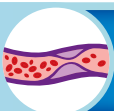
110%

> 10% of body  
surface area  
affected  
by Psoriasis



up to 120%\*

Hyperlipidemia



40%

High blood  
pressure



30%

Type 2  
diabetes



20%

Obesity



20%

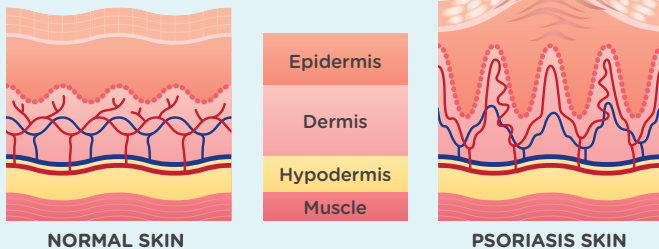
- It's important to talk to your doctor as soon as you can. A delay in diagnosis of PsA by as little as 6 months can lead to permanent joint damage.
- Take the quiz to find out your risk.

Please scan



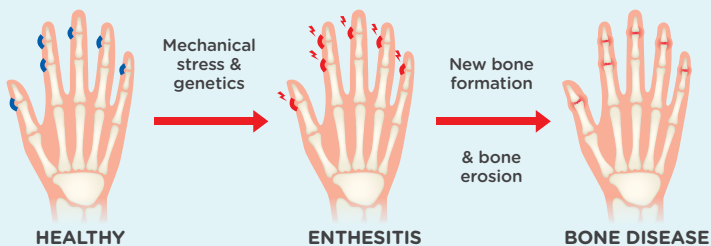
# What is happening in my body?

## Skin



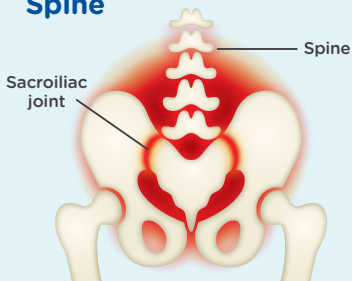
An overactive immune system can cause a rapid increase in skin cell production that leads to raised, scaly patches on the skin.

## Nails and fingers



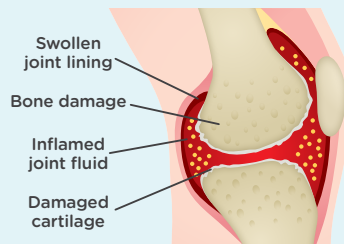
Inflammation at the places where the extensor tendon connects to the nail unit causes nail changes including nail pitting and oil spots. This is often correlated with inflammation and damage at the bones of fingertips.

## Spine



Inflammation often occurs starts at the bottom of the spine and sacroiliac joints where the ligaments and tendons attached to the bone, leading to bone fusion.

## Joints



Inflammation at the joints and the places where tendons and ligaments connect to bone can lead to swelling, pain, fatigue and stiffness. Left untreated, PsA can cause permanent joint damage.

## How is psoriasis/PsA treated?

- There are several effective treatments available to control your psoriasis/PsA. Your doctor may choose one or several in combination of available therapies targeted at your symptoms.

### Pharmacologic therapies



#### Topical treatments



#### Phototherapy



#### Non-steroidal anti-inflammatory drugs (NSAIDs)



#### Local corticosteroid injection



#### Conventional synthetic disease modifying anti-rheumatic drugs (csDMARDs)



#### Oral immunosuppressants



#### Advanced therapies

- TNF- $\alpha$  blocker
- IL-17 blocker
- IL-12/23 or IL-23 blocker
- Janus Kinase blocker

### Non-pharmacologic therapies

Your doctor may recommend physiotherapy, occupational therapy, and change of your lifestyle.



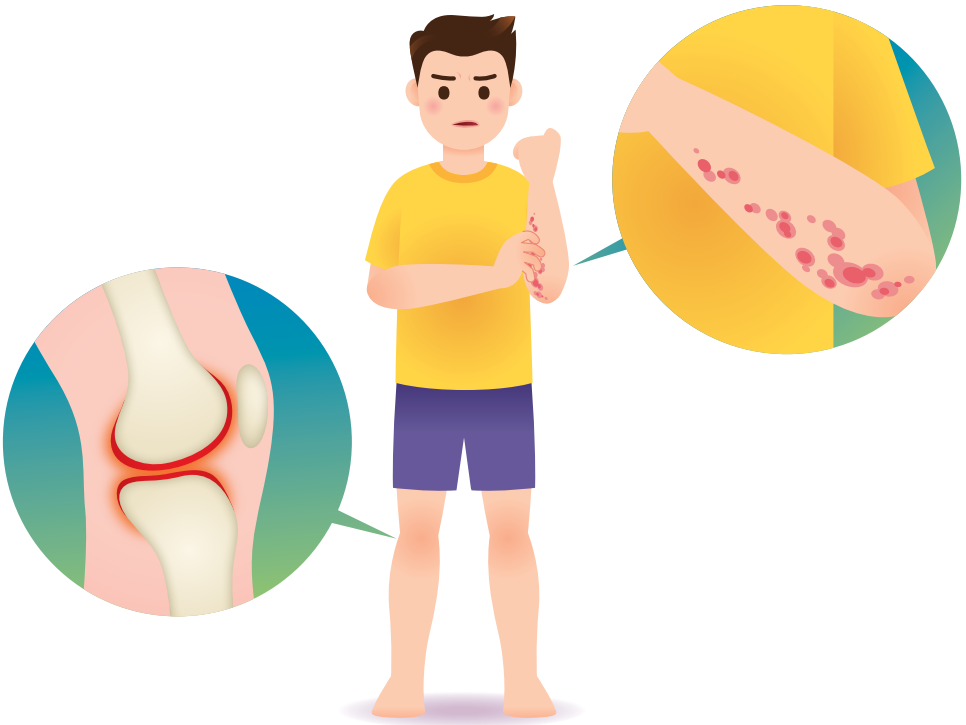
## Who can be offered advanced therapy treatment? How do they work?

Biologics are designed to block specific aspects of immune system that cause excessive inflammation.

Advanced therapy may be required if...

- You have tried the first-line treatments (NSAIDs\*, physiotherapy, topical treatments, phototherapy and/or csDMARDs\*\*, depending on your symptom) but you feel they aren't helping.
- You are not able to take the first-line treatments because they cause problems with your stomach or other medical conditions.
- You still feel pain, itch or discomfort from your symptoms.
- Your symptoms affect your ability to work, enjoy your family life or have a good quality of life.

To avoid any safety risks, you may not be eligible if you have certain disorders or serious infections. Talk to your doctor for details.



\* NSAIDs, non-steroidal anti-inflammatory drugs.

\*\* csDMARDs, conventional synthetic disease-modifying anti-rheumatic drugs.



## Identify your own treatment goals

- The general goal of treatment is



**To achieve lowest disease activity**



**To improve quality of life and well-being**



**To avoid structural damage and complications**

- Discuss your symptoms and how it affects your life with your doctor
- Share your preference in lifestyle and treatment

### For example



**“I am experiencing (symptom/s) ”**

**“I find (symptom/s) most uncomfortable.”**

**“I have difficulties in (action/s in daily life) ”**

**“ (Symptom/s) make me feel (feelings) .”**

**“I would like to get (results) and/or to become able to (action/s) in (period of time) .”**

### Ask your doctor about your treatment

- What treatment options you would recommend?
- Are there any treatments that make my life easier at work, school and leisure?
- What are the aims, risks and benefits of the treatment?
- Is there something I can do to manage my symptoms?
- How long would you expect to see good effects?
- If the severity of my symptoms has changed, what happens next?
- Would you have any suggestions for resources that might help me?



## Tips for your better life with psoriasis and PsA



In case you want to know more...



**Understanding Psoriasis and  
Psoriatic Arthritis:  
National Psoriasis Foundation**

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**GRAPPA patient guide to treatment**

Scan and  
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**My psoriasis PEST tool**

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**Arthritis Foundation Malaysia**

Peti Surat 10, Tingkat Bawah, Bangunan Sultan Salahuddin Abdul Aziz Shah,  
16 Jalan Utara, 46200 Petaling Jaya, Selangor, Malaysia.  
Tel: +603-7960 6177 <https://www.afm.org.my/>



**Novartis Corporation (Malaysia) Sdn Bhd (197101000541)**

Level 18, Imazium, No. 8, Jalan SS21/37 Damansara Uptown, 47400 Petaling Jaya, Selangor, Malaysia.  
Tel: +603-7682 7777 Fax: +603-7682 7000 [www.novartis.com.my](http://www.novartis.com.my)