

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/beyond-skin-deep/keys-to-identifying-psoriatic-arthritis/11794/>

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Keys to Identifying Psoriatic Arthritis

Announcer:

Welcome to *Beyond Skin Deep: Impacts of Psoriatic Arthritis on ReachMD*, sponsored by Lilly. On today's program, we'll hear from Dr. Robin Dore, Clinical Professor of Medicine at the David Geffen School of Medicine at UCLA in Los Angeles, California. Dr. Dore joins us to review the symptoms that can help us accurately diagnose psoriatic arthritis. Here's Dr. Dore now.

Dr. Dore:

Often patients will come in with a chief complaint of pain in their DIP joints, and I'll examine them, and it looks like it could be osteoarthritis, so it's important at that point that I look at their nails and see if there's any ridging in their nails that might be suggestive of psoriatic rather than osteoarthritis. If I don't see any ridging of the nails, then I'm going to look for evidence of psoriasis in other places, so behind their ears, in their periumbilical area, on their extremities. I'll, of course, ask them if they have any skin rashes, and sometimes they think it's not psoriasis—they'll tell me it's eczema—but asking that question because so many patients will think that they have or the clinician will think that they have only osteoarthritis, but there's inflammation, there's redness in the DIP joints, and that should certainly be a clue.

The other clue is if a patient has persistent Achilles tendinitis or plantar fasciitis, trying to figure out, well, is this an injury or is this chronic inflammation, again looking for evidence of psoriasis—or even if the patient doesn't have evidence of psoriasis, asking if there's a member of their family who might have psoriasis or might have other conditions associated with the seronegative spondyloarthropathies, such as inflammatory bowel disease, inflammatory eye disease, ankylosing spondylitis, might have chronic prostatitis, chronic cervicitis, other types of organ involvement that might be suggestive of one of the families of seronegative spondyloarthropathies.

Announcer:

This program was sponsored by Lilly. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com/beyond-skin-deep, where you can be part of the knowledge. Thanks for listening!