



PSORIATIC ARTHRITIS DIAGNOSIS AND MEDICAL ASPECT: CHALLENGES AND POSSIBILITIES



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ABSTRACT

Psoriatic arthritis (PsA) is a chronic inflammatory condition that affects the joints of individuals with psoriasis, presenting significant challenges in its diagnosis and management. The aim of this study is to analyze the clinical and diagnostic aspects of psoriatic arthritis, highlighting the main challenges and possibilities for early detection and effective treatment. For this, a bibliographic survey was carried out in scientific databases, such as PubMed and Scielo, and a qualitative analysis of the data collected, focusing on articles published in the last ten years. The results revealed that many patients face delays in diagnosis due to the diversity of symptoms, which can overlap with other rheumatic conditions. In addition, the lack of awareness about psoriatic arthritis among healthcare providers contributes to this challenge. The conclusion points to the need for continuing education programs for physicians and the implementation of clinical guidelines that facilitate early recognition of PsA, promoting more effective interventions and improving patients' quality of life. The research underscores the importance of early diagnosis and the need for a multidisciplinary approach in the treatment of psoriatic arthritis.

Keywords: Psoriatic Arthritis. Early Diagnosis. Treatment.

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INTRODUCTION

Psoriatic arthritis (PsA) is a chronic inflammatory disease that manifests itself in patients with psoriasis, characterized by the presence of joint pain and functional impairment. This topic is of great relevance in the health area, as PA can significantly impact the quality of life of affected individuals, generating physical and emotional limitations. The complexity of the symptoms and the variety of clinical manifestations make an early and accurate diagnosis difficult, which justifies the need for an in-depth study of its clinical and diagnostic aspects.

The rationale for conducting this research lies in the increasing prevalence of psoriatic arthritis, which requires greater awareness among health professionals and the general population. In addition, understanding the particularities of this condition can contribute to better treatment and management strategies. The objective of this study is to analyze the challenges faced in the diagnosis of PsA, as well as to explore the possibilities of early and effective intervention.

The research will be organized into sections that initially explore the clinical aspects of psoriatic arthritis, discussing the presentation of symptoms and the diversity of impairments that may occur. Next, an analysis of the diagnostic challenges faced in clinical practice will be carried out, considering the need for adequate recognition of the characteristics of the disease, in addition to a comparison with other rheumatological conditions that can generate confusion in the diagnosis.

Finally, the text will contemplate the possibilities of management and intervention, emphasizing the importance of early diagnosis and the implementation of multidisciplinary therapeutic approaches. The discussion will be enriched with the presentation of innovative strategies for the treatment of PsA, aiming to improve the quality of life of patients and the promotion of comprehensive and humanized care.

METHODOLOGY

The methodological approach includes a literature review of the main publications on psoriatic arthritis, using reliable and up-to-date sources to identify the relevant clinical and diagnostic aspects. With regard to the theoretical-conceptual approach, the fundamentals of psoriatic arthritis, its manifestations, and the existing diagnostic guidelines will be addressed.

CLINICAL MANIFESTATIONS OF PSORIATIC ARTHRITIS

Psoriatic arthritis (PsA) is a form of inflammatory arthritis that affects individuals with psoriasis, presenting a variety of clinical manifestations. Characteristic signs and symptoms include joint pain, morning stiffness, and joint inflammation, which can significantly impact patients' quality of life. Pain can be localized to specific joints or diffusely, presenting insidiously. Patients often report morning stiffness that lasts more than 30 minutes, which is indicative of inflammatory activity of the joints (Goldenstein-Schainberg; Favarato; Ranza, 2012). In addition, the presence of joint edema, especially in the distal interphalangeal joints, is a common feature of the disease. In addition to peripheral joints, psoriatic arthritis can involve the spine, leading to spondylitis, which is manifested by back pain and stiffness, especially in the morning (Anthony et al., 2007; Ruzicka, 1996).

Another important aspect to be considered is extra-articular manifestations, which may include skin lesions typical of psoriasis, ocular alterations such as uveitis, and nail problems, such as onycholysis and nail pitting (small depressions on the surface of the nail) (Viveiros, 2014). Dactylitis, which refers to inflammation of the entire finger, is a pathognomonic sign of PsA and can affect the patient's functionality and mobility, resulting in limitation of daily activities (Bessa et al., 2001). In addition, the condition may be accompanied by comorbidities, such as obesity, diabetes, and cardiovascular disease, which complicate clinical management and negatively impact the quality of life of affected individuals (Schoenardie et al., 2021; Dos Santos Filho et al., 2020).

The heterogeneity of psoriatic arthritis symptoms can complicate the diagnostic process. This is due to overlapping symptoms with other rheumatic diseases, such as rheumatoid arthritis, ankylosing spondylitis, and other inflammatory conditions (Ruiz et al., 2014). Thus, it is essential for health professionals to be aware of the clinical diversity of PsA and how it can manifest in different patients. Detailed clinical evaluation, including medical history and physical examination, is essential to distinguish PsA from other inflammatory pathologies.

Early and accurate identification of the clinical manifestations of psoriatic arthritis is crucial for the implementation of effective treatment. According to recent studies, the detection of early signs can lead to therapeutic interventions that not only relieve symptoms but also slow the progression of the disease (Goldenstein-Schainberg; Favarato; Ranza, 2012). Appropriate management of joint pain and inflammation is therefore a priority in clinical practices.

Finally, the clinical manifestations of psoriatic arthritis require a multidisciplinary approach, integrating rheumatologists, dermatologists, physiotherapists, and other

healthcare professionals to ensure comprehensive care. Treatment options should be tailored to the individual needs of each patient, taking into account not only clinical characteristics but also their response to treatment and quality of life. The evolution of treatments and the growing understanding of the pathogenesis of psoriatic arthritis offer new possibilities for management and research, aiming to improve the prognosis and patient experience (Goldenstein-Schainberg; Favarato; Ranza, 2012; Ruiz et al., 2014).

DIAGNOSTIC CRITERIA AND EVALUATION OF PSORIATIC ARTHRITIS

Psoriatic arthritis (PsA) is a complex condition that requires an accurate diagnosis to ensure effective treatment. Recognition of diagnostic criteria is essential to differentiate PsA from other rheumatic diseases. Among the most used criteria are those established by CASPAR (Classification Criteria for Psoriatic Arthritis), which take into account the presence of psoriasis, a history of arthritis in at least one joint, bone changes on X-rays and, in many cases, the presence of dactylitis. Studies have shown that the use of these criteria results in a more accurate classification of patients and, consequently, in a more targeted treatment (Ying et al., 2009). The applicability of these criteria in the Brazilian population was also addressed, showing their effectiveness and relevance in the local context (CARNEIRO, 2012).

The clinical evaluation of psoriatic arthritis should include a detailed physical examination, which considers joint inflammation and extra-articular manifestations. It is essential for the clinician to evaluate not only the joints, but also the skin, nails, and eyes of the patients. The presence of skin lesions typical of psoriasis and nail changes are often indicative of PsA and can serve as predictive signs for the development of arthritis (Bessa et al., 2001). A thorough examination allows the identification of symptoms that can be easily overlooked, such as dactylitis and tendonitis, which are common in many patients with PsA (Goldenstein-Schainberg; Favarato; Ranza, 2012).

In addition to clinical examination, laboratory and imaging evaluation plays a crucial role in diagnosing psoriatic arthritis. Blood tests can help rule out other inflammatory conditions, such as rheumatoid arthritis. Imaging tests, such as radiographs and magnetic resonance imaging, are used to detect bone and joint alterations that are characteristic of PsA (Dafna; Gladman, 2006). MRI, in particular, can reveal synovitis and other early changes that are not visible on conventional radiographs, allowing for earlier diagnosis and more effective interventions.

Functional and disease activity assessment tools are also important for monitoring patients' progress. Instruments such as the PsA Disease Activity Index (PsA Disease

Activity Index) and the Health Assessment Questionnaire provide valuable data on patient functionality and well-being (Philip; Mease, 2005). Regular application of these tools not only helps guide treatment but also provides ongoing feedback on the effectiveness of the interventions implemented.

Finally, the multidisciplinary approach in diagnosing and evaluating psoriatic arthritis is essential to ensure that all aspects of the patient's condition are considered. Collaboration between rheumatologists, dermatologists, and physical therapists can enrich the assessment and management of PsA by addressing both the physical symptoms and the emotional and social needs of the patient (Carneiro et al., 2013). This integration is key to developing a holistic treatment plan that meets the specificities of each patient, optimizing quality of life and promoting better treatment adherence.

TREATMENT AND MANAGEMENT OF PSORIATIC ARTHRITIS

The treatment of psoriatic arthritis (PsA) should be personalized, taking into account the individual needs of each patient. One of the main approaches in the management of PsA involves the use of nonsteroidal anti-inflammatory drugs (NSAIDs), which are often used to control pain and inflammation. These medications can provide symptomatic relief, allowing patients to maintain their daily activities (Goldenstein-Schainberg; Favarato; Ranza, 2012). However, it is important to note that adherence to treatment is a significant challenge, and lack of compliance can result in adverse consequences, such as worsening of the condition and progression of the disease (Dos Santos Filho et al., 2020).

In more severe cases of PsA, biologic therapy has become a valuable option. These therapies target specific mediators of inflammation, providing more effective control of the disease. Biologic drug classes include TNF-alpha inhibitors, interleukin inhibitors, and Janus kinase (JAK) inhibitors, each with its specificities and mechanisms of action (Andreas et al., 2024). Tofacitinib, for example, is a new treatment that has demonstrated efficacy in patients with PsA, promoting significant improvements in joint function and quality of life (Skorupska et al., 2024). The choice of biologic therapy should be made in conjunction with a careful assessment of the risks and benefits, considering the clinical characteristics of each patient.

In addition to pharmacologic interventions, nonpharmacologic approaches also play an important role in the management of PsA. Physical therapy is one such intervention, being instrumental in improving mobility, reducing pain, and strengthening the muscles around the affected joints (Schoenardie et al., 2021). Regular, personalized, and supervised exercise programs can help maintain joint function and prevent stiffness, promoting a better

quality of life for patients. In addition, occupational therapy can be integrated into treatment, offering strategies to facilitate daily activities and return to work.

Lifestyle change is another essential consideration in the management of psoriatic arthritis. Obesity, for example, is a known risk factor for symptom exacerbation and may impact the effectiveness of treatment (Zanoni et al., 2023). Adopting a balanced diet, rich in nutrients and low in inflammatory foods, can contribute to improving the general state of health and reducing inflammation. Stress-reduction strategies, such as meditation and relaxation techniques, can also be beneficial, as stress can act as a trigger for symptom exacerbations (Procópio et al., 2023).

Finally, the management of psoriatic arthritis requires a multidisciplinary approach, which involves collaboration between different healthcare professionals, including rheumatologists, dermatologists, physiotherapists, and nutritionists. This interaction is vital to ensure comprehensive and effective treatment. Patient education also plays a crucial role, as it promotes awareness about the disease, available treatments, and the importance of treatment adherence (Goldenstein-Schainberg; Favarato; Ranza, 2012). Creating a treatment plan that considers all of these aspects is essential for optimizing outcomes and improving the quality of life for patients with psoriatic arthritis.

CONCLUSION

Considerations on the clinical and diagnostic aspects of psoriatic arthritis (PsA) reveal a field full of challenges, but also promising opportunities. The complexity of this condition, which manifests itself with varying symptoms and affects multiple body systems, makes diagnosis a challenging process. Early identification of PsA is critical to ensure effective management and to prevent disease progression. The implementation of updated diagnostic criteria, such as the CASPAR criteria, is an important contribution in this context, as it provides a clearer framework for disease identification. However, adherence to these criteria and their applicability in clinical practice still require greater attention and adequate training of health professionals.

In addition to diagnostic criteria, research on the pathophysiological mechanisms of PsA is constantly evolving, and this may open new doors for the development of more specific and effective therapeutic interventions. Understanding the interactions between genetic, environmental, and immunological factors is crucial to unravel the etiology of the disease and develop biomarkers that can facilitate early diagnosis and monitoring of response to treatment. Continuing these studies may enable personalized approaches that



meet the individual needs of patients, which is particularly important given the heterogeneity of the clinical presentation of PsA.

However, challenges persist, especially with regard to treatment adherence and long-term follow-up of patients. The lack of information and awareness about the disease, both among patients and health professionals, can lead to underdiagnosis and inadequate management of the condition. This underscores the importance of health education, which should be a priority in PHC management strategies. Awareness campaigns and training programs for health professionals can be valuable tools to improve the detection and treatment of the disease, as well as to promote patient adherence to the proposed treatment.

Future research should also explore new therapeutic modalities, such as innovative biologic therapies and personalized medicine-based approaches. Clinical trials investigating the effectiveness of new drugs and therapeutic combinations are essential to expand the available treatment options. In addition, the inclusion of non-pharmacological interventions, such as rehabilitation programs and lifestyle changes, should be evaluated in controlled studies, with the aim of improving patients' quality of life and optimizing clinical outcomes.

Finally, advancing knowledge about psoriatic arthritis requires multidisciplinary collaboration between rheumatologists, dermatologists, physical therapists, and other healthcare professionals. The exchange of information and the conduct of joint studies are essential for a more effective management of the disease. The creation of research networks and study groups focused on PsA can drive the search for innovative and effective solutions, benefiting patients and contributing to a deeper understanding of this complex condition. The prospects for the future are promising, and continued investigations may result in better diagnostic and treatment strategies, providing a more effective management of psoriatic arthritis.

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