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LIVING WITH

SEPTEMBER 2020

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SUPPORT
TEAM**
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COMPLIMENTARY COPY
TAKE ONE HOME





LEARN MORE ABOUT...

Psoriatic Arthritis

- Treatment options
- Managing PsA symptoms
- How PsA affects your body



THE LATEST

RESEARCH

43%

Percentage increase in risk of heart disease for people with psoriatic arthritis compared with the general population. Ask your doctor about your odds.

SOURCE: Arthritis Care & Research

TRIAL AND ERROR

Many drugs are available to treat psoriatic arthritis. But doctors can't just predict which one will work best for each patient. It can take a long process of trial and error to get relief. But that could soon change. In an experiment, researchers found that whether immune cells in test tubes responded to a given arthritis drug depended on the unique makeup of each cell. They now know the characteristics of cells that respond to nine different psoriatic arthritis drugs. The next step of their research is to see if the drugs work in people the way they did in test tubes.

SOURCE: Rheumatology

7.5 MILLION

Number of people in the U.S. who have psoriatic arthritis.

SOURCE: Arthritis Foundation

INFLAMMATORY RESPONSE

The body uses inflammation as a weapon to ward off illness and infection. But in psoriatic arthritis and other inflammatory autoimmune diseases, inflammation gets out of control and attacks the body instead. A defect in a protein called A20 could be behind the unchecked inflammation that leads to these diseases, new research shows. The study identified the two specific parts of this protein that enable it to control inflammation. Without these crucial parts, inflammatory disease can develop. The finding could lead to a new type of treatment—that targets this protein—and addresses multiple autoimmune diseases.

SOURCE: Nature Immunology

VACCINE UPDATE

TNF inhibitors, a type of medication that reduces inflammation and painful symptoms of psoriatic arthritis, shift the immune system into low gear. That's why getting infected with viruses like shingles can be very dangerous for people who take these drugs. In theory, vaccines that contain the live but weakened virus could also be risky. But new research may put those concerns to rest. In a study of 612 adults over age 50 who take TNF inhibitors, half received the live shingles vaccine. Over the following six weeks, no one developed a vaccine-related infection. Shingles and other live vaccines could be safe for people who use these medications.

SOURCE: American College of Rheumatology Annual Meeting

For more information and exclusive videos, visit webmd.com/psatips



LEAN IN

HOW TO GET THE SUPPORT YOU NEED TO LIVE WITH PSORIATIC ARTHRITIS

By Sonya Collins

Reviewed by Brunilda Nazario, MD,
WebMD Senior Medical Editor

Medications and lifestyle changes can help you take control of your psoriasis and psoriatic arthritis symptoms. But the conditions can come with other challenges besides pain. Don't let unexpected obstacles catch you off guard. Learn about the support that's available to you, so it's there when you need it.

EMOTIONAL SUPPORT

Psoriatic arthritis puts you at a slightly higher risk for depression and anxiety. "The impacts of the condition go beyond the arthritis itself and can lead to depression," says Rajat Bhatt, MD, a rheumatologist at Prime Rheumatology in Richmond, TX.

Know the signs of depression, which include consistent sadness, emptiness, hopelessness, or loss of interest in things that used to bring you pleasure. If you think you might be depressed, there is treatment. Ask your health care provider for help.

Of course, psoriatic arthritis doesn't lead to depression in everyone. Still, you might benefit from a network of people who understand what you are going through. "If you feel stigmatized, the first thing we recommend is to get into a support group," Bhatt says. To find a group near you, numerous arthritis advocacy organizations offer directories online.

FINANCIAL SUPPORT Arthritis medications can be expensive. Many pharmaceutical companies offer help paying for them. A number of nonprofit organizations and some government agencies provide assistance, too. The National Psoriasis Foundation has a list of

financial resources to help with drug costs on its website.

You can also get tax breaks on health costs. Flexible spending accounts (a benefit offered by some employers) and health savings accounts (an account you set up yourself) allow you to set aside some of your income, tax-free, to cover your health expenses. You can also get a tax break on costs that surpass 10% of your annual income. That is, if your adjusted gross income is \$60,000, you can deduct yearly health costs that total more than \$6,000 on your annual tax return.

WORKPLACE SUPPORT

For many people with psoriatic arthritis, the condition doesn't interfere with their ability to work. But if you need a more comfortable workspace or the option to work from home occasionally, the Americans with Disabilities Act allows you to request reasonable accommodations that will help you do your job.

"But, understand that it's a balance. You may need

These nonprofit organizations provide information, resources, and support to people living with psoriatic arthritis:

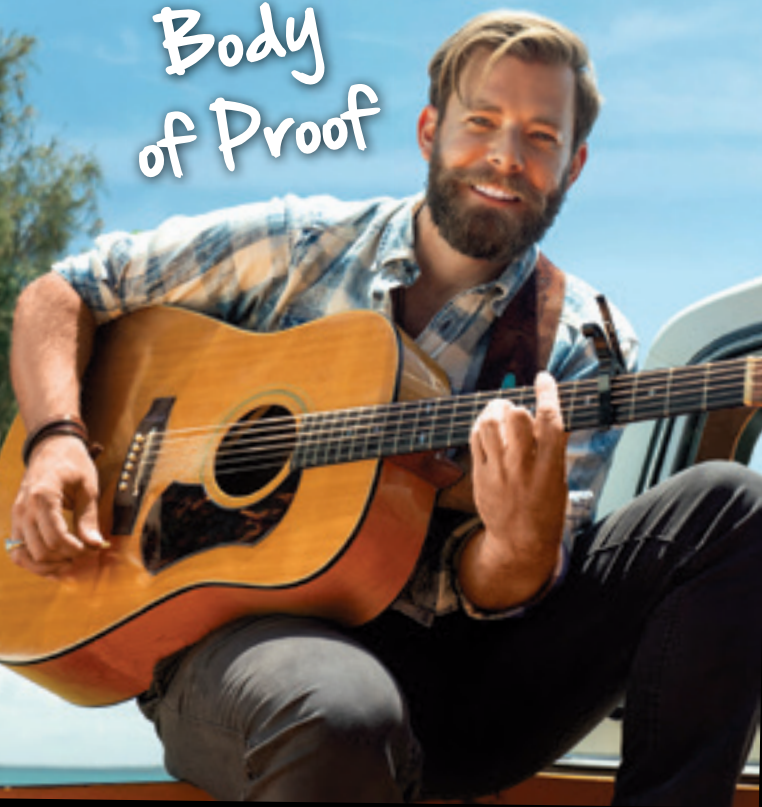
- Arthritis Foundation
- National Psoriasis Foundation
- Spondylitis Foundation of America
- Rheumatoid Arthritis Support Network
- American Autoimmune Related Diseases Association

accommodations, but stay active and try not to become dependent on them," Bhatt says.

SELF-SUPPORT

When you live with a lifelong condition, it's important to be your own advocate. No one can take better care of you than you. Stay up to date on your condition and the newest treatments available for it. "This is an evolving field with new medications coming out all the time. Unless you ask though, your doctor might not switch you to a more effective prescription. Always ask questions."

I have Psoriatic Arthritis,
and this is my
Body
of Proof



Proof of
Less
Joint Pain*

and
Clearer
Skin*



Ask your rheumatologist about the
#1 Prescribed Biologic for PsA†

†Integrated Symphony Health (PatientSource) and IQVIA (NPA, NSP) through
proprietary method on diagnosis classification February 2015-February 2019.

*In one study of adults with psoriatic arthritis, HUMIRA significantly reduced the signs and symptoms of PsA in 3 months for most people. Of those evaluated for skin symptoms, most saw 75% skin clearance at 24 weeks. HUMIRA was shown to prevent further joint damage at 48 weeks. Individual results may vary.

HUMIRA® (adalimumab) has been prescribed for over 14 years to fight psoriatic arthritis. It's proven to help relieve joint pain, prevent irreversible joint damage, and help clear skin.

What's your Body of Proof?
Visit WantMoreProof.com to learn more.



HUMIRA Use¹

HUMIRA is a prescription medicine used alone or with certain other medicines to reduce the signs and symptoms of psoriatic arthritis in adults, may prevent further damage to your bones and joints, and may help your ability to perform daily activities.

Important Safety Information About HUMIRA® (adalimumab)¹

What is the most important information I should know about HUMIRA?

You should discuss the potential benefits and risks of HUMIRA with your doctor. HUMIRA is a TNF blocker medicine that can lower the ability of your immune system to fight infections. You should not start taking HUMIRA if you have any kind of infection unless your doctor says it is okay.

- **Serious infections have happened in people taking HUMIRA. These serious infections include tuberculosis (TB) and infections caused by viruses, fungi, or bacteria that have spread throughout the body. Some people have died from these infections.** Your doctor should test you for TB before starting HUMIRA, and check you closely for signs and symptoms of TB during treatment with HUMIRA, even if your TB test was negative. If your doctor feels you are at risk, you may be treated with medicine for TB.
- **Cancer.** For children and adults taking TNF blockers, including HUMIRA, the chance of getting lymphoma or other cancers may increase. There have been cases of unusual cancers in children, teenagers, and young adults using TNF blockers. Some people have developed a rare type of cancer called hepatosplenic T-cell lymphoma. This type of cancer often results in death. If using TNF blockers including HUMIRA, your chance of getting two types of skin cancer (basal cell and squamous cell) may increase. These types are generally not life-threatening if treated; tell your doctor if you have a bump or open sore that doesn't heal.

What should I tell my doctor BEFORE starting HUMIRA?
Tell your doctor about all of your health conditions, including if you:

- Have an infection, are being treated for infection, or have symptoms of an infection
- Get a lot of infections or infections that keep coming back
- Have diabetes
- Have TB or have been in close contact with someone with TB, or were born in, lived in, or traveled where there is more risk for getting TB
- Live or have lived in an area (such as the Ohio and Mississippi River valleys) where there is an increased risk for getting certain kinds of fungal infections, such as histoplasmosis, coccidioidomycosis, or blastomycosis. These infections may happen or become more severe if you use HUMIRA. Ask your doctor if you are unsure if you have lived in these areas
- Have or have had hepatitis B
- Are scheduled for major surgery
- Have or have had cancer
- Have numbness or tingling or a nervous system disease such as multiple sclerosis or Guillain-Barré syndrome
- Have or had heart failure
- Have recently received or are scheduled to receive a vaccine. HUMIRA patients may receive vaccines, except for live vaccines. Children should be brought up to date on all vaccines before starting HUMIRA
- Are allergic to rubber, latex, or any HUMIRA ingredients
- Are pregnant, planning to become pregnant, breastfeeding, or planning to breastfeed
- Have a baby and you were using HUMIRA during your pregnancy. Tell your baby's doctor before your baby receives any vaccines

Also tell your doctor about all the medicines you take. You should not take HUMIRA with ORENCIA® (abatacept), KINERET® (anakinra), REMICADE® (infliximab), ENBREL® (etanercept), CIMZIA® (certolizumab pegol), or SIMPONI® (golimumab). Tell your doctor if you have ever used RITUXAN® (rituximab), IMURAN® (azathioprine), or PURINETHOL® (mercaptopurine, 6-MP).

What should I watch for AFTER starting HUMIRA?

HUMIRA can cause serious side effects, including:

- **Serious infections.** These include TB and infections caused by viruses, fungi, or bacteria. Symptoms related to TB include a cough, low-grade fever, weight loss, or loss of body fat and muscle.
- **Hepatitis B infection in carriers of the virus.** Symptoms include muscle aches, feeling very tired, dark urine, skin or eyes that look yellow, little or no appetite, vomiting, clay-colored bowel movements, fever, chills, stomach discomfort, and skin rash.
- **Allergic reactions.** Symptoms of a serious allergic reaction include hives, trouble breathing, and swelling of your face, eyes, lips, or mouth.
- **Nervous system problems.** Signs and symptoms include numbness or tingling, problems with your vision, weakness in your arms or legs, and dizziness.
- **Blood problems** (decreased blood cells that help fight infections or stop bleeding). Symptoms include a fever that does not go away, bruising or bleeding very easily, or looking very pale.
- **Heart failure** (new or worsening). Symptoms include shortness of breath, swelling of your ankles or feet, and sudden weight gain.
- **Immune reactions including a lupus-like syndrome.** Symptoms include chest discomfort or pain that does not go away, shortness of breath, joint pain, or rash on your cheeks or arms that gets worse in the sun.
- **Liver problems.** Symptoms include feeling very tired, skin or eyes that look yellow, poor appetite or vomiting, and pain on the right side of your stomach (abdomen). These problems can lead to liver failure and death.
- **Psoriasis** (new or worsening). Symptoms include red scaly patches or raised bumps that are filled with pus.

Call your doctor or get medical care right away if you develop any of the above symptoms.

Common side effects of HUMIRA include injection site reactions (pain, redness, rash, swelling, itching, or bruising), **upper respiratory infections** (sinus infections), **headaches, rash, and nausea.** These are not all of the possible side effects with HUMIRA. Tell your doctor if you have any side effect that bothers you or that does not go away.

Remember, tell your doctor right away if you have an infection or symptoms of an infection, including:

- | | | |
|----------------------------|--|------------------------------------|
| • Fever, sweats, or chills | • Weight loss | • Burning when you urinate |
| • Muscle aches | • Warm, red, or painful skin or sores on your body | • Urinating more often than normal |
| • Cough | • Diarrhea or stomach pain | • Feeling very tired |
| • Shortness of breath | | |
| • Blood in phlegm | | |

HUMIRA is given by injection under the skin.

This is the most important information to know about HUMIRA. For more information, talk to your health care provider.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit AbbVie.com/myAbbVieAssist to learn more.

Reference: 1. HUMIRA Injection [package insert]. North Chicago, IL: AbbVie Inc.

Please see adjacent pages for brief summary of Prescribing Information.

HUMIRA® (Hu-MARE-ah)
(adalimumab) injection

Patient Information

What is the most important information I should know about HUMIRA?

HUMIRA is a medicine that affects your immune system. HUMIRA can lower the ability of your immune system to fight infections. **Serious infections have happened in people taking HUMIRA. These serious infections include tuberculosis (TB) and infections caused by viruses, fungi or bacteria that have spread throughout the body. Some people have died from these infections.**

- Your doctor should test you for TB before starting HUMIRA.
- Your doctor should check you closely for signs and symptoms of TB during treatment with HUMIRA.

You should not start taking HUMIRA if you have any kind of infection unless your doctor says it is okay.

Before starting HUMIRA, tell your doctor if you:

- think you have an infection or have symptoms of infection such as:

- fever, sweats, or chills
 - muscle aches
 - cough
 - shortness of breath
 - blood in phlegm
 - warm, red, or painful skin or sores on your body
 - diarrhea or stomach pain
 - burning when you urinate or urinate more often than normal
 - feel very tired
 - weight loss

- are being treated for an infection
- get a lot of infections or have infections that keep coming back
- have diabetes
- have TB, or have been in close contact with someone with TB
- were born in, lived in, or traveled to countries where there is more risk for getting TB. Ask your doctor if you are not sure.
- live or have lived in certain parts of the country (such as the Ohio and Mississippi River valleys) where there is an increased risk for getting certain kinds of fungal infections (histoplasmosis, coccidioidomycosis, or blastomycosis). These infections may happen or become more severe if you use HUMIRA. Ask your doctor if you do not know if you have lived in an area where these infections are common.
- have or have had hepatitis B
- use the medicine ORENCIA® (abatacept), KINERET® (anakinra), RITUXAN® (rituximab), IMURAN® (azathioprine), or PURINETHOL® (6—mercaptopurine, 6-MP).
- are scheduled to have major surgery

After starting HUMIRA, call your doctor right away if you have an infection, or any sign of an infection.

HUMIRA can make you more likely to get infections or make any infection that you may have worse.

Cancer

- For children and adults taking TNF-blockers, including HUMIRA, the chances of getting cancer may increase.
- There have been cases of unusual cancers in children, teenagers, and young adults using TNF-blockers.

Read the Medication Guide that comes with HUMIRA before you start taking it and each time you get a refill. There may be new information. This brief summary does not take the place of talking with your doctor about your medical condition or treatment.

- People with RA, especially more serious RA, may have a higher chance for getting a kind of cancer called lymphoma.
- If you use TNF blockers including HUMIRA your chance of getting two types of skin cancer may increase (basal cell cancer and squamous cell cancer of the skin). These types of cancer are generally not life-threatening if treated. Tell your doctor if you have a bump or open sore that does not heal.
- Some people receiving TNF blockers including HUMIRA developed a rare type of cancer called hepatosplenic T-cell lymphoma. This type of cancer often results in death. Most of these people were male teenagers or young men. Also, most people were being treated for Crohn’s disease or ulcerative colitis with another medicine called IMURAN® (azathioprine) or PURINETHOL® (6-mercaptopurine, 6—MP).

What is HUMIRA?

HUMIRA is a medicine called a Tumor Necrosis Factor (TNF) blocker. HUMIRA is used:

- To reduce the signs and symptoms of:
 - moderate to severe rheumatoid arthritis (RA) in adults.** HUMIRA can be used alone, with methotrexate, or with certain other medicines.
 - moderate to severe polyarticular juvenile idiopathic arthritis (JIA) in children** 2 years and older. HUMIRA can be used alone, with methotrexate, or with certain other medicines.
 - psoriatic arthritis (PsA) in adults.** HUMIRA can be used alone or with certain other medicines.
 - ankylosing spondylitis (AS) in adults.**
 - moderate to severe Crohn’s disease (CD) in adults** when other treatments have not worked well enough.
 - moderate to severe Crohn’s disease (CD) in children** 6 years and older when other treatments have not worked well enough.
 - moderate to severe hidradenitis suppurativa (HS) in people 12 years and older.**

- In adults, to help get **moderate to severe ulcerative colitis (UC)** under control (induce remission) and keep it under control (sustain remission) when certain other medicines have not worked well enough. It is not known if HUMIRA is effective in people who stopped responding to or could not tolerate TNF-blocker medicines.
- To treat moderate to severe chronic (lasting a long time) plaque psoriasis (Ps) in adults** who have the condition in many areas of their body and who may benefit from taking injections or pills (systemic therapy) or phototherapy (treatment using ultraviolet light alone or with pills).
- To treat non-infectious intermediate, posterior, and panuveitis in adults and children 2 years of age and older.**

What should I tell my doctor before taking HUMIRA?

HUMIRA may not be right for you. Before starting HUMIRA, tell your doctor about all of your health conditions, including if you:

CONSUMER BRIEF SUMMARY
CONSULT PACKAGE INSERT FOR FULL
PRESCRIBING INFORMATION

- have an infection. See **“What is the most important information I should know about HUMIRA?”**
- have or have had cancer.
- have any numbness or tingling or have a disease that affects your nervous system such as multiple sclerosis or Guillain-Barré syndrome.
- have or had heart failure.
- have recently received or are scheduled to receive a vaccine. You may receive vaccines, except for live vaccines while using HUMIRA. Children should be brought up to date with all vaccines before starting HUMIRA.
- are allergic to rubber or latex. Tell your doctor if you have any allergies to rubber or latex.
 - The needle cover for the HUMIRA Pen 40 mg/0.8 mL, HUMIRA 40 mg/0.8 mL prefilled syringe, HUMIRA 20 mg/0.4 mL prefilled syringe, and HUMIRA 10 mg/0.2 mL prefilled syringe may contain natural rubber or latex.
 - The black needle cover for the HUMIRA Pen 80 mg/0.8 mL, HUMIRA 80 mg/0.8 mL prefilled syringe, HUMIRA Pen 40 mg/0.4 mL, HUMIRA 40 mg/0.4 mL prefilled syringe, HUMIRA 20 mg/0.2 mL prefilled syringe, HUMIRA 10 mg/0.1 mL prefilled syringe and the vial stopper on the HUMIRA institutional use vial are not made with natural rubber or latex.
- are allergic to HUMIRA or to any of its ingredients. See the end of this Medication Guide for a list of ingredients in HUMIRA.
- are pregnant or plan to become pregnant, breastfeeding or plan to breastfeed. You and your doctor should decide if you should take HUMIRA while you are pregnant or breastfeeding.
- have a baby and you were using HUMIRA during your pregnancy. Tell your baby’s doctor before your baby receives any vaccines.

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Especially tell your doctor if you use:

- ORENCIA® (abatacept), KINERET® (anakinra), REMICADE® (infliximab), ENBREL® (etanercept), CIMZIA® (certolizumab pegol) or SIMPONI® (golimumab), because you should not use HUMIRA while you are also using one of these medicines.
- RITUXAN® (rituximab). Your doctor may not want to give you HUMIRA if you have received RITUXAN® (rituximab) recently.
- IMURAN® (azathioprine) or PURINETHOL® (6—mercaptopurine, 6-MP).

Keep a list of your medicines with you to show your doctor and pharmacist each time you get a new medicine.

How should I take HUMIRA?

- HUMIRA is given by an injection under the skin. Your doctor will tell you how often to take an injection of HUMIRA. This is based on your condition to be treated. **Do not inject HUMIRA more often than you were prescribed.**
- See the **Instructions for Use** inside the carton for complete instructions for the right way to prepare and inject HUMIRA.

- Make sure you have been shown how to inject HUMIRA before you do it yourself. You can call your doctor or 1-800-4HUMIRA (1-800-448-6472) if you have any questions about giving yourself an injection. Someone you know can also help you with your injection after they have been shown how to prepare and inject HUMIRA.
- Do not** try to inject HUMIRA yourself until you have been shown the right way to give the injections. If your doctor decides that you or a caregiver may be able to give your injections of HUMIRA at home, you should receive training on the right way to prepare and inject HUMIRA.
- Do not miss any doses of HUMIRA unless your doctor says it is okay. If you forget to take HUMIRA, inject a dose as soon as you remember. Then, take your next dose at your regular scheduled time. This will put you back on schedule. In case you are not sure when to inject HUMIRA, call your doctor or pharmacist.
- If you take more HUMIRA than you were told to take, call your doctor.

What are the possible side effects of HUMIRA?

HUMIRA can cause serious side effects, including:

See “What is the most important information I should know about HUMIRA?”

- Serious Infections.** Your doctor will examine you for TB and perform a test to see if you have TB. If your doctor feels that you are at risk for TB, you may be treated with medicine for TB before you begin treatment with HUMIRA and during treatment with HUMIRA. Even if your TB test is negative your doctor should carefully monitor you for TB infections while you are taking HUMIRA. People who had a negative TB skin test before receiving HUMIRA have developed active TB. Tell your doctor if you have any of the following symptoms while taking or after taking HUMIRA:

- cough that does not go away
 - low grade fever
 - weight loss
 - loss of body fat and muscle (wasting)

- Hepatitis B infection in people who carry the virus in their blood.** If you are a carrier of the hepatitis B virus (a virus that affects the liver), the virus can become active while you use HUMIRA. Your doctor should do blood tests before you start treatment, while you are using HUMIRA, and for several months

after you stop treatment with HUMIRA. Tell your doctor if you have any of the following symptoms of a possible hepatitis B infection:

- muscle aches
 - feel very tired
 - dark urine
 - skin or eyes look yellow
 - little or no appetite
 - vomiting
 - clay-colored bowel movements
 - fever
 - chills
 - stomach discomfort
 - skin rash
- Allergic reactions.** Allergic reactions can happen in people who use HUMIRA. Call your doctor or get medical help right away if you have any of these symptoms of a serious allergic reaction:
 - hives
 - trouble breathing

- Nervous system problems.** Signs and symptoms of a nervous system problem include: numbness or tingling, problems with your vision, weakness in your arms or legs, and dizziness.
- Blood problems.** Your body may not make enough of the blood cells that help fight infections or help to stop bleeding. Symptoms include a fever that does not go away, bruising or bleeding very easily, or looking very pale.
- New heart failure or worsening of heart failure you already have. Call your doctor right away** if you get new worsening symptoms of heart failure while taking HUMIRA, including:
 - shortness of breath
 - swelling of your ankles or feet

- sudden weight gain
- Immune reactions including a lupus-like syndrome.** Symptoms include chest discomfort or pain that does not go away, shortness of breath, joint pain, or a rash on your cheeks or arms that gets worse in the sun. Symptoms may improve when you stop HUMIRA.
- Liver Problems.** Liver problems can happen in people who use TNF-blocker medicines. These problems can lead to liver failure and death. Call your doctor right away if you have any of these symptoms:
 - feel very tired
 - poor appetite or vomiting
 - skin or eyes look yellow
 - pain on the right side of your stomach (abdomen)
- Psoriasis.** Some people using HUMIRA had new psoriasis or worsening of psoriasis they already had. Tell your doctor if you develop red scaly patches or raised bumps that are filled with pus. Your doctor may decide to stop your treatment with HUMIRA.

Call your doctor or get medical care right away if you develop any of the above symptoms. Your treatment with HUMIRA may be stopped.

Common side effects with HUMIRA include:

- injection site reactions: redness, rash, swelling, itching, or bruising. These symptoms usually will go away within a few days. Call your doctor right away if you have pain, redness or swelling around the injection site that does not go away within a few days or gets worse.
- upper respiratory infections (including sinus infections).
- headaches.
- rash.

These are not all the possible side effects with HUMIRA. Tell your doctor if you have any side effect that bothers you or that does not go away. Ask your doctor or pharmacist for more information.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective use of HUMIRA.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use HUMIRA for a condition for which it was not prescribed. Do not give HUMIRA to other people, even if they have the same condition. It may harm them.

This brief summary summarizes the most important information about HUMIRA. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about HUMIRA that is written for health professionals. For more information go to www.HUMIRA.com or you can enroll in a patient support program by calling 1-800-4HUMIRA (1-800-448-6472).

Manufactured by:

AbbVie Inc.
North Chicago, IL 60064, U.S.A.
US License Number 1889
Ref: 03-B772/20028639 Revised October, 2018

LAB-1387 **MASTER**

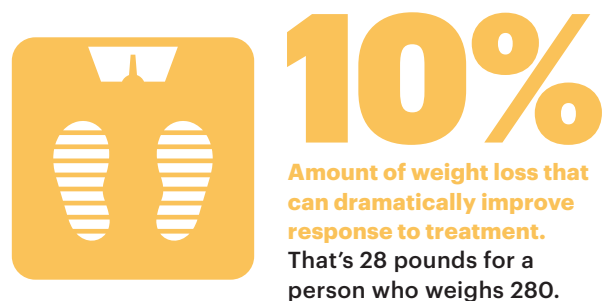
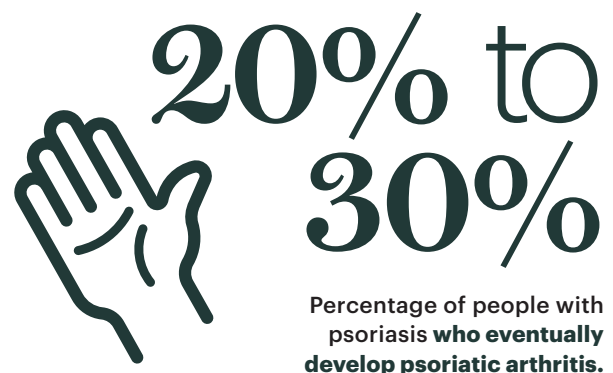
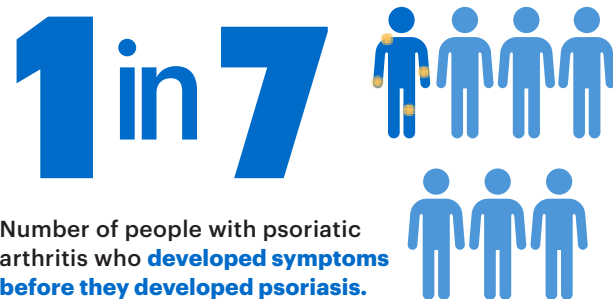
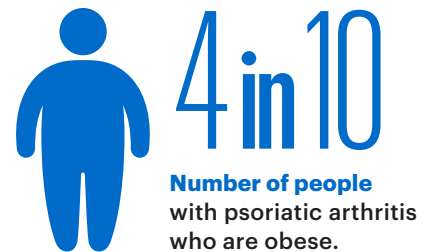
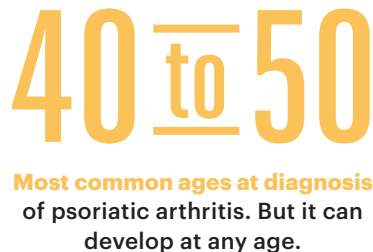
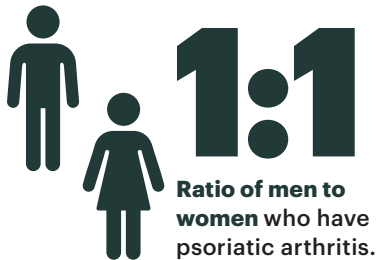
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abbvie



STATS & FACTS

By Sonya Collins

Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor



SOURCES: F1000 Research, UpToDate, Arthritis Foundation

SLEEP TIGHT

According to the National Sleep Foundation, these habits, called “sleep hygiene,” will help you achieve your best sleep. How many are a part of your routine?

- Stick to the same sleep schedule every day, even on the weekends.
- Establish a relaxing, nightly bedtime routine, which may include a bath or reading to help you settle down.
- Exercise daily.
- Keep the bedroom quiet, cool (about 60 to 67 degrees), and dark (turn phone screens and digital alarm clocks away from you).
- Avoid caffeine in the afternoon and evening, and don't consume alcohol late at night.
- Don't use electronics (TV, tablets, smartphones, etc.) in bed.



Read the article **Sleep Better With Psoriatic Arthritis** at webmd.com/psasleepbetter.

5 TIPS FOR LIVING WELL

TRY THESE STRATEGIES TO REDUCE SYMPTOMS AND FEEL BETTER

By Sonya Collins

Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor

Many parts of your daily life—your diet, sleeping habits, stress—can trigger psoriatic arthritis symptoms.

“When patients ask me what they can do, I focus on the things they can have some control over,” says Christine Stamatatos, a nurse practitioner in the Division of Rheumatology at Northwell Health in Long Island, NY. These are her tips.

KEEP STRESS IN CHECK

Some stress is a fact of life. But not all of it is completely necessary. Eliminate unnecessary stress. Learn to say no, or how to ask others for help, when you've got too much on your plate. As for the stressors that you can't scrap—like bills and deadlines—find a stress management technique that works for you. A few options include deep breathing or relaxation exercises, meditation, yoga, and physical exercise.

GET MOVING

Stress management is only one of the many benefits of exercise for people living with psoriatic arthritis. Regular exercise may reduce joint stiffness and pain. It can help you reach or maintain a healthy weight. That's important because extra pounds can

make your medications less effective.

A routine that includes physical activity may also improve your sleep—another key to living well with psoriatic arthritis.

PRIORITIZE SLEEP

Sleep and psoriatic arthritis have a two-way relationship. Your symptoms—or the distress your symptoms cause—can keep you up at night. At the same time, too little sleep can make physical and emotional symptoms worse.

“Sleep is not optional,” Stamatatos says. Adults ages 25 to 64 need seven to nine hours a night. Ask yourself: Do I have trouble falling asleep, staying asleep, or feeling rested after sleep? Each of these unique sleep problems may have a different cause and solution. Some problems require a doctor's attention. Or, you might solve them with better sleep hygiene. These habits include sticking to a set bedtime and wake-up time every day, keeping screens out of your bedroom, and following a relaxing, nightly bedtime routine.

EAT A HEALTHY, BALANCED DIET

For some people, certain foods can trigger a flare. Luckily, it's usually foods that aren't that good for you anyway. Pre-packaged processed foods, processed meats (like cold cuts and hot dogs), sugary beverages, and simple carbohydrates (think white bread and white rice) can cause inflammation. An anti-inflammatory diet that could reduce symptoms includes whole foods and whole grains, fresh fruits and vegetables, fish, beans, nuts, seeds, and legumes.

“There's not one recommended diet for arthritis,” Stamatatos says. “Focus on healthy choices, fresh whole foods, and balance calorie intake with activity level.”

TAKE PRESCRIBED MEDICATIONS

Lifestyle changes work in combination with medications to help prevent flares. If you follow all the lifestyle recommendations, Stamatatos says, but skip your medications, you won't achieve the best control over your symptoms.

ALLEVIATE SYMPTOMS

10 LIFESTYLE ADJUSTMENTS TO HELP EASE FLARES AND PAIN

By Matt McMillen

Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor

1 KNOW YOUR LIMITS

Remain as active as you can, but schedule rest breaks to recuperate.

2 TAKE A DIP

Swim or walk in a pool to exercise without joint stress.

3 IDENTIFY YOUR TRIGGERS

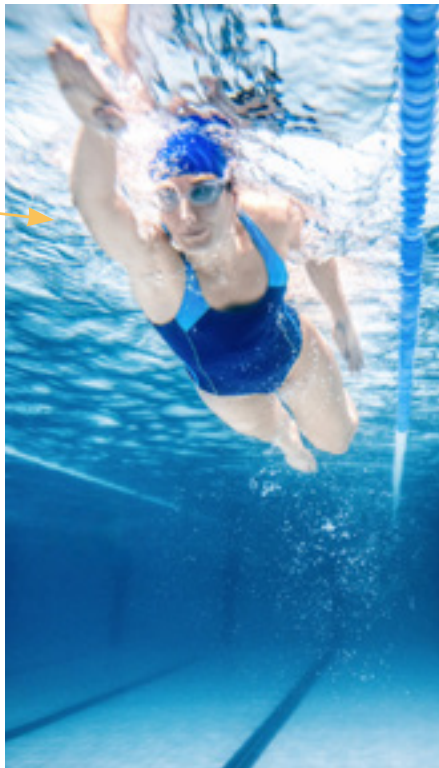
Write down what you were doing or eating when you had a flare.

4 RELIEVE STRESS

Try mindfulness meditation to reduce stress, which can trigger flares.

5 GET SUPPORT

Seek accommodations at work to make you more comfortable and productive.



6 CARE FOR YOUR SKIN

Moisturize to prevent dry skin and use fragrance-free products to avoid irritants.

7 PREPARE FOR PREGNANCY

Discuss your medications with your doctor before you conceive.

8 KNOW YOUR DISEASE

Be aware of non-joint symptoms that affect other parts of your body.

9 MAINTAIN INTIMACY

If you find sex painful, try new positions.

10 PREVENT FLARES

Take your medications as directed, even when you feel fine.

EXPERT TIPS

Elaine Husni, MD, MPH

rheumatologist, Cleveland Clinic, Cleveland, OH

“Avoid prolonged repetitive motions as much as possible. If your job requires you to type, for example, take regular, consistent breaks to give your hands a rest. Talk to your doctor or physical therapist about hand exercises that help increase the flexibility of your fingers.”

Tracy Nguyen-Oghalai, MD

rheumatologist and clinical assistant professor of medicine, the Keck School of Medicine, University of Southern California, Los Angeles

“Make a commitment to healthy eating. Focus on vegetables, fruits, complex carbohydrates, and white meats and skip extreme diets that cannot be maintained long term. Achieve and maintain a healthy weight to reduce the stress on weight-bearing joints such as your knees and hips. That will help relieve your joint pain.”

Zhanna Mikulik, MD

rheumatologist, The Ohio State University Wexner Medical Center, Columbus, OH

“If you smoke, quit. Smoking increases your risk of developing psoriasis. Not only that: It also may make you less responsive to the treatments available for both psoriasis and psoriatic arthritis. Talk to your doctor about the best smoking cessation program for you.”



EDDIE'S TIPS

Some things he's learned from living with psoriatic arthritis for nearly two decades:

Don't be afraid to talk to your doctor

Mention everything that's going on with you. You're your own best advocate. You know better than anyone else how you're feeling.

Know your limits—and you will have limits

Saying no is self-care. Too often we try to go along with what everyone else is doing, when in reality, we suffer in silence. Whenever I go beyond my limits I pay for it later.

Reach out to other people

Tap into others with psoriatic arthritis through organizations like the Arthritis Foundation (arthritis.org) or CreakyJoints (creakyjoints.org). Find out what's worked and what hasn't worked for them.

Think positive

No matter what happens, try to keep a good attitude. It's not helpful to get mired in depression or negative feelings.

MY STORY

LEARNING I HAD PSORIATIC ARTHRITIS IN MY 20S CAME AS A BIG SHOCK

By Eddie Applegate

Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor

For me, the psoriasis started before the arthritis. I developed red patches on my face and other areas of my body. I was in my 20s, so I thought it was acne at first. Then I started noticing a lot of pain and stiffness. I'd wake up stiff and sore, especially in my hands. Thankfully, I had a job where I didn't have to come in until later in the day. I needed to take four pain relievers and soak in the tub for 20 to 30 minutes each morning, just to stop feeling like the Tin Man.

I'm lucky, because when I went to an urgent care center the doctor looked at my face and the pitting in my nails, and within 15 seconds he said, "You have psoriatic arthritis." I'd never heard of psoriatic arthritis.

By the time I was officially

diagnosed in 2003, I had switched to an 8-to-5 office job. I didn't have the luxury of sitting in the tub each morning, waiting for my pain reliever to kick in. My arthritis pain was so bad that I would grunt and groan getting out of the car after my hour-long commute. The psoriasis was all over my legs, arms, elbows, back, and face. One Sunday morning during a full-on flare, I had the solo in my church choir. I felt like every eye was on me and everyone was wondering what was wrong with me. I knew I had to get on some sort of treatment.

My doctor put me on methotrexate to start and then added a biologic drug. The medicine didn't improve my psoriatic arthritis, but it did stem the tide and keep

my symptoms from getting worse. The problem was the side effects. I'd take my medicine on Friday, and I'd be so sick on Saturday that I would basically lie around all day. I was in my late 20s and I could barely do anything on the weekends.

After I switched jobs again, I saw another rheumatologist, who put me on a different biologic. This one was a life-changer. Within a few weeks, the plaques started to clear up. My face was clear for the first time in five years. The arthritis was also getting better. I could finally walk up steps. Within a few weeks after I started taking the new drug, people at my church were saying, "You look like you're in much less pain. You look better."

A few years ago, I began doing patient advocacy work with the Arthritis Foundation and CreakyJoints. I realized I was lucky enough to find a medicine that worked for me and truly changed my life. Now I'm pushing for more research so that everyone can have the same opportunity.



TARGETED TREATMENT

WHAT TO DO WHEN THE DRUG YOU'RE ON
DOESN'T IMPROVE YOUR SYMPTOMS

By Stephanie Watson

Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor

Finding the drug that will work best for you can take a few tries, says Ana-Maria Orbai, MD, assistant professor of medicine in the division of rheumatology at Johns Hopkins University School of Medicine. Learn how to fine-tune your treatment so you can start to feel better.

Q. WHAT SHOULD I DO IF MY TREATMENT ISN'T WORKING?

Your doctor will start with the treatment that is known to be most effective for the kind of psoriatic arthritis you have. But all people don't respond equally to the same therapy. For the majority of people that first option will work, but sometimes it may only partially work, not work at all, or not work for long.

Q. HOW LONG SHOULD I STAY ON THE DRUG I'M TAKING?

Before moving on to another medication, your doctor will want to make sure you've given your current drug a chance to show its full effect. I tell my patients they should wait up to three months. For certain drugs, it may take longer. If you don't give it enough time and stop before it starts fully acting, a drug may get prematurely labeled as ineffective for you.

But if a patient is in severe pain and their joints or fingers or toes are very swollen, I might not wait the full three months. Depending on their initial response, I may check in with them in four to six weeks. I also won't wait if a drug has significant side effects.

Q. WHAT ARE THE NEXT STEPS IF A DRUG ISN'T EFFECTIVE?

Once my patient and I decide that a drug isn't working, we may add another drug to the current regimen or replace it. It's more common to use the build-on approach if there is evidence the first drug is leading to at least some improvement. For example, if you've been on a drug like methotrexate for many years and it's no longer working as well, we may add a biologic.

Q. WHAT IF THE DRUG I'M ON STOPS WORKING?

Psoriatic arthritis is a chronic disease, and none of the available medications provide a cure. There's always a low level of disease activity in the body, and it can reemerge at some point. The therapy needs to be as dynamic as the disease.

Fortunately, several new psoriatic arthritis drugs have come out in the last

few years. The newer biologics target different aspects of the body's immune response to calm inflammation.

By having more options, we can individualize treatment to patients and get closer to the personalized medicine approach we're aiming for.

Studies are underway to look for biomarkers—substances in the blood or tissues that help us identify different subtypes of psoriatic arthritis. Knowing which subtype someone has could help better guide their treatment.

Q. WHAT SHOULD I DO IF I'M STRUGGLING TO RELIEVE MY SYMPTOMS?

Don't give up. Keep up with your appointments and keep trying to achieve your treatment goals. Check in with your doctor regularly about any modifications to your treatment that may help your current situation.



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