Psoriatic Arthritis: More than skin deep

Psoriasis is a skin condition characterized by plaques of red skin covered with silver colored scales, it affects between 2 percent and 4 percent of the general population. Usually patients are not aware that psoriasis can affect the joints. Up to 30 percent of people with psoriasis can develop a form of inflammatory arthritis called as psoriatic arthritis (PsA), which causes pain, stiffness and swelling in and around the joints. Most people with PsA have skin symptoms before joint symptoms. However, sometimes the joint pain and stiffness strikes first. In some cases, people get psoriatic arthritis without any skin changes.

The exact cause of PsA is not known. However, a combination of genetic, immune system abnormalities and environmental factors are believed to play a role. Types of Psoriatic Arthritis:

- Symmetric psoriatic arthritis. Affects joints on both sides of the body at the same time.
- Asymmetric psoriatic arthritis: Doesn’t appear in the same joints on both sides of the body.
- Distal psoriatic arthritis: Affects the ends of the fingers and toes, along with changes in nails such as pitting (as if pricked by a pin), white spots and lifting from the nail bed.
- Spondylitis: Pain and stiffness in the spine and neck.
- Arthritis mutilans: Considered the most severe form of PsA, deforms and destroys the joint.

In addition to joint symptoms, people sometimes have other symptoms which include:

- Swelling of a finger or toe called sausage finger or toe (dactylitis)
- Eye pain or redness
- Swelling in the areas where tendons attach to bones like back of the heel (enthesitis).

Moreover patients with PsA have an increased risk for cardiovascular disease. PsA is usually diagnosed based on clinical history, family history of psoriasis, exam and imaging tests. Blood work is done to look for inflammation and rule out other conditions.

While PsA can certainly affect an individual’s quality of life, the symptoms of the disease can be managed effectively. Paying attention to symptoms of the disease and addressing them as soon as they arise can, in fact, lead to positive outcomes.

Psoriasis is a chronic, inflammatory skin disease that affects 2% to 3% of the U.S. population. It is one of the most common autoimmune diseases. 

Types of Psoriatic Arthritis:

1. **Plaque Psoriasis**
   - Most common form
   - Large, red patches covered with silvery scales

2. **Guttate Psoriasis**
   - Appears suddenly with small, coin-shaped red patches

3. **Pustular Psoriasis**
   -突发性脓疱性皮炎
   - Red spots with pus-filled blisters

4. **Erythrodermic Psoriasis**
   - Extensive redness and scaling of the skin

5. **Inverse Psoriasis**
   - Affects areas of skin with friction, such as underarms and groins

6. **Psoriatic Arthritis**
   - Joint pain and inflammation in addition to skin symptoms

Psoriatic arthritis is a type of inflammatory arthritis that affects people with psoriasis. It can cause pain, stiffness, and swelling in joints and can also affect the spine, eyes, and skin. The Bristol Press

The good, bad and unknown about marijuana’s health effects

**By MALCOLM RITTER**

NEW YORK (AP) — It can almost certainly ease chronic pain and might help some people sleep, but it may also raise the risk of getting schizophrenia and trigger heart attacks.

Those are among the conclusions about marijuana reached by a federal advisory panel in a report released Thursday.

The experts also called for a national effort to learn more about marijuana and its chemical cousins, including similarly acting compounds called cannabinoids.

The current lack of scientific information “poses a public health risk,” said the report, from the National Academies of Sciences, Engineering and Medicine. Patients, health care professionals and policy makers need more evidence to make sound decisions, it said.

For marijuana users or those considering it, “there’s very little to guide them” on amounts and health risks, said Dr. Marie McCormick of the Harvard School of Public Health, who headed the committee.

Several factors have limited research. While the federal government has approved some medicines containing ingredients found in marijuana, it still classifies marijuana as illegal and imposes restrictions on research. So scientists have to jump through bureaucratic hoops that some find daunting, the report said.

A federal focus on paying for studies of potential harms has also hampered research into possible health benefits, the report said. The range of marijuana products available for study has also been restricted, although the government is expanding the number of approved suppliers.

Twenty-eight states and the District of Columbia have legal marijuana for a variety of medical uses, and eight of those states plus the district have also legalized it for recreational use.

The report lists nearly 100 conclusions about marijuana and its similarly acting chemical cousins, drawing on studies published since 1999. Committee members cautioned that most conclusions are based on statistical links between use and health, rather than direct demonstrations of cause and effect.

The review found strong evidence that marijuana can treat chronic pain in adults and that similar compounds ease nausea from chemotherapy, with varying degrees of evidence for treating muscle stiffness and spasms in multiple sclerosis.

Limited evidence says marijuana or the other compounds can boost appetite in people with HIV or AIDS, and ease symptoms of post-traumatic stress disorder, the report concluded. But it said there’s not enough research to say whether they’re effective for treating cancers, irritable bowel syndrome, epilepsy, or certain symptoms of Parkinson’s disease, or helping people beat addictions.

There may be more evidence soon: a study in Colorado is investigating the use of marijuana to treat PTSD in veterans.