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# A REVIEW PAPER ON USING NSAID (NON-STEROIDAL ANTI- INFLAMMATORY DRUG) FOR PSORIATIC ARTHRITIS

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**Abstract:** *Psoriatic arthritis (PsA) is a type of inflammatory arthritis. It affects nearly 1 million people in the United States, or 30% of population who have psoriasis. Psoriasis is a skin disease that causes a red, scaly rash, most often on your elbows, knees, ankles, feet, and hands. Psoriatic arthritis is an autoimmune condition. It causes when your body's immune system attacks healthy tissue by mistake. PsA most usually affects your skin and your joints, which can become swollen, stiff, and painful. Over time, if you don't treat it, the inflammation can damage joints and tissues.*

**Keywords:** *Psoriatic Arthritis, Inflammation, Pain, NON-STEROIDAL ANTI-INFLAMMATORY DRUG, (NSAID), Health care.*

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## I. INTRODUCTION

Psoriatic arthritis is a type of arthritis that affects some people who have psoriasis — a condition that results in red patches of skin topped with silvery scales. Most people develop psoriasis first and are later detected with psoriatic arthritis, but the joint problems can sometimes appear before skin patches appear. Joint pain, stiffness and swelling are the main signs and symptoms of psoriatic arthritis [1]. They can affect any part of your body, including your fingertips and spine, and can range from relatively mild to severe. In both psoriasis and psoriatic arthritis, disease flares may change with periods of remission [2]. No cure for psoriatic arthritis exists, so the target is on reducing symptoms and preventing affect to your joints. Without treatment, psoriatic arthritis may be disabling.

## II. NSAID FOR PSORIATIC ARTHRITIS

Both psoriatic arthritis and psoriasis are chronic diseases that get severe over time, but you may have periods when your symptoms improve or go into remission changing with times when symptoms become worse. Psoriatic arthritis can alter joints on just one side or on both sides of your body [3]. The signs and symptoms of psoriatic arthritis are often similar to those of rheumatoid arthritis. Both diseases result in joints to become painful, swollen and warm to the touch. However, psoriatic arthritis is more likely to also cause: Swollen fingers and toes. Psoriatic arthritis can result in painful, sausage-like swelling of your fingers and toes. You may also come-up with swelling and deformities in your hands and feet before having prominent joint symptoms [4].

Foot pain. Psoriatic arthritis can also result in pain at the points where tendons and ligaments attach to your bones — especially at the back of your heel (Achilles tendinitis) or in the sole of your foot (plantar fasciitis). Lower back pain. Some people develop a condition called spondylitis as a result of psoriatic arthritis. Spondylitis mainly causes inflammation of the joints between the vertebrae of your spine and in the joints between your spine and pelvis (sacroiliitis).



Fig. 1 Side Effects Of NSAID

When to see a doctor? If you have psoriasis, be aware to tell your doctor if you develop joint pain. Psoriatic arthritis can extremely damage your joints if left uncured. Causes: Psoriatic arthritis occurs when your body's immune system begins to affect healthy cells and tissue [5].

The abnormal immune response results in inflammation in your joints as well as over-synthesis of skin cells.

It's not completely clear why the immune system affects healthy tissue, but it appears likely that both genetic and surrounding factors play a role. Many patients with psoriatic arthritis have a family history of either psoriasis or psoriatic arthritis [6]. Researchers have find certain genetic markers that looks to be associated with psoriatic arthritis. Physical trauma or something in the atmosphere — such as a viral or bacterial contamination — may increase psoriatic arthritis in people with an inherited tendency.

### III. RISK FACTORS

Psoriasis. Having psoriasis is the sole biggest risk factor for evolving psoriatic arthritis. People who have pitted, deformed nails are especially prone to develop psoriatic arthritis. Your family history. Many patients with psoriatic arthritis have a parent or a sibling with the ailment. Although anyone can infect with psoriatic arthritis, it happens most often in adults between the ages of 30 and 50.



Fig. 2 Factors Can Increase Your Risk Of Psoriatic Arthritis

Several factors can increase your risk of psoriatic arthritis such a a small percentage of population with psoriatic arthritis suffer from arthritis mutilans — a severe, painful and disabling form of the disease. Over time, arthritis mutilans affects the small bones in the hands, especially the fingers, resulting in permanent deformity and disability. People who have psoriatic arthritis sometimes also come-up with eye problems such as pinkeye (conjunctivitis) or uveitis, which can result in painful, reddened eyes and blurred vision. They are also at greater risk of cardiovascular disease.

#### IV. CONCLUSION

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), both with and without prescription, Corticosteroid injections: Traditional, or non-biologic, Disease-Modifying Anti-Rheumatic Drugs (DMARDs), which may lessen inflammation and results in slow down or stop joint and tissue damage and increase of psoriatic arthritis, Biologic DMARDs, which have been genetically created to work upon specific immunological targets, such as tumour necrosis factor (TNF) and interleukins (IL), Biosimilar, which are category of biologic therapy that are extremely similar to an already approved biological product, Target-specific DMARDs, which work on particular cellular enzymes, such as phosphodiesterase type 4 (PDE4), to lessen inflammation and reduce joint pain, swelling and stiffness, Other medications, involve cyclosporine (brand names: Sandimmune, Neoral, Gengraf), Imuran (azathioprine), and others. In addition, common non-pharmacological treatment options used in PsA include physical or occupational therapy and phototherapy (light therapy) for psoriasis lesions. Physical and occupational therapy are often crucial interventions to protect the associated joints and maintain function.

#### V. REFERENCES

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