5 Signs It’s NOT Rheumatoid Arthritis (It Could Be Psoriatic Arthritis) Transcript

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Introduction: RA vs Psoriatic Arthritis

Welcome back to The Room Doc. I'm Dr. Andhra Subedi, a practicing rheumatologist. Today, we are talking about a mix-up that happens in rheuma-tology clinic every single day.

Patients are told they have rheume-tarifitis. They start treatment and they don't get better. The question becomes, why? Because they actually have Today, I'm going to show you the 5 differences between rheumatoid arthritis and psoriatic arthritis, and why getting the label right changes everything about your treatment.

Let me tell you about a patient of mine, let's name him James. James came to my clinic after two years of struggling. His knuckles were swollen, his doctor diagnosed him with rheumatoid arthritis and he was put on methotrexate.

But two year later, He was still in a lot of pain. He started noticing changes in his nail. His back was incredibly stiff in the mornings and one of those toes in His feet has swelled up like a sausage.

How RA and PsA Affect the Body

James did not have rheumatoid arthritis. he had thoracic arthritis and he has been on a wrong treatment plan for up to two years. To understand why this happens, you need to understand how these two diseases work.

Think of your immune system like a fire department. In both RA and psoriatic arthritis, the fire alarm is going off when there is no fire, but the fires in different rooms.

in rheumatoid arthritis the immune systems attack the synovium. the thin lining of the joint. It is like a fire in the wallpaper of your room. In psoriatic arthritis, the immune system attacks the emphasis.

The place where tendons attach to the bone, as well as skin and the nails. Now let me also make it simple what is emphasis? So, emphasis are those areas where your tendens meet the bones.

Typically, your heel is a common area. the side of elbows. front of your knees. Those are the area where you have a lot of emphasis. So, psoriatic arthritis attack those areas, but rheumatoid arthritis attacks the joint lining.

Joint Patterns and Dactylitis

We call that synovium. That brings us to the difference number two, the Joint Pattern. This is our biggest clue on making diagnosis of rheuomatoids arthritis and psoriasis arthritis.

Rheumatoid arthritis loves symmetry. If your right wrist is hurting, your left wrist usually hurts too. It also targets the middle knuckles, we call them MCP joints.

symmetric and random. You might have a solen right knee and a solo left pinky. Psoriatic arthritis also loves the fingertips we call that DIP joints and it causes something called Dactylitis where an entire finger or the toe swells up like a sausage just like James experienced.

So whole finger swelling Whole-toe swelling typically means psoriatic arthritis. Now the other major difference the skin and the nail tell the story. Up to 90% of the people with psoriasis arthritis will have changes in their nail like the teeny dents or pitting.

They also have psoroiasises but it can hide in those hiding areas.

Skin, Nails, and Rheumatoid Nodules

When we see patients who have joint pain, we typically check in scalp, the belly button area, gluteal cleft, which are the areas where sometimes psoriasis can be hidden.

And if we have psoriatic rash in these areas, that typically suggests psoreatic arthritis. Rheumatoid arthritis does not cause psoroiasi. Instead, Some rheumatoid arthritis patients can develop rheumeatoids nodules.

Those are formed a little bit lumpy under the skin, usually on a pressure point like your elbows. Rheumatoid nodule typically suggest rheuematoid arthritis rather than psoriatic arthritis.

Now let's go to the next difference between psoriatic and rheumatoid arthritis. Before I go further, if you like the video, please subscribe to our channel and don't forget to like and subscribe so that you get similar content for the future.

And also accept our gifts, the Holistic Rheumator Arthritis Guidebook as well as free smoothie and also stay until the end. I have some checklist that can use to differentiate between Psoriatis vs RHE.

Let's go to the difference number three, the blood tests. Rheumatoid arthritis is usually a seropositive, which means the block marker typically are positive in rheumatitis.

About 70 to 80 percent of the patients who have RA usually have a positive blood test that includes rheuma factor or anti CCP antibodies.

Blood Tests and Seronegative Disease

Psoriatic arthritis is seronegative, that means blood marker are negative. 95% of the psoriatis patients have completely normal negative blood test for these antibodies.

The inflammation is hiding in the tissues, not showing up in routine blood tests. There are few other blood markers that can help us understand inflammation such as C-reactive protein.

So C reactive protein is an important clue of inflammation that typically happens in both rheumatoid as well as psoriatic arthritis. Let's go to the difference number four, the spine.

Rheumatoid arthritis almost never attack the spine except very few of you may have some neck related arthritis due to RA. Psoriatic arthritis on the other hand affect the spines in up to 40% of the patient causing inflammatory back pain.

Now you might wonder, what is inflammatory back pain?

Spine Involvement and Inflammatory Back Pain

Inflammatory back is the back that typically happen in the morning when you wake up, nighttime backpain, and the backpack that improves as you are active, which is quite different from regular back-pains, from the regular arthritis which typically tend to cause problems when using your back, such as walking might hurt you, or if you're trying to bend, that might psoriatic arthritis is like a confused construction crew it destroys the bone but it also build new bone it cause new abnormal bone spurs in spine and other joints that is how we can separate psoriasis from rheumatoid arthritis Rheumatoid arthritis destroys the bone.

Psoriatic arthritis builds unnecessary bones. Now let me put it together why all these matter. The difference is number 5 explains everything. Right diagnosis equals right treatment.

We have incredible biologic medication today, but they target different inflammatory pathways. Medication that

block the IL-6 pathway work beautifully in rheumatoid arthritis, But they do absolutely nothing for psoriatic arthritis.

Medication that blocks the IL-17 or IL 23 pathway works wonders for psoriatic arthritis, but they do nothing for RA.

Why the Right Diagnosis Changes Treatment

If you have the wrong label, you get the right medication, and you don't feel better. Once we figured out that James, our patient, had psoriasis, everything changed.

we switched him to an IL-17 pathway medication. Within a few months, his sausage toe completely resolved. His nail started growing back healthy and clear and the morning back stiffness improved by 80%. He finally got his life back and all because we changed the level.

That's why it's very important to have the right diagnosis. If you are taking medication for rheumatoid arthritis, but you have psoriasis, nail changes, sausage digits, or severe low back pain, take a screenshot of the checklist right now.

Bring it to your next rheumiology appointment and ask the question, could this be psoriatic arthritis? If you like this video, please hit that subscribe button so we can keep bringing you the clarity and evidence-based care in rheumatology.

And don't forget to check the description below to download our free book as well as anti-inflammatory smoothie. This is Dr. Anand Subedi and I'll see you in the next video.

Bye bye.