

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/beyond-skin-deep/care-collaborations-for-psoriatic-arthritis-in-the-dermatology-setting/10151/>

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Care Collaborations for Psoriatic Arthritis in the Dermatology Setting

Announcer:

This is ReachMD, and you're listening to Beyond Skin Deep: Impacts of Psoriatic Arthritis, sponsored by Lilly.

On this episode titled, Detecting Psoriatic Arthritis in a Dermatology Setting, we will hear from Dr. Adrienne Rencic, Clinical Dermatologist and owner at Rencic Dermatology.

Dr. Rencic:

So, psoriatic arthritis can manifest in a number of different ways. Painful, swollen joints of the ankles, knees, fingers, toes, lower back, particularly the joints at the tip of the fingers, are characteristic of psoriatic arthritis. It's frequently asymmetric. I try to refer most people with psoriatic arthritis to a rheumatologist as well as seeing me because the rheumatologist can perform procedures that I wouldn't necessarily perform, like injecting joints with steroids or doing other types of procedures which could alleviate pain for the patient that I can't provide them with, but often times many of the medications that we would prescribe to clear their skin can also have an effect on the psoriatic arthritis. It can be very difficult for patients, and often times they wind up at my office because the skin is what they can see. The other types of symptoms that they develop they think they're just getting old or they have kind of osteoarthritis, wear and tear arthritis, and there's not much that they can do for it, but they'll come to me because their skin is itchy or they are embarrassed of the appearance of their skin or their scalp is flaking on their clothing, and sometimes I'm the first physician that they see for their psoriasis. And what I try to do to coordinate care and to encourage them to see the appropriate physicians is I have a physician in each specialty that I work closely with that I have their personal cell phone number, I have their e-mail, I keep in close contact with them, so I try and refer the psoriasis patients to other people who are in my network of trusted physicians who I can communicate with regularly so that we have a close relationship, so if there is a problem or the patient is experiencing a new symptom, that they have great confidence that they can call any one of us and then get kind of channeled to the right person.

The other good way to have psoriasis patients have good coordination of care if they are close to a university center is there are many university centers that have psoriasis clinics that are multidisciplinary clinics and all the people work together to treat the different aspects of psoriasis. It can be even more complicated than just seeing a rheumatologist, because many of these patients can have Crohn's disease, they can have diabetes, they can have increased risk of heart disease and strokes, so complete care of a patient with psoriatic arthritis or psoriasis of the skin is actually even much more complicated than the skin and the joints. It's a multisystem disorder that really needs to be treated as a complex whole instead of just treating the parts of it individually.

Announcer:

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