Psoriatic arthritis

Your PsA *roadmap*

What to expect across your skin and joints — and who helps at each step.

Early care
1 – 3 months

Active PsA
Settling ~3–6 months

Controlled PsA
6 months & ongoing

How your care team helps

Assess all of PsA
Psoriatic arthritis can commonly affect joints, skin, nails and tendons.

Pre-treatment checks
Before starting medications, bloods and infection screen are performed first.

Starting the treatment plan
We will help you choose a disease modifying agent (DMARD) aimed at the whole disease.

Find the right medication
It takes time to find the right DMARD to help both the skin, joints, and everything in between.

Build a team around you
Rheumatology, dermatology and/or allied health may need to be involved

Close monitoring
Joints, skin and bloods are reviewed 1-3 monthly to ensure medication efficacy and safety.

Treat to target
The goal is for remission or low disease activity in the skin and joints.

Whole-of-health care
Heart, liver, bones and vaccines checked.

Long-term follow-up
Review eases to 6 monthly. Medication doses may be adjusted over time.

What you can do

Learn about PsA
Beyond just skin and joints.

Keep moving
Gentle, regular activity helps.

Share the full picture
Skin, nails, fatigue and mood.

Play your part
Take medications as prescribed and attend reviews.

Care for your skin
Treat the barrier by keeping up good skincare habits. Moisturize daily and wear sunscreen.

Manage fatigue
Pace, sleep and prioritise.

Stay active
Protects your joints, mood and function.

Prioritise a healthy lifestyle
Keeping a healthy weight, minimizing alcohol and stopping smoking.

Plan ahead
Family planning, travel or surgery — tell us early.

Decided together, the whole way Care shaped around your needs, goals and preferences — a shared journey, not a fixed route.