**Peripheral Spondyloarthritis**

**Management**

Patient education/information

[https://www.versusarthritis.org/psoriatic-arthritis/](https://www.versusarthritis.org/about-arthritis/conditions/psoriatic-arthritis/)

<https://www.papaa.org/>

Medication management with NSAID. Consider switching to another NSAID if maximum tolerated dose for 2-4 weeks does not provide adequate pain relief

Consider PPI cover

**Refer to Consultant Rheumatologist**

For diagnosis if criteria above met

**Investigations:**

FBC, TFT, U&E, LFT, CRP, ESR, Glucose, Bone profile, Vitamin D and CK

Refer to Rheumatologist if:

Dactylitis (whole swollen digit- ‘sausage’ finger or toe)

**And/Or**

Persistent or multiple-site enthesitis without apparent mechanical cause and/or with other features, including:

Back pain without apparent mechanical cause

Current/past psoriasis, inflammatory bowel disease, (Crohn’s disease/ ulcerative colitis) or uveitis

Close relative (parent, brother, sister, son or daughter) with Spondyloarthritis or psoriasis

Symptom onset following GIT or genitourinary infection

Rule out

Red flags