

ASKING THE
RIGHT QUESTIONS:

*What You Should Be Asking
Your Patients About Fatigue
Associated with a*

PSORIATIC ARTHRITIS DIAGNOSIS



The Purpose of This Document

Fatigue is a common and potentially debilitating symptom among patients with psoriatic arthritis (PsA). Rheumatology nurses and advanced practice providers (nurse practitioners and physician assistants) work on a regular basis with patients who are suffering from fatigue in addition to the joint pain, stiffness, and swelling characteristic of PsA. These patients need to be engaged to elicit information that can help them cope with and potentially ameliorate this troublesome symptom. This pocket guide focuses on 10 important topics related to fatigue among individuals with PsA that healthcare providers should discuss with all newly-diagnosed patients. We hope you find this guide informative and useful in your day-to-day practice and patient encounters.



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How would you rate your overall current level of fatigue?

Fatigue, which encompasses feelings of extreme exhaustion along with reduced physical and mental capacity, is an underappreciated symptom in patients with PsA.¹ Some healthcare providers may dismiss fatigue as everyday tiredness, while in fact, it is a potentially debilitating condition that can render patients unable to get out of bed, let alone go to work or tackle activities of daily living.² In clinical practice, approximately 50% of patients with PsA experience fatigue that is at least moderate in nature, while nearly 30% experience fatigue that is classified as severe.³

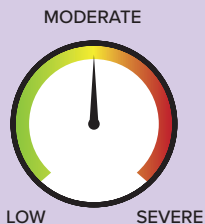
Many patients with PsA describe fatigue as one of the most significant symptoms related to their



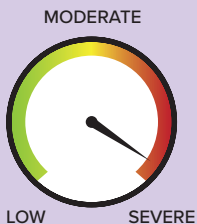
disease. In a quality-of-life study of patients with PsA, one patient described their daily experience as “walking through quicksand with an elephant on my back.” Some patients with PsA view fatigue as a cornerstone symptom of their disease that leads to other problems such as sleep disruption, social isolation, and depression. Although there is growing evidence that biologic treatment can ameliorate fatigue, a number of patients with PsA express helplessness regarding fatigue in relation to other treatable symptoms. As one patient put it, “I can work through pain (and) I can take something to help dull the pain, but there’s nothing I can take to get my energy back.”⁴

Although the exact reasons why fatigue is so prevalent among patients with PsA is not completely understood, it is a common feature across most chronic inflammatory skin and joint diseases.⁵ Beyond the nature of the inflammatory disease itself, fatigue can arise from other chronic health conditions such as medication-related side effects and lifestyle habits such as inactivity, poor nutrition, and lack of sleep.⁶

**Out of 499 patients
with PsA seen in one clinic:**



50%
had moderate
fatigue



29%
had severe
fatigue

**Factors associated with
fatigue include:**



Pain



Psychological
Distress



Female
Sex



Physical
Disability

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If you had to track your level of fatigue over the last month, what would that look like?

Quantifying fatigue in patients with PsA can be challenging since there are no universally accepted mechanisms available to measure fatigue, although a few promising and useful measures have emerged. These range from a simple visual analogue scale (VAS) to the 36-item Short Form Health Survey (SF-36) to the Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F) scale.

The advantage of the VAS is that it is extremely straightforward and has a low patient burden. Patients are simply presented with a line of fixed length (typically 100 mm) and asked to indicate the point along that line corresponding



to their perceived level of fatigue. This can then be compared to previous ratings and/or ratings of other patients with PsA to determine whether a patient's level of fatigue has increased or decreased in recent weeks and months.

The SF-36 Vitality Scale is another potentially useful instrument for measurement of fatigue in patients with PsA. This scale, a subset of the larger SF-36 questionnaire commonly used in clinical trial settings, involves a general measure of energy and fatigue. However, there are only four items in this scale asking about fatigue-related domains (i.e., “In the last 4 weeks, have you felt worn out?”), making it difficult to tease out specific issues related to fatigue without additional questioning. The limitations of the VAS and SF-36 Vitality Scale led many clinicians to clamor for the development of a more comprehensive, yet easy to administer, tool.¹

The FACIT-F scale was originally developed to assess fatigue in cancer patients but has since been evaluated in many other chronic diseases, including PsA. This tool uses 13 questions rated on a 5-point scale (ranging from “0=not at all” to “4=very much”).² Research has demonstrated that the FACIT-F is a reliable and valid instrument to measure fatigue in patients with PsA, with fatigue scores correlating to actively inflamed joint count.³ Subsequently, the FACIT-F has become a widely used instrument to assess fatigue in patients with PsA.⁴

FACIT-F Scale ▶

To the right is a list of statements that other people with your illness have said are important. Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

Guidance on scoring the FACIT-F can be found at www.facit.org/measures/FACIT-F.

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	Not at All	A Little Bit	Somewhat	Quite a Bit	Very Much
I feel fatigued	0	1	2	3	4
I feel weak all over	0	1	2	3	4
I feel listless ("washed out")	0	1	2	3	4
I feel tired	0	1	2	3	4
I have trouble starting things because I am tired	0	1	2	3	4
I have trouble finishing things because I am tired	0	1	2	3	4
I have energy	0	1	2	3	4
I am able to do my usual activities	0	1	2	3	4
I need to sleep during the day	0	1	2	3	4
I am too tired to eat	0	1	2	3	4
I need help doing my usual activities	0	1	2	3	4
I am frustrated by being too tired to do the things I want to do	0	1	2	3	4
I have to limit my social activity because I am tired	0	1	2	3	4

How has your fatigue affected your ability to perform mental and physical work in the last month?

Fatigue significantly impacts academic attendance, work ability, and other activities of daily living in patients with PsA, with higher levels of fatigue correlating to an increased risk of disability.¹ Reduced work ability and general disability then translates into a greater financial burden, as shown in studies illustrating that patients with PsA have higher healthcare costs and lower incomes compared to the general population.²

Proactive management of fatigue is therefore important to help ameliorate any limitations



on mental or physical work that a patient may have. Although managing fatigue may not be the first priority for some healthcare providers, it is certainly top of mind for many patients, who tend to be primarily concerned about intractable symptoms that inhibit their ability to work or enjoy day-to-day activities.³

Addressing the impact of fatigue on work ability and quality of life may require a multifaceted approach that includes proactive patient measures as well as interventions suggested by the healthcare team. Patients should be encouraged to adopt lifestyle changes including exercise, developing a healthy diet, and others as described throughout this pocket guide. Advise patients to take regular breaks and rest between activities to give their muscles a chance to recharge. Activities can also be staggered throughout the day, with more demanding tasks scheduled for times when the patient knows they will have more energy.⁴

At the healthcare team level, new treatments may need to be considered, such as biologics that may improve fatigue levels. Overall, a multidisciplinary approach that includes close cooperation, especially between rheumatology and dermatology practices, can help optimize disease control and improve quality of life.⁵

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How does psoriatic arthritis affect your ability to sleep?

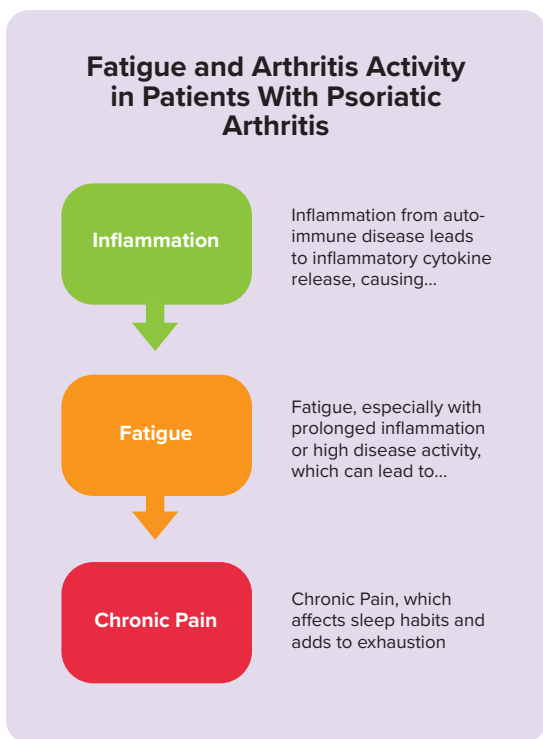
Sleep disturbances and disorders, which are common among patients with PsA, may contribute to feelings of fatigue. Patients should be asked regularly about sleep quality since it can affect a variety of other quality-of-life domains. In one recent study, nearly 68% of patients with PsA had poor sleep quality, compared to 58% of patients with psoriasis and 15% of patients with neither condition. Importantly, sleep disorders in the patients with PsA were associated with reduced quality of life and intense levels of fatigue.¹ Based on the strong associations between PsA and sleep difficulty, investigators noted that factors such as musculoskeletal discomfort faced by patients with PsA may cause more sleeping problems than, for example, skin symptoms experienced by patients with psoriasis alone.²



Likely causes of impaired sleep among patients with PsA (including nocturnal awakenings and sleep fragmentation) include pruritus, depression, pain, and obstructive sleep apnea.³ It is reasonable to inform all patients with PsA about the risk of obstructive sleep apnea, a serious but treatable comorbidity.⁴ Obstructive sleep apnea is a known cause of severe daytime fatigue, drowsiness, and irritability due to the repeated awakenings associated with this disorder.⁵ The incidence of obstructive sleep apnea appears to increase along with the severity of PsA. In a Danish nationwide cohort study, incidence rate ratios (95% confidence intervals) for sleep apnea were 1.30 (1.17-1.44) for individuals with mild psoriasis, 1.65 (1.23-2.22) for those with severe psoriasis, and 1.75 (1.35-2.26) for those with PsA.⁶

Once the issues causing an individual patient's sleep disturbances are identified, it is important to help them get relief. Treatment of active psoriatic skin lesions may resolve the pain, itching, or other symptoms that make it hard to fall asleep, thereby potentially reducing fatigue.⁷ Patients diagnosed with obstructive sleep apnea may need continuous positive airway pressure (CPAP) or other airway pressure devices.⁵ Patients with restless legs syndrome may need iron supplementation or other specific medications, while those with insomnia who do not benefit from over-the-counter

melatonin can try specific prescription drugs. Anxiety, another known cause of lost sleep, may be effectively managed with changes in bedtime habits (e.g., no screen time before sleep, develop consistent bedtime and wakening, etc.) or cognitive behavioral techniques.⁸



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Do you find that any specific foods or dietary restrictions make you any more or less fatigued?

To maintain an overall healthy lifestyle, patients with PsA should be urged to follow a well-balanced diet featuring healthy foods and fluids. It's important to make sure patients understand the importance of eating well and drinking plenty of water to avoid fatigue related to vitamin deficiency or dehydration.¹

When making dietary changes, a good place to start is limiting the amount of processed foods that are consumed on a daily/weekly basis. Patients should be counseled against the overconsumption of junk food and encouraged to consume healthy, whole foods, including lots of fruits and vegetables,



lean proteins, and healthy fats. The Arthritis Foundation recommends that patients always eat proteins or complex carbohydrates for breakfast to stave off fatigue and ensure adequate energy levels throughout the day.²

Although food should be the primary source of a patient's nutritional needs, dietary supplements may be useful in some cases (e.g., during pregnancy) when it is more challenging to meet specific nutritional needs.³ Accordingly, providers should be prepared to discuss the potential need for dietary vitamin supplements with their PsA patients.

The management of overweight or obese patients is perhaps most important and requires special attention from providers. These patients need extra emphasis on the importance of eating smaller portions and avoiding foods with added sugar or high salt content.² The medical board of the National Psoriasis Foundation (NPF) specifically recommends a hypocaloric diet as an adjunct to standard medical therapy for adults with PsA who are overweight or obese (BMI ≥ 25).⁴

The Psoriasis and Psoriatic Arthritis Alliance also offers specific dietary advice for patients experiencing psoriatic fatigue. Lifestyle changes that may help patients feel less exhausted include eating five or more servings of fresh fruit or vegetables per day, reducing animal fats, favoring fresh homemade foods over prepackaged convenience

foods, and increasing intake of B vitamins. In addition, patients should aim to increase intake of oily fish, nuts, seeds, and olive oil, cut back on saturated fats and vegetable oils, and consider taking vitamin supplements.⁵

Eating Well with Psoriatic Arthritis: Foods That May Help Reduce Inflammation



Fruits (Blueberries, Cherries, Oranges, Strawberries)



Fatty fish (Mackerel, Salmon, Sardines, Tuna)



Leafy Green Vegetables (Kale, Spinach)



Tomatoes



Nuts (Almonds, Walnuts)



Olive Oil

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Have you been able to exercise in the last month? If so, how frequently? What kind(s) of exercise?

Patients with fatigue may complain about mobility limitations and an inability to exercise; however, encouraging a basic fitness routine can be extremely beneficial in staving off persistent fatigue. Research has shown that fatigue levels tend to be highest in patients with PsA who are sedentary and tend to be lower in those who exercise.¹

Exercise can help ameliorate fatigue in several ways. By increasing strength, flexibility, muscle mass, and blood circulation, exercise can improve energy levels and possibly reduce pain. It can also improve sleep quality and stimulate the release



of endorphins, which may reduce perceptions of pain and provide an overall sense of well-being.²

There is growing evidence that exercise has a direct impact on fatigue in patients with inflammatory arthritis. In one recent randomized study, patients with rheumatoid arthritis (RA) who used a pedometer and step-monitoring diary had significant increases in activity and significant decreases in fatigue as compared to a control group.³ A meta-analysis of five randomized controlled trials published in 2018 demonstrated that aerobic exercise in patients with RA resulted in statistically significant reductions in fatigue.⁴ In a more recent randomized trial, patients with PsA who participated in an 11-week program of high-intensity interval training had meaningfully less fatigue than patients who did not change exercise habits.⁵

While initiating an exercise regimen can be daunting for many patients with PsA, it is important to emphasize that they can start slowly with low-intensity exercises. According to guidelines from the U.S. Department of Health and Human Services, adults who sit less and get at least some daily moderate-to-vigorous exercise can experience health benefits. Patients with chronic conditions should engage in regular physical activity to the best of their ability and strive for at least 150 minutes a week of moderate-intensity activity, 75 minutes of vigorous-intensity activity, or some

combination of moderate and vigorous activity, ideally spread throughout the week.⁶ A specific type of exercise does not have to be prescribed—on average, patients are more likely to become motivated and maintain exercise habits if they pick an activity they personally enjoy.⁷

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Are you currently taking any over-the-counter or prescription medications to help manage your fatigue?

While there is no consensus on the best way to manage fatigue in patients with PsA, certain over-the-counter or prescription treatments may help by addressing the root causes. For example, sleep aids may help patients achieve better sleep quality at night. Eszopiclone, lorazepam, zaleplon, and zolpidem are newer sleep medications that are less likely to trigger dependence as older medications. In addition, patients may report improvements in fatigue with antidepressants such as bupropion or psychostimulants such as modafinil that are known to increase energy levels.¹



In relation to treatment for inflammatory arthritis, there is growing evidence that biologics may help address fatigue. In a 2016 Cochrane review of RA studies, the authors concluded that patients experienced relief from fatigue with both anti-tumor necrosis factor (TNF) biologics (e.g., adalimumab, certolizumab, etanercept, golimumab, and infliximab) and non-TNF biologics (e.g., abatacept, canakinumab, rituximab, and tocilizumab). The authors did note, however, that it was not clear whether the improvement was due to the direct effect of biologics on fatigue or an indirect effect due to either the reduction of inflammation or some other aspect of the disease itself.²

More recent reviews have confirmed the benefit of biologics in reducing fatigue among patients with both psoriasis and PsA. In a systematic review and meta-analysis including eight randomized controlled trials evaluating adalimumab, etanercept, guselkumab, infliximab, and ustekinumab in patients with psoriasis, biologics were associated with a significant reduction in fatigue vs. placebo.³ Another recent systematic review and meta-analysis concluded that adalimumab, certolizumab, secukinumab, ustekinumab, and apremilast reduced fatigue in randomized controlled trials, many of which included patients with PsA. According to investigators, this benefit is important to consider when engaging with patients in shared decision making discussions.⁴

Some biologics now have specific language on fatigue improvement included within prescribing information. One is guselkumab, an interleukin-23 blocker indicated for patients with active PsA. In two randomized, double-blind, placebo-controlled phase 3 trials, guselkumab treatment significantly improved fatigue among patients with PsA as measured by FACIT-F. From baseline to 24 weeks, a clinically meaningful improvement in fatigue (≥ 4 points) was observed in 54-63% of guselkumab-treated patients vs. 35-46% of patients treated with placebo ($P \leq 0.003$). By week 52, clinically meaningful improvements in fatigue were noted in 61-70% of both guselkumab-treated patients and patients who had switched from placebo to guselkumab at week 24.⁵

The prescribing information for the intravenous formulation of the TNF blocker golimumab was also recently updated to include language stating that golimumab treatment alongside methotrexate use improves fatigue in patients with active PsA as well as moderate-to-severe RA. This update was approved by the U.S. Food and Drug Administration based on phase 3 clinical trial results in both PsA and RA patients showing an improvement in FACIT-F scores with the use of golimumab.⁶

Both guselkumab and golimumab are also associated with improvements in general health as measured by SF-36.^{5,6}

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Do you find that you are more or less fatigued during times when your disease is flaring?

A patient's experience of fatigue will often vary according to whether their disease is relatively well controlled or in a flare state. Flares are now recognized to encompass much more than just tender and swollen joints; they can encompass a wide range of symptoms, often including profound and debilitating fatigue.¹ Nevertheless, fatigue can be a significant problem even when PsA is considered to be in remission. In one study, clinically important fatigue was noted in nearly 25% of patients with PsA in remission and in 50% of patients with low disease activity.²



Effective management of PsA-related flares may require a combination of patient self-management and careful assessment by the healthcare team. Patients can learn to minimize flares by going easy on their joints. This may necessitate regular rest, slowing down during times of disease activity, or adopting lower-impact exercise regimens. Patients should also be evaluated for medication adherence, as skipping or stopping PsA treatments may prompt or exacerbate symptoms such as fatigue. At the same time, a disease flare could indicate a need to adjust the dose of a current medication, add a new medication, or switch to a new or substitute biologic therapy.³

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Do you ever feel depressed or a lack of motivation when your fatigue levels are highest?

Many patients with PsA have comorbid anxiety or depression that may contribute to feelings of fatigue. Studies show that approximately 40% of patients with PsA report having anxiety/depression, and the majority attribute this to their skin and joint symptoms.^{1,2} Rates of depression are higher among patients with PsA than in the general population, and are, in fact, higher than in patients with RA or psoriasis.^{3,4} Anxiety and depression not only negatively impact patients' quality of life, but they also are negative prognostic factors for PsA treatment outcomes, raising the importance of addressing these conditions during routine visits.³

Studies have shown that depression is strongly correlated with fatigue in patients with PsA. In one recent study of 880 patients with PsA, individuals with depression/anxiety reported significantly higher levels of fatigue at baseline compared to patients without depression/anxiety.⁵ Another observational study found that not only were depression scores closely correlated with fatigue scores in patients with PsA, but that women had significantly higher depression scores compared to men.⁶ Patients with enthesitis appear to be particularly affected by both fatigue and depression.⁷

Adding depression atop pre-existing fatigue may make PsA especially challenging to treat. While some studies have shown that biologic therapy may help relieve depressive symptoms (along with fatigue), the response of a depressed patient's overall symptoms to biologic treatment may be suboptimal compared to patients without depression. On the other hand, fewer antidepressants are prescribed to patients with PsA who are being treated with biologics, suggesting that controlling inflammation may be exerting a positive effect on depressive symptoms.⁴ Beyond drug therapy, PsA patients with comorbid depression should be aware of the potential benefits of cognitive-behavioral therapy, which not only is a well-established

intervention for major depression, but is also associated with positive effects on immune function, including reductions in pro-inflammatory cytokines.⁴

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How often, if at all, do you drink coffee or consume alcohol on a daily or weekly basis?

It is important to ask patients with PsA about their intake of coffee and alcohol for a number of reasons. First and foremost, sleep hygiene is important to combat fatigue (see previous question, “How does psoriatic arthritis affect your ability to sleep?”), and both caffeine and alcohol can negatively impact sleep quality. Patients with PsA who have poor sleep habits should be advised to cut out or restrict their intake of caffeine, alcohol, and other sleep-disrupting substances such as nicotine in the evening hours before they go to bed. Other nighttime habits that may increase the odds of restful sleep include keeping the bedroom

cool and dark, avoiding screen time before bed, and following a bedtime ritual that includes going to bed and getting up at the same time every day.¹

Alcohol is also a potential trigger for PsA-related disease flares, which are often associated with fatigue due to increased inflammation in the joints and surrounding areas. Alcohol may make patients feel more fatigued than they would otherwise be, increase levels of pain, and decrease the ability to function physically.² Alcohol also adds extra calories to a patient's diet and may increase weight. It is also associated with depression and low self-esteem, and may be used by some patients as a crutch or coping mechanism. Instead of seeking out support or using effective coping strategies, some patients with PsA turn to avoidance and distraction, as well as escapism with alcohol, drugs,³ or comfort eating.³

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