MODERN APPROACHES TO THE TREATMENT OF ARTHROPATHIC PSORIASIS

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Relevance: Arthropathic psoriasis (psoriatic arthritis) is a severe chronic condition that occurs in approximately 20–30% of patients with psoriasis. Without timely diagnosis and adequate therapy, it can lead to persistent joint deformities, impaired work capacity, and disability. In recent years, significant progress has been made in understanding the pathogenesis of the disease, which has led to the development of new effective treatments, especially the use of biologic agents. Given its high prevalence, the variety of clinical manifestations, and the need for a multidisciplinary treatment approach, the study of arthropathic psoriasis remains a highly relevant field in modern rheumatology and dermatology.

Research Objective: To examine modern treatment approaches for arthropathic psoriasis and analyze their effectiveness based on recent data.

Research Methods: The treatment of arthropathic psoriasis focuses on suppressing inflammation, preventing the progression of structural joint damage, and improving the patient's quality of life. Current therapy includes several key directions:

1. **Nonsteroidal anti-inflammatory drugs (NSAIDs):** Used in the early stages to relieve pain and inflammation, but they do not affect disease progression.
2. **Glucocorticosteroids:** Administered as local injections in cases of limited joint inflammation. Systemic use is restricted due to the risk of exacerbating skin psoriasis. Hormonal (corticosteroid) ointments include:

- Clobetasol (Dermovate)
- Betamethasone (Celestoderm, Diprolene)
- Mometasone (Elocom)
- Fluticasone (Cutivate)

3. **Conventional disease-modifying anti-rheumatic drugs (DMARDs):**

• Methotrexate – one of the most commonly used drugs.

• Sulfasalazine, leflunomide, and cyclosporine – alternatives for patients intolerant to methotrexate. These medications slow disease progression and are used in peripheral arthritis forms.

4. **Biologic therapy:** Applied in moderate to severe cases, particularly when DMARDs are ineffective. This includes:

•TNF-α inhibitors (adalimumab, etanercept, infliximab)

•IL-17 inhibitors (secukinumab, ixekizumab)

•IL-12/23 inhibitors (ustekinumab)

•IL-23 inhibitors (guselkumab, risankizumab)

•JAK inhibitors (tofacitinib, upadacitinib) – used for resistant forms. Biologic therapy offers a clear advantage by specifically blocking intracellular inflammatory signaling pathways, thereby promoting targeted healing of psoriatic skin lesions.

5. **Team-based (Multidisciplinary) approach:** Treatment involves dermatologists, rheumatologists, physiotherapists, and, if necessary, psychologists.

Conclusion:

Arthropathic psoriasis is a chronic immune-inflammatory condition that combines skin symptoms of psoriasis with joint involvement, requiring a comprehensive, individualized, and multidisciplinary treatment approach. Modern treatment methods include the use of biologic agents such as TNF-α, IL-17, and IL-23 inhibitors, which effectively control both skin and joint symptoms of the disease. Personalized therapy selection, taking into account disease activity, comorbidities, and prognostic factors, is becoming a key focus of modern rheumatologic and dermatologic therapy. The advancement of biologics and targeted therapy significantly improves patients' quality of life and slows the progression of joint damage.

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