Don’t Neglect Foot Pain and Deformity in Psoriatic Arthritis

BY BRUCE JANCIN
Denver Bureau

PARIS — When it comes to psoriatic arthritis, don’t forget the feet.

The foot is a neglected area of the body in patients with psoriatic arthritis. The burden of foot pain and deformity is high and the level of foot care provision is low, Deborah E. Turner, Ph.D., reported at the annual European Congress of Rheumatology.

A big part of the reason the feet of psoriatic arthritis patients are underassessed clinically is that the disease activity measures widely used in both clinical practice and research ignore the foot, according to Dr. Turner of Glasgow (Scotland) Caledonian University.

She reported on an unscreened series of 88 consecutive psoriatic arthritis patients at Glasgow Royal Infirmary who underwent a clinical foot examination by a podiatrist. Two-thirds of the patients reported chronic foot pain; in most cases, the medical team was unaware of the problem because nobody had ever asked.

“Patients generally don’t tend to offer this information. They’ll mention other areas—the hand, the spine—but not the feet,” Dr. Turner observed.

On clinical examination, 30% of the cohort had plantar fasciitis and 24% had Achilles tendinitis. These are probably marked underestimates of the true prevalence of pathology at these sites, as ultrasound studies have shown that roughly three-quarters of psoriatic arthritis patients are affected.

A novel finding reported for the first time in this study was that 40% of the psoriatic arthritis patients had inflammatory involvement of the posterior tibial tendon.

“While it’s not a classical enthesitis, it is categorized as a functional enthesitis because it has an element of fibrocartilage under the tendon at the point at which it goes over the malleolus,” she continued.

Joint tenderness was detected in one or more of the metatarsophalangeal joints of nearly half of subjects, while the interphalangeal joints were affected in one-third.

A striking finding in the study was the very high prevalence of flat feet in the patients with significant foot pain. Why should psoriatic arthritis be strongly associated with a low arch profile? The working hypothesis is that a combination of inflammation of the joints around the ankle and rear foot leads to weakened foot ligaments, which then stretch under the stress of weight bearing, resulting in flattening of the arch. This theory requires confirmation in planned follow-up imaging studies utilizing MRI and ultrasound, Dr. Turner said.

She added that foot problems are often one of the earliest features of psoriatic arthritis. A common scenario in young patients participating in sports is that months before they receive the diagnosis of psoriatic arthritis, they develop Achilles tendinitis and/or plantar fasciitis, which are misinterpreted solely as chronic overuse Achilles tendinitis.

Scores on the Leeds Foot Impact Scale impairment and activity limitation subscales in the Glasgow psoriatic arthritis cohort were similar to those typically associated with rheumatoid arthritis.

“A lot of attention is given to foot problems in rheumatoid arthritis, but we found the overall burden of foot problems in terms of how much they contribute to the patients’ disability was as high for patients with psoriatic arthritis as for those with rheumatoid arthritis,” Dr. Turner said in an interview.

Nevertheless, only one-quarter of study participants had received conservative foot care.

The standard podiatric treatment for painful flat foot deformities is the use of a rigid arch support. As part of Dr. Turner’s ongoing research project funded by the Arthritis Research Campaign, she plans to see whether correcting the abnormal foot mechanics in psoriatic arthritis patients improves their inflamed, lower extremity joints and tendons.

She stressed that detecting foot problems in psoriatic arthritis patients is a straightforward matter for physicians regardless of whether they are rheumatologists, dermatologists, or primary care physicians. All they have to do is look at the feet.

“It’s a matter of assessing the key structures for tenderness and swelling, as is part of the routine assessment procedures they do elsewhere on the body. If they note that the patient has a low arch profile and the heel is not vertical and it has collapsed, they can send the patient off to a podiatrist for treatment,” Dr. Turner said.