Psoriatic Arthritis Facts:
- Affects men and women of all ages.
- Usually appears between the ages of 20 and 50.
- On average, occurs approximately 10 years after first skin lesion appears.
- While exact cause is unknown, genetic and environmental factors may be associated with the development of arthritis.

Helping joints function properly, slowing joint damage and improving skin lesions. Based on the type of psoriatic arthritis, physicians will choose the therapy that best fits your needs. Available treatments include nonsteroidal anti-inflammatory drugs (NSAIDs), disease-modifying antirheumatic drugs (DMARDs) and biologic agents. Other approaches include light therapy, surgery and cold therapy.

Individuals such as the biologic agent HUMIRA (adalimumab) offer another option for patients.

HUMIRA is being studied simultaneously targets and treats the joint and skin symptoms. HUMIRA is also indicated for moderate to severe rheumatoid arthritis patients.

HUMIRA and other biologic work by inhibiting the action of tumor necrosis factor-alpha, a protein produced by the immune system, which is produced in excess amounts in people with psoriatic arthritis," said rheumatologist Philip Mease, M.D., of Swedish Medical Center and University of Washington School of Medicine. "Biologics are designed to eliminate or reduce TNF-alpha’s detrimental effects, such as inflammation and other symptoms associated with psoriatic arthritis.

To learn more about psoriatic arthritis, psoriasis and treatments, you can visit the National Psoriasis Foundation at www.psoriasis.org or the Arthritis Foundation at www.arthritis.org. For more information about HUMIRA, visit www.HUMIRA.com.

IMPORTANT SAFETY INFORMATION

HUMIRA is indicated for reducing the signs and symptoms of active arthritis in patients with psoriatic arthritis. HUMIRA can be used alone or with other therapies. HUMIRA is indicated for the treatment of active and progressive psoriatic arthritis in adults when the response to previous DMARD therapy has been inadequate.

HUMIRA, like other TNF-blocking agents, has been associated with an increased risk of serious infections, including reactivation of latent tuberculosis, and its use may increase the risk of new onset or worsening of multiple sclerosis in patients who have already shown signs of these conditions.

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Biologic therapies may have an increased risk of malignancy.

HUMIRA is a systemic therapy and may interfere with the immune system’s ability to fight off infections. People who develop serious infections should discontinue HUMIRA and begin treatment for their infection. HUMIRA should not be used in patients with an active infection or in patients with an infection that has not responded to adequate treatment.

Examples of how HUMIRA can be used:
- To treat psoriasis
- To treat psoriatic arthritis
- To treat rheumatoid arthritis

HUMIRA is contraindicated in patients with active tuberculosis or receiving immunosuppressive therapy.

Consult a physician or other qualified health care professional before taking HUMIRA. HUMIRA therapy should be discontinued if there is lack of response or evidence of exacerbation of chronic hepatitis.

In patients who receive HUMIRA, monitor for increased risk of infections, including reactivation of latent tuberculosis. In patients who have a positive tuberculin skin test, culture for Mycobacterium tuberculosis before starting HUMIRA.

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