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Women with Psoriatic Arthritis Experience More Intense Symptoms and a Longer Time to Diagnosis than Men

Pain perception and treatment responses also vary between the two sexes

WASHINGTON, D.C. –Evidence increasingly suggests that women and men with psoriatic arthritis (PsA) have different symptoms, pain perception, time-to-diagnosis and response to biologic therapies. Lihi Eder, MD, a rheumatologist and associate professor of medicine at Women’s College Hospital and University of Toronto in Canada, will discuss how sex-related biological and gender-related sociocultural differences affect PsA outcomes on Nov. 17 at [ACR Convergence 2024](#), the American College of Rheumatology’s annual meeting in Washington, D.C.

[PsA](#) is an autoimmune inflammatory joint disease that develops in approximately 30% of people who have psoriasis. Skin symptoms often occur before arthritis, but for some people, arthritis precedes psoriasis. PsA mainly affects the hands, feet, and large joints like the knees. PsA can also affect tendons insertions (enthesitis) and the spine (spondylitis). It can also cause inflammation outside the joints, including in the colon (colitis), eyes (uveitis). It can take several years to diagnose PsA after the onset of symptoms, with women often diagnosed later than men.

“Our group has shown that women experience a longer period of early signs and symptoms than men prior to a PsA diagnosis,” Dr. Eder says. “During this timeframe, people experience musculoskeletal symptoms with minimal objective findings on physical exams, making diagnosis challenging.”

She also suggests that hormonal changes during menopause may lead to the development of PsA but cautions that these are only hypotheses and more research is needed to understand why women are diagnosed so much later than men.

The same uncertainty surrounds evidence suggesting that older women are diagnosed later than older men and younger women. Eder says several sex-related factors may contribute to this, including co-existing [osteoarthritis](#), which can cause similar symptoms. Other conditions such as depression, obesity and [fibromyalgia](#), more commonly affecting females, may also result in delay of diagnosis.

Dr. Eder says, “Unconscious biases in the medical community may also play a role, with studies showing that men and women are treated differently when it comes to ordering advanced diagnostic tests, potentially resulting in delays.”

Women also struggle more with PsA symptoms, reporting higher levels of pain, fatigue, physical dysfunction and a lower quality of life, even though men tend to have more severe psoriasis and

are more prone to joint damage. Eder says both sex-related, biological and gender-related sociocultural factors contribute to these differences, noting that even women who do not have arthritis tend to experience pain more intensely than men do.

“Societal expectations, stressors, coping mechanisms and support systems all impact how men and women perceive and cope with PsA,” she says.

Another critical difference, shown in both observational studies and randomized controlled trials, is the way men and women respond to common biologic medications. In general, these drugs are less effective in women and cause more side effects, so women tend to stop taking them sooner.

Eder says there are probably many reasons for different drug responses, including “differences in immune profiles, pain perception, the way the body interacts with medications and greater development of anti-drug antibodies.” Still, she says, it is hard to draw conclusions due to a lack of research. But, she notes, “Our ongoing study called SAGE-PSA conducted through the Group for Research and Assessment of Psoriasis and PsA (GRAPPA), aims to answer some of these questions.”

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About ACR Convergence

ACR Convergence, the annual meeting of the American College of Rheumatology, is where rheumatology meets to collaborate, celebrate, congregate, and learn. With hundreds of sessions and thousands of abstracts, it offers a superior combination of basic science, clinical science, business education and interactive discussions to improve patient care. For more information about the meeting, visit the [ACR Convergence page](#), or join the conversation on X by following the official hashtag ([#ACR24](#)).

About the American College of Rheumatology

Founded in 1934, the American College of Rheumatology (ACR) is a not-for-profit, professional association committed to advancing the specialty of rheumatology that serves nearly 9,600 physicians, health professionals, researchers and scientists worldwide. In doing so, the ACR offers education, research, advocacy and practice management support to help its members continue their innovative work and provide quality patient care. Rheumatology professionals are experts in the diagnosis, management and treatment of more than 100 different types of arthritis and rheumatic diseases. For more information, visit rheumatology.org.