

Connection between PCOs and Psoriatic Arthritis

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DESCRIPTION

Multiple cysts occur on one or both ovaries in Polycystic Ovarian Syndrome (PCOS), which causes a variety of symptoms and consequences. Psoriatic Arthritis (PsA) is an inflammatory autoimmune disease that affects the skin, nails, joints, and spine. In recent years, there has been speculation that there is a link between PCOS and psoriasis, leading others to speculate that the same could be true for PCOS and PsA. This article examines the relationship between psoriatic arthritis, psoriasis, and PCOS, if any exists. PCOS is a condition that manifests itself in a variety of ways, including weight gain, extra body hair, irregular menstruation periods, and more. Hormonal abnormalities are suggested to be the cause. Psoriasis is a chronic inflammatory skin disease that causes plaques and scales to form on the body, scalp, and nails. Insulin resistance and metabolic syndrome have been linked to both PCOS and psoriasis. While the specific connection between PCOS and psoriasis is unknown, there has been some evidence to suggest a correlation. People with psoriasis had an increased risk of getting PCOS, according to a 2013 study. Psoriatic arthritis affects about 30% of patients with psoriasis. When compared to the general population, a person with one autoimmune illness, such as psoriasis or psoriatic arthritis, has a higher risk of getting subsequent autoimmune disorders. There have been a few studies that show a link between psoriasis and PCOS, but none that show a link between PCOS and PsA. Some data suggests that PCOS and psoriasis may be linked.

Role of inflammation in both conditions

Despite the absence of specific evidence between PCOS and psoriatic arthritis, both illnesses have one thing in common: inflammation. PCOS patients have greater Erythrocyte Sedimentation Rates (ESR) and C-reactive protein (CRP) levels, both of

which are inflammatory markers. Inflammation has also been linked to increased oxidative stress in PCOS patients. Inflammation of the joints and surrounding synovial tissues characterizes PsA.

Treatment for PCOS

Since people with PCOS either don't menstruate (amenorrhea) or have irregular menses (oligomenorrhea), establishing consistent and regular periods is usually the goal of treatment. The following are some PCOS treatment methods, in addition to weight loss, regular exercise, and lifestyle changes:

- Clomid is an oestrogen receptor modulator that can cause ovulation to occur.
- Metformin is a type of diabetes treatment that works by lowering insulin and testosterone levels.
- Gonadotropins are hormones that stimulate ovulation.

Other drugs or therapies, in addition to ovulation-stimulating medications, may help lessen the various symptoms of PCOS. There are several therapeutic options available for persons with PsA thanks to improvements in contemporary medicine, particularly with the creation and enhancement of biologic drugs. The goal of PsA treatment is to minimise systemic inflammation and slow or prevent systemic disease development.

Treatment for psoriatic arthritis

The following below are the treatment options for psoriatic arthritis are as follows:

- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Modifications to one's diet and way of life.
- Steroids can be taken orally or used topically.
- Biologics, such as Remicade and Humira, are Disease-Modifying Antirheumatic Drugs (DMARDs), such as methotrexate and sulfasalazine.

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