

My name is Denise Morris, I am a 52 year old nurse from Leeds I have psoriatic arthritis.

My story begins 3 years ago following an operation for debridement of my Achilles tendon on my left foot, under Mr Nick Harris at LGI.

Following this operation I developed severe psoriasis, the doctors thought it was the physical shock of the operation that caused this as I had never had psoriasis before.

Approximately 3 months after being covered from head to toe with psoriasis plaques including my genital areas I then started suffering from painful joints fingers, knees, hips and ankles.

I saw the skin specialist Dr Sheehan Dare privately as I was desperate for some relief; he prescribed Dovobet cream which I applied twice daily. I was referred to professor Emery rheumatologist at Chapel Allerton hospital Leeds for my joints

I was given a steroid injection of depomedrone via an intramuscular injection which I had to receive every 6 weeks which helped a little.

I have a high profile job working with the public and was not able to work due to becoming physically unable to carry out my role as a staff nurse, plus the psoriasis looked very unsightly as I was covered in massive red scales and plaques.

Over time the psoriasis became worse and Dr Sheehan Dare recommended a course of light treatment which I had 14 treatments in total which was unsuccessful, I was also prescribed Trimovate cream for my axilla, vulva and anus which helped considerably.

During this time in June 2008 I had a right knee replacement followed by a left knee replacement in Oct 2008, and freeing of a frozen shoulder in Nov 2008 all linked to the psoriatic arthritis.

My fingers were swollen and painful and I was unable to carry out my work of cannulating patients and putting up infusions for Endocrine patients.

At this stage my employer requested that I attended occupational health for a fitness to work assessment and the occupational health consultant asked if I would like to retire due to ill health.

In 2008, I went to see Dr Helena Marzo-Otega who worked alongside Professor Emery she thought I might fit the criteria to receive the new biologic injection Humira.

I began this treatment on Nov 5th 2008 and I have never looked back after 4 months my quality of life had improved way beyond my personal expectation.

I am back at work in my role as a staff nurse of 34 years carrying out fine finger movements that require manual dexterity inserting cannulae into people's veins etc.

Now I no longer have painful fingers, I have slight hip pain and a small patch of psoriasis on my scalp for which I apply Synalar cream as prescribed by Dr Goodfield a Dermatologist at LGI.

The only negative aspect of the injection is it takes twice as long to recover from a cold or for a wound to heal. Which I feel is a small price to pay for a better quality of life.

If these injections were to stop by your department my quality of life would be zero. I would not be able to go outside of my home due to the physical appearance of the psoriasis which looks very very unsightly. I would not be able to work due to the swelling pain and stiffening of my joints.

I feel very strongly about this matter and dread to think of my future without this treatment.

Denise Morris