

What is psoriasis?

A guide to the condition
and its treatments



You...

can make a big difference to your psoriasis by finding a good skin care routine and treatments that suit you.

This leaflet will help you to make informed choices about your skin care and treatments.

You should discuss this further with your pharmacist, GP or nurse.



There are two types of treatments that you will need to use:

1. Emollients

2. Topical treatments (applied to the skin)

When your psoriasis is mild or clear, you will just need to use emollients (for washing and moisturising), but when your psoriasis is more active, you will need to use both emollients and topical psoriasis treatments.

Psoriasis...

- is a dry, scaly and itchy skin condition
- may be uncomfortable, unsightly and embarrassing
- runs in families
- has no cure but can be kept under control
- can be helped with emollients and psoriasis treatments



Image courtesy of DermNetNZ.org

Psoriasis

“You are not alone,

What is it?

Psoriasis is a skin condition, affecting about 2% of the UK population. It comes and goes throughout life; and unfortunately there is no cure.

It is not infectious and cannot be passed onto other people through touching.

About one third of people with psoriasis have the condition severely and for other people with psoriasis it may be more moderate or mild, however psoriasis varies from one person to another.

People cope with psoriasis in individual ways; this is often not related to how bad the psoriasis appears to others.

Who gets it?

Psoriasis affects men and women equally. It commonly starts in the teenage years and young adulthood, but can occur at any age. Psoriasis is hereditary and often more than one family member has the condition, but this is not always the case.

What does it look like?

Psoriasis can occur anywhere on the body. It may be in limited areas or widespread over the whole body. 85% of people with psoriasis have chronic plaque psoriasis. This appears as red/pink patches (known as



Image courtesy of DermNetNZ.org

plaques), covered in white/silvery scales which appear on the elbows, knees, lower back and scalp.



Image courtesy of DermNetNZ.org

On the scalp, the scaling is very flaky and can appear like thick dandruff with clumps of

scale. Red patches on the scalp, back of the neck and around the hairline, ears and forehead may also be seen. For a small number of people, the face can be affected.

Other types of psoriasis include guttate psoriasis; which appears as small raindrop-like lesions over the trunk and limbs. Flexural psoriasis appears in the skin folds, under the arms and the genitals; the plaques are bright red; as the silvery scaling is reduced in these moist areas.



Image courtesy of DermNetNZ.org



Image courtesy of DermNetNZ.org

Psoriasis can affect the nails; often people with psoriasis will notice small pits on the nail, and thickening of nails, which can lift off completely.

Other less common types of psoriasis include Palmar-plantar psoriasis, affecting the hands and feet; it can be very red and scaly or in a form with yellow pustules (called palmar-plantar pustulosis) appearing and severe itch. Very rarely psoriasis can make people extremely ill; as the whole body becomes completely red and sore, with shedding skin and sometimes pustules; this type of psoriasis is erythrodermic or generalised pustular psoriasis.

psoriasis is a very common skin condition and there is help at hand

What causes it?

Although we don't fully understand the causes of psoriasis, we know that there is a fault in the immune system that causes the skin to develop more quickly than normal. We also know that psoriasis is hereditary as one third of people with psoriasis have a relative with the condition.

New skin cells are formed in the epidermis (the outer layer of the skin). The normal lifecycle of these cells is 28 days, during which time they travel to the surface of the skin and are shed as scales.

In psoriasis this process is accelerated by seven times, so the life cycle of the skin cell is reduced to around four days.

This results in less mature skin cells quickly reaching the surface - these cells are loose and shed more easily. That's what causes the silvery scales often seen in psoriasis.



Psoriasis does not just affect the skin; there is a link with arthritis for 10%-20% of people. In severe psoriasis, there are links to heart disease, inflammatory bowel conditions (Crohn's disease) and metabolic syndromes (including diabetes).

What makes it worse?

Psoriasis can be triggered by several factors. It is worthwhile knowing what to avoid, to try to prevent psoriasis flares.

Scratching - scratching, rubbing and picking your skin can make psoriasis worse.



This can sometimes become an unconscious habit, especially when people are tired or anxious.

Skin trauma - psoriasis can appear in damaged skin; take care of your skin and prevent everyday injury (for example wear gloves when gardening).

Alcohol - regularly drinking more than the daily unit guidelines (3-4 units for men and 2-3 units for women) and binge drinking can trigger flares and make psoriasis worse.

Smoking - there is a link between worsening psoriasis and smoking, especially for women.

Infection - recurrent throat infections (caused by streptococci) are known to trigger guttate psoriasis.

Prescribed drugs - some medications, such as certain anti-malarial, anti-psychotic drugs, beta-blockers, ACE inhibitors and anti-inflammatory drugs are known to trigger psoriasis. If you are taking any of these medications, discuss this with your doctor.

Sun - most people with psoriasis find that the sun helps. However sunburn damages the skin and can make psoriasis worse.

Stress and anxiety - stress is commonly associated with worsening psoriasis. Some stress can be healthy, but if it continues for too long it can reduce your quality of life.

and. There are lots of treatment options and if these do not help

What are the treatment choices?

1 Emollients

Emollients are medical moisturisers, which soften and soothe the skin. They are an essential part of the treatment of psoriasis. They should be used daily to help reduce dry, rough, flaky and scaly skin. This will help reduce itching and keep the skin in good condition.

Emollients are available in a variety of forms: wash/shower/bath products and moisturising creams, lotions and ointments. They can be prescribed or bought from a chemist.

- *Bath or shower using a soap substitute; either a medicated bath oil and/or emollient wash product, emollient skin cleanser or a moisturiser can be used in this way*
- *Every day, after showering/bathing, moisturise your entire body with a medical moisturiser*
- *During the day, moisturise any dry or itchy areas of skin/psoriasis and resist the temptation to scratch or pick your psoriasis plaques.*

2 Topical Treatments

Topical treatments are generally prescribed by a healthcare professional, some tar shampoos, lotions and creams may be bought from a chemist. Topical treatments should be used in conjunction with emollients.

There is a range of topical treatments - which one is most effective for an individual can be hard to predict. Some treatments are gels, ointments or creams, which are applied once or twice daily. Other treatments require more time, as application techniques are precise. The effectiveness of an individual treatment can vary over time.

Your pharmacist, GP or nurse will advise you on the range of topical treatments and help you find ones that will suit you.

Body

- *Dithranol (short-contact)*
- *Tar*
- *Vitamin A analogues*
- *Vitamin D analogues*
- *Vitamin D analogues combined with topical steroids*

Scalp

- *Tar shampoos*
- *Tar and salicylic acid preparations for de-scaling*
- *Topical steroids*
- *Vitamin D analogues*
- *Vitamin D analogues combined with topical steroids*

Sensitive areas

- *Topical steroids (mild to moderate)*
- *Vitamin D analogues - (Silkis® and Curatoderm® only)*

A range of emollients and topical treatments may be prescribed; if you pay prescription charges, do purchase a pre-payment prescription certificate, this will make your psoriasis treatment much more cost effective. Apply on-line for a Pre-Payment Certificate (NHS) at www.nhsbsa.nhs.uk/1127.aspx

you, further treatments are available from a dermatologist.”

Helpful hints

- Find an emollient or range of emollient products for washing and moisturising that you like and suit you, and use them every day
- Moisturise your entire body everyday using long, smooth, soothing strokes (in the direction of hair growth)
- Take a small pot of moisturiser to work or college; and moisturise dry and itchy plaques during the day
- Leave a 20 minute gap in between emollients and psoriasis topical treatments, to help both be effective
- Try and persevere with topical psoriasis treatments for at least a month, most take an average of four to six weeks to work
- Always de-scale your scalp before applying topical treatments; remember to part the hair and treat the scalp
- Try and work out a good individual routine for your psoriasis skin care. Emollients should be a daily routine and psoriasis treatments used when your skin condition is flaring.



An example of a possible routine for an adult with chronic plaque psoriasis (body)

- *Get up*
- *Shower with an emollient wash, no soap*
- *Apply moisturiser all over*
- *Have breakfast*
- *Apply psoriasis treatment (for twice daily treatments only)*
- *Go to work*
- *Apply moisturiser during the day, if psoriasis is dry and itchy*
- *In the evening soak in an emollient bath, use an emollient wash, no bubble bath or soap*
- *Apply moisturiser*
- *Watch TV or read for 30 minutes (to leave a gap between emollient and psoriasis treatment)*
- *Apply psoriasis treatment*
- *Bedtime*



If scalp psoriasis is present, hair should be washed three times a week with a tar based shampoo and psoriasis scalp treatment applied daily at night. If the scale is very thick and built-up, use a three day de-scaling routine with tar/salicylic acid/coconut oil ointment generously massaged into the scalp and left for at least an hour or overnight, if possible. Wash out in the morning with a tar-based shampoo.

Having psoriasis can be difficult. Some people find fitting treatment into their daily life difficult and some find it hard to cope with the way their skin looks and how other people react.

You are not alone, psoriasis is a very common skin condition and there is help at hand.

There are lots of treatment options and if these do not help you, further treatments are available from a dermatologist.

Where can I find out more about psoriasis?

The Psoriasis Association

Dick Coles House, 2 Queensbridge
Northampton NN4 7BF
Tel: 08456 760076 (calls charged at local rate)
Email: mail@psoriasis-association.org.uk
www.psoriasis-association.org.uk
www.psoteen.org.uk

Psoriasis and Psoriatic Arthritis Alliance

(for people with psoriasis and psoriatic arthritis)

PO Box 111 St Albans
Hertfordshire AL2 3JQ
Tel: 01923 672837 Fax: 01923 682606
Email: info@papaa.org
www.papaa.org

Psoriasis Scotland Arthritis Link Volunteers

(a Scottish support group for people with psoriasis and psoriatic arthritis)

Tel: 0131 556 4117
Email: janice.johnson5@btinternet.com
www.webplus.psoriasisScotland.org.uk

Psoriasis information accredited by:



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