

# Psoriasis and emollients

A guide to emollients in the management of psoriasis



# What is psoriasis?

Psoriasis is an autoimmune condition, which causes skin symptoms and sometimes affects the joints (psoriatic arthritis). Psoriasis can affect any area of the body, usually the arms (elbows) and legs (knees), lower back and the scalp. The trunk, hands, feet and genitals can also be involved. The skin replacement process is accelerated meaning the skin cells build up and create raised 'plaques' on the skin, which may be itchy, flaky and scaly.

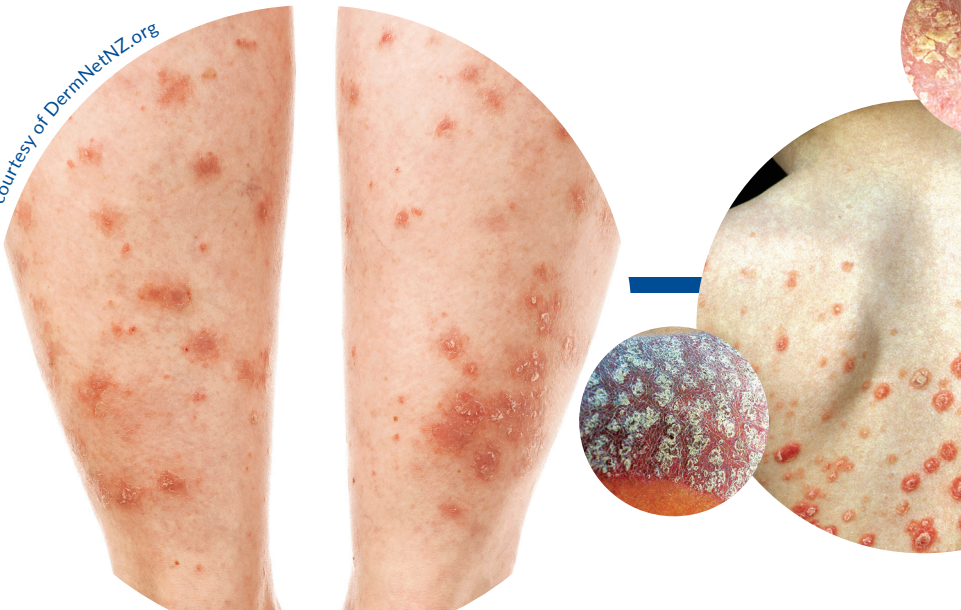
- It changes throughout life and varies from one person to another
- It is not infectious and cannot be passed onto other people
- Usually runs in families and may sometimes be triggered by stress, trauma or some prescribed medicines
- Males and females equally affected

## Skin cell life cycle accelerated

Usually, the lifecycle of new skin cells growing in the epidermis (the outer layer of the skin) is 28 days. Skin cells travel to the surface of the skin and are shed as scales. In psoriasis this process is accelerated and the life cycle of the skin cell is reduced to around four days.

This means less mature skin cells quickly reach the skin surface. These cells are loose and shed more easily, which causes the silvery scales often seen in psoriasis.

Image courtesy of DermNetNZ.org



## What age does psoriasis start?

- Often starts between 16-30 years, with a second peak around 50-60 years
- It can occur at any age
- Rare in children

## How many people get psoriasis?

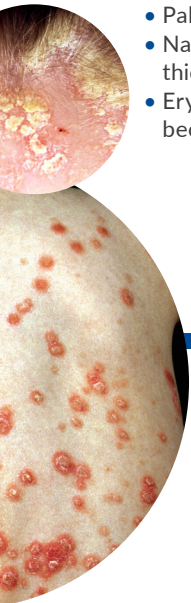
Up to 3% of the UK population are affected, with about 80% having mild to moderate psoriasis, which mainly affects the skin.

## What does psoriasis look like?

- May be in limited areas or widespread over the body
- Chronic plaque psoriasis (the most frequently seen type of psoriasis) appears as red/pink patches covered in white/silvery scales on the elbows, knees, lower back and scalp
- On the scalp, the scaling may look like thick dandruff with clumps of scale
- The whole face is rarely affected, but psoriasis may be seen around the hairline and ears

## Different types of psoriasis

- Most people with psoriasis have plaque psoriasis, either alone or in combination with another type. It gets its name from the 'plaques' that are formed by the build-up of skin cells
- 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
- Palmar-plantar – plaque psoriasis affecting hands and feet
- Nail psoriasis – often people with psoriasis will notice small pits on the nail, and thickening of nails, which can lift off completely
- Erythrodermic / generalised pustular psoriasis – very rarely the whole body becomes red and sore, with shedding skin and sometimes pustules



To find out more about psoriasis phone the Psoriasis Association helpline on **01604 251 620** or visit [www.psoriasis-association.org.uk](http://www.psoriasis-association.org.uk)

## How should psoriasis be managed?

Although psoriasis is a long-term condition there are treatments to help keep it under control. Everyone is affected differently, so there is no single treatment.

Management usually includes:

1. Emollients (moisturisers) – for all the skin
2. Topical treatments like Vitamin D analogues or steroids are applied only to the skin affected by psoriasis

## Emollients

- Help form a barrier to irritants
- Moisturise the skin to make it feel more comfortable
- Help reduce dry, flaky and scaly skin; as well as itching
- Allow other treatments to be better absorbed and work more effectively
- Designed to be left on the skin and may be used as a soap substitute

## Which emollient should I use?

There are lots to choose from and you might need more than one type to suit different times of the day and different areas of your body.

The best emollients are the ones that you like. Your healthcare professional will discuss different options with you and you can ask for samples to try.

**Lotions** – have a high water content, spread easily and are cooling. But are not so effective at moisturising very dry skin. Useful for hairy areas and for quick absorption.

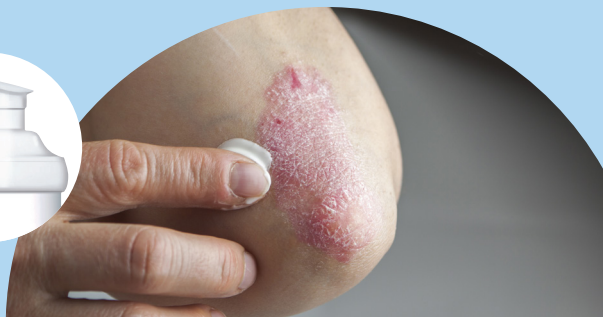
**Creams** – have a higher fat content than lotions, but still feel light and cool on the skin. They are not as greasy as ointments so may be preferred for daytime use.

**Gels** – light and non-greasy, but still have quite a high oil content.

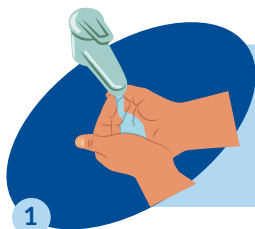
**Ointments** – are greasy and contain less water than other emollients. They are effective at holding water in the skin and are useful for very dry areas or if a heavier emollient is needed at night.

### Note

Guidance from the National Institute for Health and Care Excellence (NICE) recommends using an emollient 'with a pump dispenser to minimise the risk of bacterial contamination.'



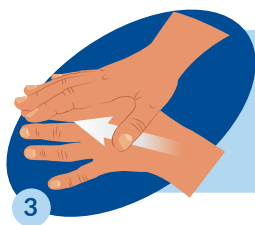
## How should emollients be applied?



Wash your hands to remove invisible bacteria.



Do not put fingers into tubs to scoop out the emollient as you may introduce bacteria. To reduce the risk of infection, transfer some emollient onto a clean plate using a clean spoon. If your emollient is in a pump dispenser, you can pump directly onto your hand.



Emollients should be applied gently to the skin following the direction of hair growth and left in a thin layer to soak in. Emollients should not be rubbed into the skin.

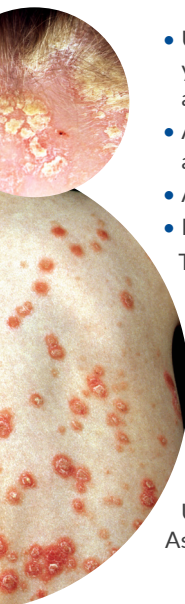
- Use your emollient for washing instead of soap or shower gel. Apply it all over your body before having a bath or showering, then simply soak or shower off and pat dry with a soft towel
- After a bath or shower is a good time to apply your emollient, pat the skin dry and apply the emollient, this helps trap moisture into the skin
- Apply whenever your skin is dry and at least twice a day
- Don't run out!

Topical treatments should be used after moisturising with emollients, remembering to leave a 20 minute gap between emollient and treatment.

## Can I get emollients on prescription?

If you've been diagnosed with psoriasis, you should be able to get your emollients on prescription in the quantities you need. If you've been prescribed an emollient that isn't working for you, contact your healthcare professional to discuss changing to something more suitable.

Useful information about emollients on prescription is available from the Psoriasis Association: [www.psoriasis-association.org.uk/news/gp-emollient-letter](http://www.psoriasis-association.org.uk/news/gp-emollient-letter)



## Further information

The Psoriasis Association

Tel: 01604 251 620

Email: [mail@psoriasis-association.org.uk](mailto:mail@psoriasis-association.org.uk)

[www.psoriasis-association.org.uk](http://www.psoriasis-association.org.uk)

[www.psoteen.org.uk](http://www.psoteen.org.uk)

Psoriasis and Psoriatic Arthritis Alliance

Tel: 01923 672 837

Email: [info@papaa.org](mailto:info@papaa.org)

[www.papaa.org](http://www.papaa.org)

Skin Support

A website to support people in psychological distress due to skin conditions.

[www.skinsupport.org.uk](http://www.skinsupport.org.uk)

Reference sources

[www.psoriasis-association.org.uk](http://www.psoriasis-association.org.uk)

British Association of Dermatologists, 'Topical treatments for psoriasis', 2017

NICE, Psoriasis: assessment and management, Clinical guideline, 2012

NICE, 2018, <https://cks.nice.org.uk/eczema-atopic>

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