Psoriasis

Psoriasis is a common, long lasting (*chronic*) inflammation of the skin. It affects both men and women equally, of all ages and all races. It most often affects the scalp, elbows, knees and lower back. It appears as a scaly red rash over affected areas. Silvery scales appear in these areas of thickened, inflamed skin. **Psoriasis is not contagious.** It cannot be passed from person to person. Psoriasis varies from mild to very severe. The cause of psoriasis is unknown. Recent evidence suggests that there is an abnormality in some of the blood cells (white blood cells) that fight infection. This causes the skin to shed its top layer of cells more rapidly. This produces the symptoms of psoriasis.

Aggravating factors include damage (*trauma*) to the skin. This often causes new sores (*lesions*). Examples are cuts, scrapes, and sunburn. Winter season's dryness and lack of sunlight are also aggravating factors.

Psoriasis comes in many forms and in varying intensity. It is diagnosed by physical exam and/or tissue sample (*biopsy*).

- The **most common form** begins with little red bumps that gradually become larger. The bumps begin to form scales that flake off easily. The lower layers of scales stick together. When these scales are scratched or removed, the underlying skin is tender and bleeds easily. These areas then grow in size. They may be come large. This is often a rash that appears and looks the same on both sides of the body (*symmetrical*). It often affects the elbows, knees, groin, genitals, arms, legs, scalp, and nails. Affected nails often have pitting, may loosen, thicken and crumble, and are difficult to treat.
- **Inverse psoriasis** occurs in the armpits, under breasts, in skin folds, and around the groin, buttocks and genitals.
- **Guttate psoriasis** generally occurs in children and young adults following a recent sore throat. It begins with many small, red, scaly spots on the skin. It clears spontaneously in weeks or a few months without treatment.

Arthritis associated with psoriasis *(psoriatic arthritis)* involves less than 10% of patients with psoriasis. The arthritic intensity often matches the skin psoriasis intensity.

Things that can make psoriasis worse:

- Drugs such as lithium, beta-blockers, antimalarial drugs, ACE-inhibitors, NSAIDS (ibuprofen, aspirin), terbinafine can worsen psoriasis. It is important to let your caregiver know if you are taking these drugs or get a new prescription of these drugs.
- Alcohol has also been associated with worsening of psoriasis. Excessive alcohol use should be avoided if you have psoriasis. Drinking large amounts of alcohol can affect:
  - How well your psoriasis treatment works.
  - How safe your psoriasis treatment is.
- Smoking can increase the risk of psoriasis and also increased severity of psoriasis. If you smoke, ask your health care provider for help in quitting.
- Infections (bacterial and viral) may also worsen psoriasis.

TREATMENT OPTIONS

The treatment of psoriasis depends on your age, health, and living conditions. Medications such as cortisone creams, lotions, and ointments, coal tars, anthralin, and synthetic vitamin D preparations are available by prescription. Sunlight and UV light help and may be supplemented with oral medications such as the psoralens. The UV treatment is best received in a professional, supervised setting.

- **Steroid (*cortisone*) treatments** are associated with thinning of the skin, blood vessels that get larger (*dilated*), loss of skin pigmentation, and easy bruising. It is important to use these steroids as directed by your doctor and only treat the affected areas and not the normal, unaffected skin. Resistance to treatment can develop. People on long term steroid treatment should wear a medic alert bracelet. Injections may be

used in difficult to treat areas.

- **Scalp treatments** are available with shampoos, solutions, sprays and oils. Avoid scratching the scalp and picking at the scales.
- **Anthralin**, works well on difficult to treat areas. It stains clothes and skin. It may cause temporary irritation (*inflammation*).
- **Synthetic vitamin D (*calcipotriene*)** can be used on small areas. It is available by prescription. The forms available in health food stores are of no value.
- **Coal tars** are available in various strengths for difficult to treat psoriasis. They have been one of the longest used mainstays of treatment in difficult to treat psoriasis. They are messy to use. Check for the latest choices available.
- **Light therapy (*UV therapy*)** can be carefully and professionally monitored in a dermatologist's office. Careful sun bathing is helpful for many people. Avoid sunburn as this may make the condition worse. Cataracts, wrinkles, and skin aging are some of the harmful side effects of solar therapy.

Psoriasis is a chronic condition of the skin that may sometimes be very difficult to treat. It is necessary for you to follow up with your health caregiver continuously and regularly if you are one of these difficult to treat cases. Usually **with persistence, you can get a good amount of relief. Maintain a consistency of care.** Do not change caregivers just because you do not see immediate results. Numerous trials may be necessary to find the right combination of treatment for you.

Document Released: 12/15/2001 Document Re-Released: 01/09/2011
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