

PSORIASIS

Psoriasis is a common skin condition which affects men and women of all ages.

Symptoms

There are several different type of psoriasis. Typically, people have only one form of psoriasis at a time, although sometimes two different types can occur together. One type may change to another type, or one type may become more severe.

Psoriasis often goes through cycles. It can flare up for a few weeks or months, and then the symptoms ease or stop.

Common types of psoriasis are:

- **Plaque psoriasis** - the most common form of psoriasis. Around 80% of people with psoriasis have plaque psoriasis. Its symptoms are dry, red skin lesions - known as plaques - that are covered in silver scales. They normally appear on your elbows, knees, scalp and lower back but can appear anywhere on your body. The plaques are normally itchy, sore, or both. In severe cases the skin around your joints may crack and bleed.

- **Nail psoriasis** - this affects your nails causing them to pit, become discoloured and grow abnormally. Often nails can become loose and separate from your nail bed. In some severe cases, your nails may crumble.

- **Guttate psoriasis** - this normally occurs following a throat infection (streptococci) and is more common amongst children and teenagers. This causes small (less than 1 cm) water-drop shaped sores on your chest, arms, legs and scalp. There is a good chance that guttate psoriasis will disappear completely, but some young people go on to develop plaque psoriasis.

- **Scalp psoriasis** - this normally affects the back of your head, but it can occur in other parts of your scalp, or on the whole scalp. This causes red patches of skin covered in thick silvery-white scales. Some people find scalp psoriasis, extremely itchy, while others have no discomfort. In extreme cases it can cause hair loss, but not permanent balding.

- **Inverse psoriasis** - this affects areas of the skin that are in folds or creases, such as the armpits, groin, and the skin between the buttocks and under the breasts. This can cause large smooth red patches to occur in some or all of these areas. Inverse psoriasis is made worse by friction and sweating, so it can be particularly uncomfortable in hot weather. Inverse psoriasis is more common in overweight people.

- **Pustular psoriasis Von Zumbusch psoriasis** - this causes pustules to appear across a wide area of your skin. The pustules develop very quickly. The pus consists of white blood cells and is not infected. The pustules dry and peel off within a couple of days, leaving the skin shiny and smooth. The pustules may reappear every few days or weeks in cycles. During the start of these cycles Von Zumbusch psoriasis can cause fever, chills, weight loss, and fatigue.

- **Palmaplanter pustular psoriasis** - this causes pustules to appear on the palms of your hands and the soles of your feet. Pustules may reappear every few days or weeks.

- **Acropustulosis** - this causes pustules to appear on your fingers and toes. The pustules then burst leaving bright red areas that may ooze or become scaly. These may lead to painful nail deformities.

There are rarer types of psoriasis known as pustular psoriasis. These cause pus filled blisters (pustules) to appear on your skin. Different types of pustular psoriasis affect different parts of the body:

- **Erythrodermic psoriasis**

Erythrodermic psoriasis is the rarest form of psoriasis. This can cover your body with a widespread red rash that causes intense itching or burning. Erythrodermic psoriasis can cause your body to lose proteins and fluid. This can lead to serious illnesses such as dehydration, heart failure, hypothermia and malnutrition.

The exact cause of psoriasis is unknown but it is known that your immune system plays a part. Your immune system is your body's defense against disease - it produces proteins (antibodies) that attack germs and viruses.

For some reason, if you have psoriasis, one of these antibodies called T cells start attacking healthy skin cells by mistake. This triggers other immune responses that cause an increase in the production of new skin cells and also T cells.

This results in a cycle of skin cell production becoming faster and faster - skin cells are created and then die in the space of 5-6 days, rather than the normal 28 days. The dead skin cells then build on the surface of your skin in thick scaly patches.

Psoriasis runs in families - one in three people with psoriasis has a close relative who also has psoriasis. However, the exact role that genetics plays in causing psoriasis remains unclear.

Diseases of the immune system such as the HIV infection can cause psoriasis to flare up or to appear for the first time.

COMPLICATIONS

Psoriatic arthritis

Between 10% and 20% of people with psoriasis develop psoriatic arthritis, which causes tenderness, pain and swelling in the joints and connective tissue with associated stiffness. It commonly affects the ends of the fingers and toes. In some people it affects the lower back, neck and knees.

There is no single test for psoriatic arthritis. It is normally diagnosed using a combination of methods, looking at your medical history, physical examinations, blood tests, X-Rays and MRI scans. Psoriatic arthritis can be treated with anti-inflammatory or anti-rheumatic medicines.

PSORIASIS TRIGGERS

Many people with psoriasis find that symptoms start or become worse because of a certain event - a trigger. Identifying a trigger may allow you to avoid a flare up of psoriasis. Common triggers include:

- Alcohol.
- Smoking.
- An injury to your skin such as a cut, scrape, insect bite, or sunburn (this is known as 'the Koebner response').
- Stress, and
- Certain medicines like lithium, antimalarial medicines, anti-inflammatory medicines including ibuprofen, and ACE inhibitors (used to treat hypertension), and beta blockers (used to treat congestive heart failure).

DIAGNOSIS

There is no blood test for psoriasis. If your doctor suspects you have psoriatic arthritis (see complications), you should be referred to a rheumatologist, who specializes in arthritis. Blood

tests may be taken to rule out other conditions and x rays of the affected

TREATMENT

Appropriate treatment will keep psoriasis under control but there is no out and out cure. Most people with psoriasis can be treated by their GP but in more severe cases the patient will need to be treated by a dermatologist.

Treatment depends on the type and severity of your psoriasis and the area of the skin affected. Treatment usually begins with topical creams and then moves on to stronger treatments if necessary.

Treatments fall into three categories:

- **Topical** - creams and ointments are applied to your skin.
- **Phototherapy** - your skin is exposed to certain types of light.
- **Oral and injected medication** - medicine is used to reduce the production of your skin cells.

Different types of treatment are often used in combination.

Topical treatments are creams and ointments you apply to the affected areas of your skin. They generally must be prescribed by your GP. They are used to treat mild to moderate psoriasis. Topical psoriasis treatments include:

- **Topical corticosteroids** - these are the most commonly used medicines for treating mild to moderate psoriasis. The treatment works by slowing the production of skin cells; this reduces the inflammation and relieves the symptoms of itching. Topical corticosteroids range in strength from mild (hydrocortisone) to very strong clobetasol. Stronger topical corticosteroids are normally only used on small areas of your skin or on particularly thick patches. Over-use can lead to you developing a tolerance to the cream and it can thin your skin.
- **Vitamin D analogues** - the Vitamin D in the cream has a suppressing effect on your immune system, slowing the production of skin cells. The most widely used Vitamin D analogue is calcipotriol (Dovonex[®]), which is used to treat mild to moderate psoriasis. Calcipotriol generally has few side-effects if used as per doctor's instructions.
- **Dithranol** - this has been used for over 50 years in the treatment of plaque psoriasis. It is effective in suppressing the production of skin cells and has no side-effects. However, it is typically only used as a short-term treatment under hospital supervision, as it stains everything it comes into contact with including your skin. It is normally only applied to your skin for five minutes before being washed off to reduce the risk of staining your skin. Dithranol is often used in combination with phototherapy.
- **Tazarotene** - this cream contains a chemical similar to Vitamin A - a retinoid - this slows the production of skin cells. It is used in the treatment of moderate plaque psoriasis. The most common side effect is skin irritation. Tazarotene can cause birth defects so it should be strictly avoided during pregnancy or if breastfeeding. It is not recommended for children or teenagers.

- **Coal tar** - this is a thick heavy oil and is probably the oldest treatment for psoriasis. How it works is not exactly known, but it reduces scales, inflammation and itchiness. Coal Tar can stain clothes and has a very strong smell. It is often used in combination with phototherapy.

PHOTOTHERAPY

Phototherapy uses natural and artificial light to treat psoriasis.

- **Sunlight** - brief, daily exposure to small amounts of sunlight can improve symptoms, but too much sun can cause a worsening of your condition and cause skin damage.
- **UVB phototherapy** - this uses a wavelength of light that is invisible to human eyes - ultraviolet B light. The light slows down the production of skin cells and is an effective treatment against guttate or plaque psoriasis that has not responded to a topical procedure. Treatment takes place at a hospital under the supervision of a dermatologist. You will normally need between 10 and 30 sessions.
- **Psoralean plus ultraviolet A (PUVA)** - for this treatment, you will first be given a tablet called psoralean. This makes your skin more sensitive to light. Your skin is then exposed to a wavelength of light called ultraviolet A. This light penetrates your skin more deeply than ultraviolet B light. This treatment may be used if you have severe psoriasis that has not responded to other treatment. Common side-effects of the treatment include nausea, headaches, burning and itchiness.
- **Combination light therapy** - combining phototherapy with other treatments often increases the effectiveness of phototherapy. Some doctors use UVB phototherapy in combination with coal tar, as the coal tar makes the skin more receptive to light. Combining UVB phototherapy with Dithranol cream has also proved effective.

ORAL AND INJECTED MEDICATION

You will normally only be prescribed tablets or injections if your psoriasis is severe and is resistant to other treatments. Oral medications can be very effective in treating psoriasis but they all have potentially seriously side-effects - so they are only used for short periods of time.

- **Methotrexate** - methotrexate is a medicine that decreases the production of skin cells and suppresses inflammation. It is useful in treating pustular psoriasis, psoriatic erythroderma and extensive plaque psoriasis. It has no short-term side effects, but long term use can cause serious liver damage. People who have previous liver disease should not take methotrexate. You should not drink any alcohol when taking methotrexate. Methotrexate can cause serious birth defects. Women should take adequate contraceptive precautions to avoid falling pregnant during therapy and for three months afterwards. Methotrexate can affect how sperm cells develop, so men should avoid fathering a child during therapy and for three weeks afterwards.

- **Aciterin** - aciterin is an oral retinoid that reduces the production of skin cells. It is used to treat severe psoriasis that has not responded to other treatments. It has a wide range of side effects including dryness and cracking of the lips, dryness of the nasal passages, loss of hair, and in rarer cases, hepatitis. Acitretin causes serious birth defects, and women should avoid pregnancy during treatment, and for two years after.
- **Ciclosporin** - ciclosporin is an immunosuppressant - a medicine that suppresses your immune systems. It has proved effective in the treatment of all types of psoriasis, but as it stops your immune system from working normally, it can make you more at risk from infection. Ciclosporin also increases your chances of kidney disease and high blood pressure.