



fact sheet

Psoriasis

What is psoriasis?

Psoriasis is a chronic skin condition which appears as thick red, scaly areas or plaques most commonly on the elbows, knees and scalp. Any part of the skin surface may be involved and some people develop associated nail changes and arthritis. It affects about 2-3% of the population of the United Kingdom and Ireland and it differs in severity from one small insignificant patch to involvement of large areas of the skin causing considerable distress. It can be itchy but is not usually sore. Although it is predominantly a skin disease, it is the result of problems involving the immune system. It is very simply a speeding up of the usual replacement processes of the skin. Normally skin cells take about 21-28 days to replace themselves; in psoriasis this process is greatly accelerated, and skin cells can be replaced every 2-6 days. This results in an accumulation of skin cells on the surface of the skin, in the form of a psoriatic plaque. This process is the same wherever it occurs on the body. Psoriasis can occur at any point in the lifespan, affecting children, teenagers, adults and older people. It affects males and females equally. Unfortunately psoriasis cannot be cured, but it can be managed. There are many different types of treatment from creams and ointments to tablets and Ultra-violet light. If you have psoriasis which is bothering you it is advisable to visit your GP and/or dermatologist for information and help on treatment.

What causes psoriasis?

The fundamental cause is unknown, but it is known to be genetic in origin (roughly one third of patients have a family history), and may be started by a variety of trigger factors. These include throat infections and certain drugs. Other factors which can aggravate psoriasis are excessive alcohol, and major life events such as stress, bereavement or pregnancy. Psoriasis is very unpredictable, in some people it may resolve spontaneously but for most once it has started, it tends to stay. Psoriasis cannot be caught from other people nor can it be transferred from one part of the body to another.

Types of Psoriasis?

There are a number of different types of psoriasis and these are some of the commoner ones:

Plaque Psoriasis: This is the most common variety, and appears as thick red patches with silvery scales on top. It can be itchy and irritating, and is most common on the trunk, scalp, knees, elbows and genitalia.

Guttate Psoriasis: This usually affects children and may be triggered by a throat infection. It causes the appearance of small red spots over the trunk and limbs which last for a few weeks and then fade. Some children who have an episode of guttate psoriasis will go on to develop chronic plaque psoriasis in later years.

Nail Psoriasis: Characterised by pits or dimples appearing in the nail (fingernails or toenails). The nails may discolour and become thickened, and may crumble easily or become detached from the nail bed.

Scalp Psoriasis: Almost half the people that develop psoriasis suffer from this variety. It causes scaly red plaques on the scalp. The scale gets trapped by the hair and can become very thick and uncomfortable. It does not affect hair growth.

Pustular Psoriasis: This is a rare form of psoriasis which is generally seen on the palms of the hands and soles of the feet. It is characterised by the appearance of little white pustules on the skin. Despite their appearance, the pustules are sterile and are not the result of bacterial infection.

Psoriatic Arthritis: About 10-20% of people with psoriasis may develop an associated arthritis. This causes pain and swelling in the joints, accompanied by stiffness, particularly in the mornings. Most commonly affected sites are the hands, feet, lower back, neck and knees

How can Psoriasis be treated?

This will depend on the type of psoriasis that you have, and on its severity. Whatever treatment you use it is vitally important to use a moisturiser to make the skin more comfortable. There are four categories of treatments:

Topical therapies are treatments that are applied directly to the skin. They are available as creams, lotions, ointments, mousse and gels. Most people with psoriasis will use topical treatments to control the condition. Should your psoriasis be particularly widespread or not responding to topical treatments you may be referred to a Dermatologist who can prescribe the following treatments:

Phototherapy is the term used for treatment with ultraviolet light. There are two types of ultraviolet (UV) light that can be used to treat psoriasis, UVB and UVA. Treatment with UVA requires the use of a chemical agent (either in tablet or bath form) called psoralen. Psoralens make the skin more sensitive to UVA. This treatment is referred to as PUVA therapy. Treatment with UVB does not need psoralens.

Systemic medication refers to treatments you take into your body e.g. tablets. However, they all have potential risks and so are reserved for people with moderate to severe psoriasis. These treatments will be discussed at length with you should your dermatologist feel you would benefit from taking them. You will require ongoing monitoring with blood tests and blood pressure checks, and some tablets cannot be prescribed if you are taking other medications.

Biological injections are new treatments available to treat severe psoriasis that has not responded to any of the aforementioned treatments. They work by blocking the action of certain immune cells (T cells) or the chemicals released by them, which play a part in causing psoriasis.

Disclaimer

While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. All content within Pure and Gentle SkinCare is provided for general information only, and should not be treated as a substitute for the medical advice of your own doctor or any other health care professional. Pure and Gentle SkinCare is not responsible or liable for any diagnosis made by a user based on the content of Pure and Gentle SkinCare website or advisers. Always consult your own GP if you're in any way concerned about your health as he or she will be able to advise in greater detail.

Other helpful information sites

www.talkpsoriasis.com - patient support and information site for individuals and families living with the day to day misery of psoriasis.

www.psoriasis-association.org.uk - provides information and help for people suffering with psoriasis

www.nhsdirect.nhs.uk - telephone 0845 4647 to speak to an adviser or nurse

www.britishskinfoundation.org.uk - helpful advice on many different types of skin problems

www.bbc.co.uk/health - information site