

Physiotherapy/occupational therapy

This type of treatment is important for the minority of people for whom psoriasis is associated with severe arthritis.

What is the outlook?

Psoriasis is a long term condition but in most people it is usually mild. The range of treatments available are usually effective at relieving the symptoms when they occur.

People with psoriasis should look out for possible complications such as

infections (shown by skin becoming more painful, swollen, red or tender than usual) or arthritis and, if worried, see a doctor, because much can be done to treat them.

Further information

The Psoriasis Association

☎ 0845 676 0076

www.psoriasis-association.org.uk

British Association of Dermatologists

☎ 020 7383 0266

www.bad.org.uk/patients

Psoriasis

Psoriasis is a chronic (prolonged) inflammation of the skin, whose cause is unclear. Often there are red patches (plaques) on the skin covered by silvery scales of dead skin. The condition is not infectious and is not usually severe enough to affect general health.

Who gets psoriasis?

Psoriasis is quite common, affecting around two per cent of the population, although people with very mild symptoms may not be aware they have it. Psoriasis can begin at any age but usually starts either around the age of 20 or between 50 and 60.

The exact cause of psoriasis is not known, but it tends to run in families. If both of their parents are affected, a person has a 60% chance of developing the condition.

Environmental triggers are important too, stimulating the condition in susceptible people. Triggers include throat infections, skin trauma such as cuts, bruises or burns, some medicines, stress or psychological trauma, smoking and high alcohol intake. And although psoriasis is much more likely in people

with a family history of the condition, other people may still get it.

What are the common symptoms?

Psoriasis occurs in different forms, but usually involves the thickening and reddening of patches of skin. Patches of psoriasis typically occur on the elbows, knees, scalp and lower back. These patches may have a thick silvery-white scale of dead skin on the top, and may be itchy.

Most people with psoriasis have the condition for life. But it tends to come and go, often for no apparent reason, and the severity of each flare-up can vary.

If it covers the whole body psoriasis can cause a more generalised illness.

The main types of psoriasis

- **Plaque psoriasis:** scaly patches

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(plaques) on the elbows, knees, lower back and scalp. The plaques may be as small as 1 cm in diameter, or more than 10cm. This is the most common form of psoriasis.

- **Guttate psoriasis** - lots of small, drop-shaped scaly patches, usually less than 1 cm in diameter, mostly on the trunk, but also elsewhere. This type of psoriasis may start suddenly, after a throat infection.
- **Inverse psoriasis** - red, shiny patches in skin folds in the armpits and groin, and under the breasts for women. These usually have no scaling.
- **Pustular psoriasis** - scaly patches containing pus appear on the palms of the hands and the soles of the feet. Sometimes, and more seriously, they cover other parts of the body too.
- **Erythroderma** - inflammation of all of the skin, which becomes hot, red and dry - this is a very rare but serious condition.

Psoriasis can also occur on the scalp, where it is likely to cause redness and flaking, or smooth patches may appear on the soles of the feet and palms of the hands. Fingernails can also be affected, by pitting, rather like on a thimble, discolouration or breaking.

Some people with psoriasis also have associated arthritis (inflamed joints), which can range from being very mild to severe. Typically the joints of the fingers and toes are affected, although the back, knees and hips may be too.

Causes of psoriasis skin changes

In areas affected by psoriasis, there seems to be a rapid increase in the speed at which skin cells are replaced. Skin usually takes about 27 days to replace itself; in areas affected by psoriasis it may take only three or four days. New skin cells go rapidly to the surface before they are properly mature, forming the thick psoriatic patches. There is also a build up of white blood cells (called T-cells) under the skin, which causes inflammation.

It is thought that substances produced by the immune system may cause both the build up of white blood cells and the abnormal turnover of skin cells, but what makes the immune system behave in this way is unclear.

Diagnosing psoriasis

A doctor usually diagnoses psoriasis from the symptoms someone describes and a physical examination. In some cases, if the doctor is unsure, a small skin sample may be taken to be tested in a laboratory (biopsy) to help confirm the diagnosis. X-rays may be taken of joints affected by arthritis.

What is the treatment for psoriasis?

Self-care action plan

There are several common-sense ways to help minimise psoriasis flare-ups:

- Where possible, avoid anything known to trigger the condition, especially stress.
- Do not scratch or pick at the skin: it

may bleed and become infected, and psoriasis may then develop in that area.

- Avoid soap, which can be drying, and instead wash with aqueous cream or an emollient wash (eg E45).
- After washing, pat the skin dry, don't irritate it by rubbing vigorously.
- Use plenty of moisturising cream to soothe and soften the skin. This is especially effective after washing.
- Sunlight helps some people with psoriasis. However, avoid the sun if it causes pain and avoid getting burnt.
- Wear cotton clothes next to the skin and avoid rough, synthetic materials.

Medicines and light treatments

There are many treatments available for psoriasis. Creams and ointments are usually the first tried, followed by tablets and treatment with ultraviolet light. The main treatments are as follows:

- Steroid creams - this is the most widely used treatment, and can reduce inflammation and plaques. The creams may thin the skin, and symptoms may increase when the treatment is stopped.
- Tar compounds - which are especially useful for psoriasis of the scalp. They are messy to use.
- Ointments containing vitamin D derivatives - recently developed for treating moderate psoriasis. However their effect may not last long.

- Light therapy, with ultraviolet A or B - this is available at specialist hospital clinics or lamps that can be used at home. Care must be taken not to burn the skin.
- Psoralen and ultraviolet A light treatment (also called PUVA). This involves combining a medicine which sensitises the skin to sunlight (psoralen) with a controlled dose of ultraviolet light. It can reduce symptoms in moderate psoriasis.
- Vitamin A derivatives, which are available in tablet form and as ointment/cream (eg tazarotene). Not suitable for women who are, or who may become, pregnant.
- Medicines that suppress the immune system if the psoriasis is severe. eg methotrexate and ciclosporin.

Complementary therapy

It is unusual for conventional medicine to cure psoriasis, or to relieve the symptoms completely. For this reason, many people turn to complementary therapies such as homeopathy, acupuncture and herbal remedies. Whether they are of any benefit is unclear, partly because people often use steroid creams at the same time as the complementary therapies, and also because of the way psoriasis naturally comes and goes.

Relaxation methods such as meditation, yoga and the Alexander Technique may well be beneficial because they reduce stress, a trigger for psoriasis.