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psoriasis association

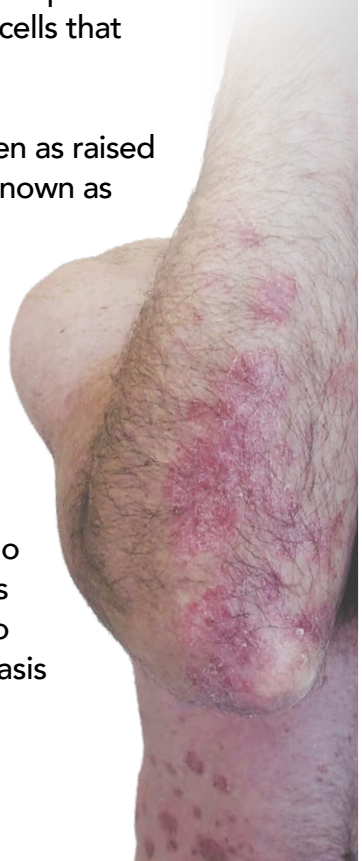
What is psoriasis?

WHAT IS PSORIASIS?

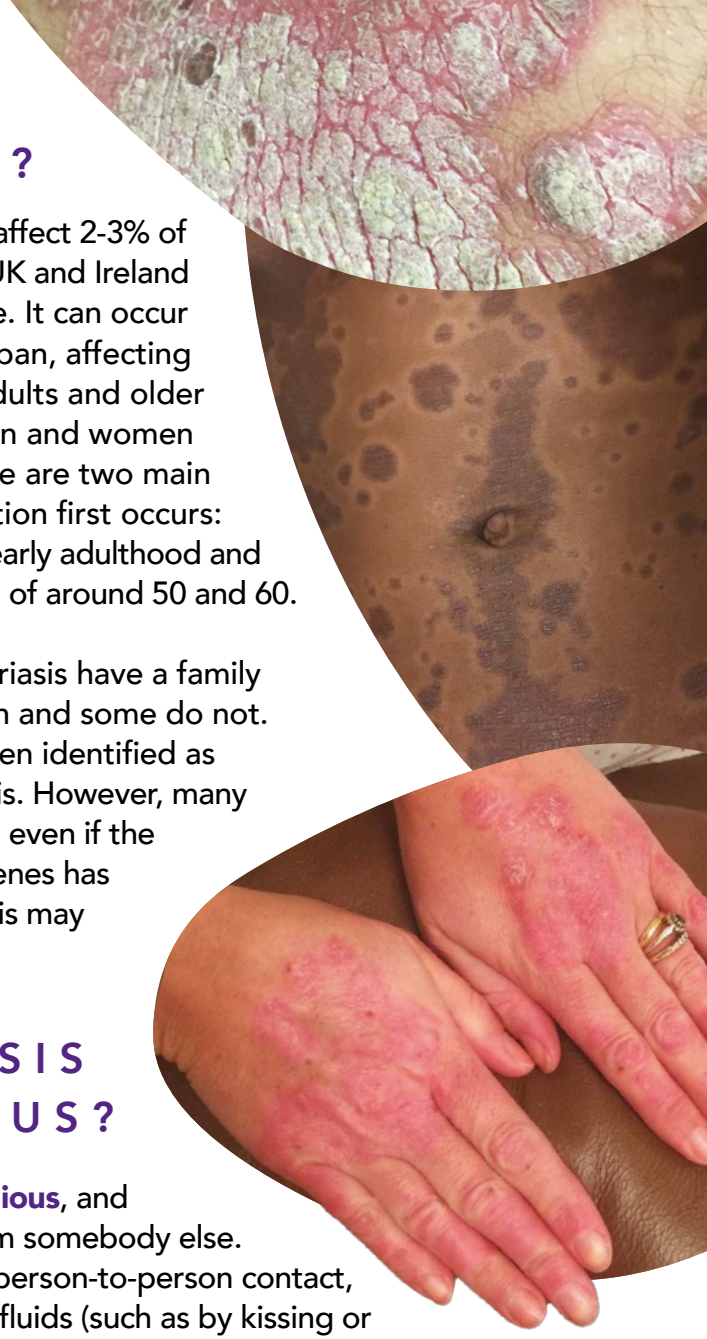
Psoriasis is classed as an immune-mediated inflammatory disease (or IMID) which simply means that the immune system is not functioning correctly. In the case of psoriasis, the immune system is overactive, and this causes symptoms on the skin and can sometimes affect the joints.

When a person has psoriasis, their skin replacement process speeds up, taking just a few days to replace skin cells that usually take 21-28 days.

This results in a build-up of immature skin cells seen as raised patches of flaky skin covered with silvery scales (known as plaques) which can also be itchy. This process is usually the same wherever it appears on the body including the scalp although different types tend to occur in different areas. Scaling or thick plaques are not as common on the backs of the knees, armpits and genital areas.



Psoriasis is a long-term condition that can ebb and flow. There may be periods when you have no symptoms or mild symptoms followed by periods when it is more active. Whilst there is currently no cure available, it is possible to live well with psoriasis and there are many treatments available to help manage the condition.



WHO GETS PSORIASIS?

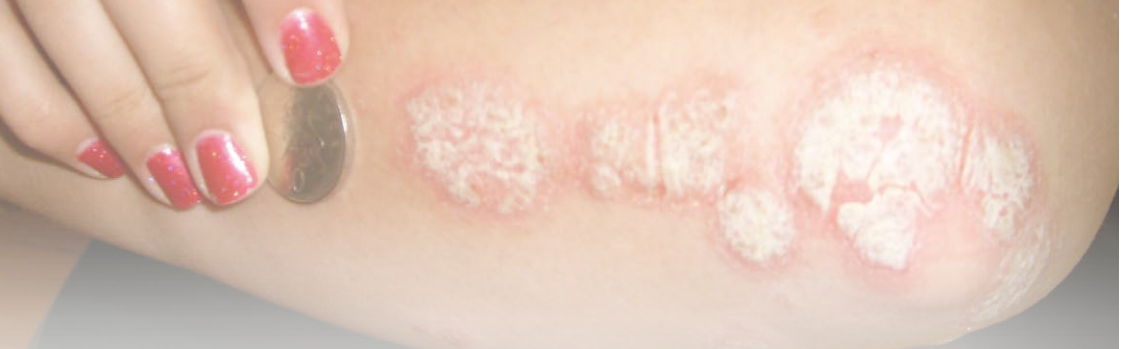
Psoriasis is thought to affect 2-3% of the population of the UK and Ireland or 1 in every 50 people. It can occur at any time in the lifespan, affecting children, teenagers, adults and older people and affects men and women equally. However, there are two main peaks when the condition first occurs: from the late teens to early adulthood and then between the ages of around 50 and 60.

Some people with psoriasis have a family history of the condition and some do not. Certain genes have been identified as being linked to psoriasis. However, many genes are involved and even if the right combination of genes has been inherited, psoriasis may not appear.

IS PSORIASIS CONTAGIOUS?

Psoriasis is not contagious, and you cannot catch it from somebody else. You cannot catch it by person-to-person contact, or by sharing of bodily fluids (such as by kissing or sharing food or drinks). It also cannot be caught in close contact public areas, such as in swimming pools or in saunas.

It cannot be transferred from one body part to another.



WHAT DOES IT LOOK LIKE?

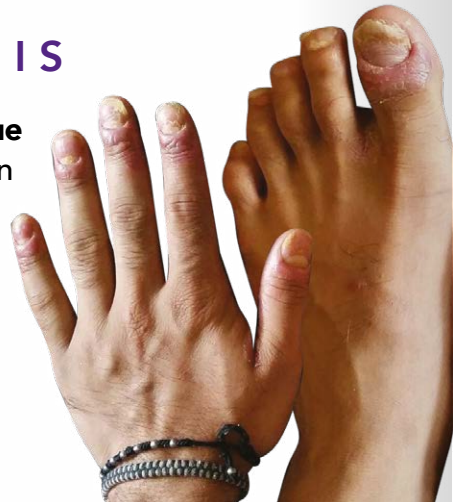
Patches of psoriasis (often called plaques) are raised red or dark patches of skin covered with silvery white scales. On brown, black and white skin the plaques can look pink or red and the scales white or silvery. On brown and black skin, the patches can also look purple or dark brown and the scales may look grey. The scales are the build-up of the skin cells waiting to be shed and the redness is due to the increase in blood vessels required to support the increase in cell production.

Psoriasis can range in appearance from mild to severe.

The plaques can appear in a variety of shapes and sizes, varying from a few millimetres to several centimetres in diameter. Psoriasis plaques have a well-defined edge meaning it is easy to tell where the psoriasis ends, and non-psoriatic skin begins. For some people the plaques will be thin whereas for others they are much thicker.

TYPES OF PSORIASIS

Most people with psoriasis will have **plaque psoriasis** where plaques tend to appear on the elbows, knees, lower back and scalp although they can appear on any part of the body. 80% of people with psoriasis will have plaque psoriasis. It is not unusual for psoriasis to be itchy and it can sometimes feel painful and sore.



OTHER TYPES OF PSORIASIS

Guttate

Patches are small and scaly and can be numerous, covering much of the body. It is most often found in children and teenagers and can be triggered by a throat infection.

Inverse / Flexural

Red and shiny patches appear in sensitive areas such as the armpits, groin and face with little or no scaling.

Scalp

One of the most common types of psoriasis and often the first area to be affected. Visible around the hairline, on the forehead, neck and behind the ears and can make the scalp feel itchy and tight. It looks similar to plaque psoriasis on other areas of the body and can be prone to a thick build-up of scaly skin causing dandruff-like flakes to fall.

Nail

Nails grow more quickly in people with psoriasis. Changes in the appearance and texture of the nail occur including discolouration, pitting, splitting, or crumbling and thickening of the nail.

Palmoplantar Pustular Psoriasis (PPP)

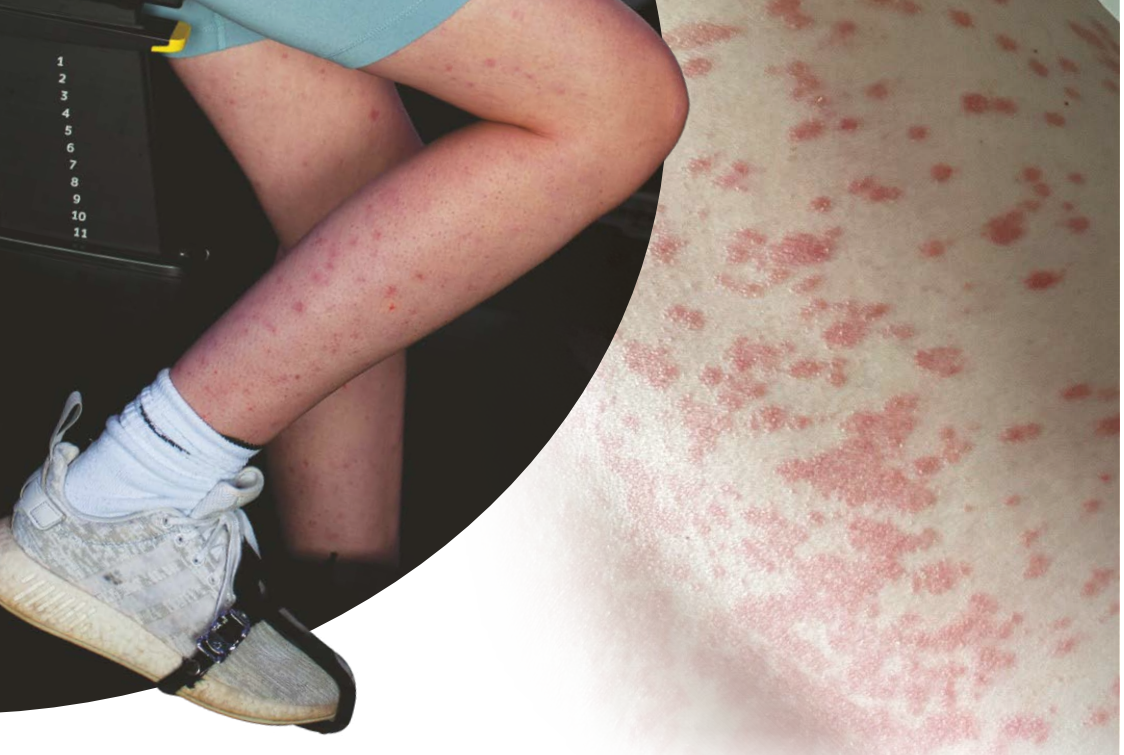
Small yellow-coloured blisters appear usually on the palms of hands and soles of feet. The blisters are not infected or infectious, they are simply a collection of cells.

Generalised Pustular Psoriasis (GPP)

Very rare. Eruption of small blisters across the body. This requires hospital treatment immediately.

Erythrodermic psoriasis

Very rare. It affects nearly all the skin on the body along with changes to body temperature and fluid levels. This can cause intense itching or burning and requires hospital treatment immediately.



WHAT CAUSES IT?

Recent research has found that the psoriasis-causing changes in the skin begin in the immune system when certain immune cells (T cells) are triggered and become overactive.

The T cells act as if they were fighting an infection or healing a wound, which leads to them producing inflammatory process chemicals, again leading to the rapid growth of skin cells causing psoriatic plaques to form.

It is not yet fully understood what initially triggers the immune system to act in this way and an obvious trigger is frequently not clear. Triggers can include streptococcal throat infections, physical and emotional stress, certain medications, excessive alcohol consumption or the site of injury to the skin (which is known as the Koebner phenomenon).

HOW IS IT DIAGNOSED?

To diagnose psoriasis, your healthcare professional will usually examine your skin, scalp, and nails for signs of the condition. They may also ask questions about your health and family history.

You may be referred to a specialist in diagnosing and treating skin conditions (Dermatologist) if your GP is uncertain about your diagnosis or if your condition is severe.

OTHER CONDITIONS LINKED WITH PSORIASIS

People with psoriasis sometimes have other linked conditions that are known as co-morbidities. We do not always know why some people with psoriasis get these and some don't. However, you can reduce your risk of some psoriasis associated co-morbidities by trying to maintain a healthy lifestyle.

Psoriasis is most commonly associated with three important medical conditions, psoriatic arthritis, heart disease and depression although links between severe psoriasis and conditions such as diabetes, obesity, deep vein thrombosis, high cholesterol and high blood pressure have also been found.

Psoriatic arthritis is a musculo-skeletal condition causing pain or stiffness in the joints, if you experience pain in these areas, you should discuss it with your GP. While psoriatic arthritis is the most frequent inflammatory condition associated with psoriasis, inflammatory bowel disease (IBD) can also affect people with the condition too.

Psoriasis can have a significant psychological impact which is not always related to its clinical severity, so it is very important to be honest with your GP, Nurse, or Dermatologist about how your psoriasis is affecting you and how you are feeling. Some Dermatology Departments have psychologists working within their team or your GP can refer you for help in coping with the implications of having psoriasis.

However, this does not necessarily mean that psoriasis causes these conditions or that these conditions cause psoriasis. While having psoriasis alone isn't likely to lead to heart disease, it does seem that people with psoriasis often experience other conditions that are linked to heart disease including being overweight, less physically active or smoking.

Remember, you can't change the fact that you have psoriasis, but there are other risk factors for heart disease that you can change: make efforts to eat a balanced diet; keep active and maintain a healthy weight; try to give up smoking and to moderate alcohol intake.

Your healthcare professional should explain the risks and give you advice and information on how to reduce the risks of related conditions and make healthy lifestyle changes.

HOW CAN IT BE TREATED?

This will depend on the type of psoriasis you have and on its severity. The treatment goal is to control the signs and symptoms of psoriasis, not to cure it. Psoriasis is unique to everyone, and a treatment that works for one person doesn't necessarily work for another.

Whatever treatment you use, it is important to always use a moisturiser to make skin feel more comfortable.

There are currently **four** categories of treatment:

1. Topical treatments are applied directly to the skin and have a key role in helping to manage dry, itchy or scaly skin conditions such as psoriasis. They are often the first treatment a GP or Pharmacist will suggest.

They are available in many different forms including ointments, creams, lotions, gels and spray. Most people with psoriasis will use topical treatments to manage their condition.
The different categories of topical treatments are:

- Mositurisers and Emollients
- Vitamin D derivatives
- Coal Tar Preparations
- Topical Steroids
- Calcineurin Inhibitors

If your psoriasis is particularly widespread or is not responding to topical treatments, you may be referred to a Dermatologist who can prescribe the following treatments:

2. Phototherapy is the term used for treatment with ultraviolet light which can be delivered in a controlled way to treat psoriasis. A course of treatment usually takes about 8-10 weeks and will require treatment sessions two to three times a week usually at a Phototherapy Unit in a clinical setting such as a hospital. There are two types of ultraviolet light that can be used to treat psoriasis - **UVB** and **UVA**.

UVB therapy (sometimes called TL-01) is the most commonly used form of phototherapy.

UVA therapy requires the use of a chemical agent called psoralen which can come in either a tablet or topical form. It is known as PUVA therapy.

3. Systemic medications refers to treatments you take into your body (such as tablets) and which affect the entire body (or 'system') rather than just targeting one area, as with topicals (creams and ointments) or UV therapy.

Systemics can be prescribed by a Dermatologist for moderate to severe psoriasis which has not successfully responded to topical treatments or UV therapy, or for those who cannot have more cycles of UV therapy. However, they all have potential risks and 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 medication or are thinking of having children in the near future.

The main systemic medications used for psoriasis in the UK are:

- Methotrexate
- Ciclosporin
- Acitretin
- Otezla
- Skilarence (Dimethyl Fumarate)

4. Biologic injections - reduce inflammation by blocking the action of certain immune cells (T-cells) or the chemicals released by them, which play a part in psoriasis. They are usually used if you have severe psoriasis that has not responded to other treatments, or if you cannot use other treatments.

The information above only provides an overview of the types of psoriasis and the treatments available for treating it. You can find out more about all types of psoriasis and treatments by contacting us on the details listed on the back page.

LIVING WITH PSORIASIS

Psoriasis is different for each person. For some people it may not have a huge impact on day-to-day life, but for others its impact can be significant. While there is currently no cure, it is important to remember that **it is possible to live well with psoriasis**.

Managing psoriasis extends far beyond applying treatments and taking medications and learning to live with a skin condition whether mild or severe can take time. Many things can be disrupted by psoriasis, from work to relationships, getting a good night's sleep or wearing what you want.

Everyone has their own way of coping with psoriasis. Some people cover their skin, either with clothing or special skin camouflage make-up while others are comfortable not covering their psoriasis at all. Some chose to wear lighter clothing to hide scales from scalp psoriasis but for others this does not seem to matter. However, **you learn to manage your psoriasis,** please do not be afraid to be honest with your healthcare professional, especially if you are feeling anxious or distressed about your skin.

It can be reassuring to hear about how other people cope with their psoriasis and to receive peer-to-peer support. The Psoriasis Association's website forums and private Facebook Group offer a safe space to connect with others and to seek hints, tips and support from other people living with psoriasis. The Psoriasis Association also offer informative Instagram, X (Twitter), LinkedIn and YouTube accounts that allow the opportunity to build relationships within the psoriasis community and speak to others who may be experiencing similar feelings. It can sometimes be difficult managing the reactions of others and hearing how other people living with the condition overcome this can be useful.

OUR AIMS

We aim to help people with psoriasis by:

- Providing information, support and advice
- Raising public awareness and understanding
- Promoting and funding research
- Representing members interests at a local and national level.

Become a member and you'll join a community of people who play a vital part in shaping our work – and who are determined to make sure that no-one has to face psoriasis and psoriatic arthritis alone.

Our members give a voice to the millions of people in the United Kingdom who live with psoriasis by pushing for change, sharing their own experiences and offering peer to peer support and advice.

THE BENEFITS

Members of the Psoriasis Association receive:

- Our printed quarterly Membership Magazine, Pso, in the post
- A discounted rate to attend our renowned Annual Conference and AGM
- The chance to have your say in the way the organisation is run by voting for our trustees or by becoming a trustee yourself.
- To be part of a community and to meet other people with psoriasis and psoriatic arthritis.
- A full membership pack on application.
- Access to a wealth of information and support resources, including our telephone, email and WhatsApp helpline services, websites and peer to peer support networks.

Scan the QR code to donate online

MAKE A DONATION

I would like to make a donation of £_____ to the Psoriasis Association.

☐ Please debit my card

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The Psoriasis Association will reclaim 25p of tax on every £1 donated.
I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. I must notify the Psoriasis Association if I no longer pay tax or wish to cancel this declaration.

WE RELY ON THE GENEROSITY OF PEOPLE LIKE YOU...

Each year the Psoriasis Association helps thousands of people whose lives have been affected by psoriasis via our website, helplines, our information resources and by raising awareness amongst the general public, healthcare professionals and parliamentarians.

We do not receive any government funding and so rely entirely on your generosity to help us continue our vital work in supporting people, raising awareness and funding research.

MORE INFORMATION

If you would like more information, or a list of resources used in the production of this leaflet, please contact the Psoriasis Association.

The information in this resource is not intended to replace that of a healthcare professional. If you have any concerns or questions about your treatment, do discuss this with your doctor. If you are buying products over the counter, discuss them with the pharmacist and always read the label to make sure you are using them correctly.