

Children with Psoriasis

What is psoriasis?

Psoriasis is a common skin condition affecting 2-3% of the population of the United Kingdom and Ireland. Of these, around one third develop psoriasis during childhood.

What does it look like?

Psoriasis appears as raised red patches of skin covered with silvery scales – often called plaques. It is very simply a speeding up of the usual replacement processes of the skin. This process is the same wherever psoriasis occurs on the body.

How does psoriasis affect children?

The most common form of psoriasis in children is plaque psoriasis affecting the elbows, knees and lower back. The scalp is the most frequent site of onset of psoriasis in children, but the face and the flexures (groin, armpit and behind the knees) may also be affected.

Guttate psoriasis is also more common in childhood and teenage years. This form of psoriasis often follows a throat infection and appears as a generalised rash of small, scaly patches up to 1cm in diameter. The patches usually affect the trunk, limbs and occasionally scalp. Guttate psoriasis generally clears well, but may take several weeks or months. Many people who have guttate psoriasis never experience another psoriasis flare, although up to half will have an occurrence of guttate psoriasis again, or go on to develop another type of psoriasis.

Why has my child got psoriasis?

Psoriasis is not yet a fully understood condition. However, around 30% of people with psoriasis have a family history of the condition, and certain genes have been identified as being linked to psoriasis. However, just having an associated gene does not mean a child will develop psoriasis. A 'trigger' is required for psoriasis to develop, regardless of a family link. Triggers include injury to the skin (a simple scratch or insect bite), a streptococcal sore throat, stress and emotional upset and puberty.

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Do babies get psoriasis?

It is rare for babies to have psoriasis particularly if there is no history in the family. There are 10 times as many people affected by psoriasis at 18 years old than those under one year. Rashes in the nappy area may be psoriasis or may be a straightforward nappy rash. Psoriasis in the nappy area will look red and shiny with little scaling, and it will be very clearly demarcated i.e. it will be clear where the psoriasis stops and regular skin begins.

What treatments are available for children?

Moisturisers and emollients are vital in the treatment of psoriasis - they will help soothe, smooth and hydrate your child's skin in order to keep it in good condition and help the active treatment creams and ointments work more effectively. There are lots of emollients and moisturisers to choose, from oils to put in the bath, to creams, lotions and ointments to put directly onto the skin. For some children, moisturisers and emollients are all they will require to manage their psoriasis. Other more active creams and ointments include coal tar based applications, vitamin D analogues and topical steroid treatments. If your child's psoriasis becomes more severe, they may be referred to a dermatologist. Dermatologists are able to offer other stronger forms of treatment such as ultraviolet light (UV) therapy, tablets, or injections for very severe psoriasis. Four biologic treatments (injections) have been recommended by the National Institute for Health and Care Excellence (NICE) to treat children with severe psoriasis for whom other treatments have not worked. Adalimumab (also referred to by the brand names Humira and Amgevita) can be used in children over the age of four, Secukinumab (referred to by the brand name Cosentyx) can be used in children over the age of six, Etanercept (also referred to by the brand names Enbrel and Benepali), in children over the age of eight, and Ustekinumab (also referred to by the brand name Stelara) in children over the age of 12. The Psoriasis Association can provide more in-depth information on these biologics, if required.

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Immunisations

All the usual immunisations may be safely given to a child with psoriasis but it is worth remembering that a patch of psoriasis may come up at any site where the skin has been injured e.g. where the needle has entered the skin. If your child is taking a psoriasis treatment that suppresses the immune system (some of the tablet and injection treatments), not all vaccinations will be suitable. You should make sure to discuss this with your child's Dermatologist, and inform school and travel nurses of their condition and treatment before any vaccinations are given.

Helpful Hints

- Children should lead as normal a life as possible - psoriasis is only a part of who they are.
- Parents and children may have different views about treatments - it is important to talk this through and respect their views.
- Cotton clothing, underwear and bedding may be more comfortable for your child during a psoriasis flare.
- Inform your child's teacher in case they need time off school to attend doctor appointments, or help in explaining the condition to their classmates - for example, that it is not contagious.
- Establish a treatment routine, but do not let it rule your or your child's life.
- Have a small pot of moisturiser that will fit in a handbag or school bag to use when away from home - this can help soothe itchy skin that may be bothersome in the daytime.

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Also available from The Psoriasis Association

PsoTeen - www.psoteen.org.uk - website specifically for teenagers and young people with psoriasis

For more information, or a list of resources used in the production of this leaflet, please contact the Psoriasis Association.

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