

Nails

What is nail psoriasis?

Nail psoriasis affects up to half of all people with psoriasis and it is thought that around 80% of those with psoriatic arthritis have nail symptoms. Signs (such as those listed below) can be on either fingernails or toenails, or both. As with other kinds of psoriasis, nail psoriasis may go through phases of being better and then worse again. It is possible for a person to just have psoriasis of the nails, with no other psoriasis on the skin.

What are the main signs and symptoms of nail psoriasis?

Nail psoriasis can range from mild to severe, and it is easy to misdiagnose as a fungal infection, as many of the signs are similar. Any of the following signs may suggest nail psoriasis:

- Loss of the nail's usual healthy look, shape and feel
- Discolouration of the nail
- 'Pitting' (small dents) across the surface of the nail
- Nails that split or crumble easily
- Thickening of the nail
- Nails that lift or detach from the nail bed- known as onycholysis

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Nail psoriasis is not just a cosmetic problem and should be appropriately treated by a healthcare professional such as a doctor or nurse. In moderate to severe cases, nail psoriasis can be painful and make using the hands and feet difficult. Hands and feet are easily seen, and people with nail psoriasis may find this distressing and try to hide their hands and feet or avoid situations in which they can be seen.

What causes nail psoriasis?

Psoriasis is a chronic (long term) immune condition, which can affect the skin, nails, and sometimes the joints. When a person has psoriasis, parts of their immune system overact, and cause an increase in inflammation, which causes the visible psoriasis 'plaques' on the skin and, in some people, inflammation in the joints or changes to nails.

Around one third of people with psoriasis have a family history of the condition, however, there are many people who do not. Relatives do not necessarily have the same type of psoriasis, have psoriasis in the same body areas, or have the same response to treatments.

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It is difficult to know why some people develop nail psoriasis and some do not. People whose psoriasis occurs in areas of injury to the skin (known as Koebner Phenomenon) may find that a nail injury or infection triggers nail psoriasis, but this is not always the case.

How can nail psoriasis be treated?

Psoriasis is a condition that is unique to each person who has it, and so finding a treatment or combination of treatments that work can be a process of trial and error. Due to how often we use our hands and feet, and the fact that nails grow very slowly, nail psoriasis can be quite difficult to treat. Nail psoriasis is mostly treated with topical (applied to skin) treatment. Steroid-based treatments are likely to be offered and can be useful but are not suitable for long-term use. A moderately potent steroid tape (Fludroxycortide Tape) is available on prescription and often used for nail psoriasis, as it can be cut to size and wrapped around the nail.

Vitamin D-based treatments can also be useful in nail psoriasis. The treatment can be applied to the affected area, and the fingers then wrapped or covered to help it to absorb effectively. **This should not be done with a steroid treatment.** Occasionally, if a fungal infection is also present, antifungal cream may also be prescribed.

Ultraviolet light therapy, systemic or biologic treatments are not likely to be prescribed for nail psoriasis alone but may improve the nails when being used to treat the rest of a person's psoriasis. However, any nail improvement may lag behind the rest of the skin for a few months. Sometimes, nail psoriasis can go away all by itself. General advice for people with nail psoriasis is to try to avoid damage and injury to the nails as this could worsen existing nail psoriasis, or trigger psoriasis on currently unaffected nails.

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Further information on specific treatments is available from the Psoriasis Association.

Nail care

The tips in this section come from the experiences and advice of Psoriasis Association members, enquirers and staff. This advice may not work or be suitable for everybody, so do check with a healthcare professional if you are not sure. GP Practice and Dermatology Nurses are often an excellent source of practical advice, so do ask them for any tips they may have regarding the treatment and care of nail psoriasis.

- Try not to damage the skin around the nail, for example by picking at the cuticle or pushing it back during manicuring.
- Aim to keep the nail and surrounding area dry. Always dry each nail separately, using tissues to soak up moisture.
- If using a cream, apply it to the area sparingly, and wipe off any excess. You may find that a lotion is easier to use.

- Nail psoriasis can change the nail shape, making them difficult to trim. Use nail clippers instead of scissors. Trim back the corners of the nails carefully, otherwise the corners at either side grow into the flesh and inflame the skin.
- Keep the nails short. A long nail catches easily and could cause more damage to the skin underneath.
- Some people choose to use varnish or artificial nails to hide any distortions until the nail grows again normally. Stick-on artificial nails, applied gently, are often fine, but any artificial techniques that may damage the cuticle or nail bed should be avoided. Semi-permanent nails and gel filler applications may prevent treatment from reaching the affected area.
- Keep the nails clean. It is easy for bacteria to collect under the nail, which could result in an infection.

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 or pharmacist and **always read the patient information leaflet** to make sure you are using them correctly.

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

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