

## Psoriasis on the face and hairline

Psoriasis on the face may be less clearly-defined, than elsewhere on the body, which sometimes leads to confusion with eczema or other skin conditions.

If you have scalp psoriasis you may have specific treatments prescribed by your doctor that you can also use to treat psoriasis on your hairline. If these cause irritation on your facial skin, you should talk to your doctor about an alternative treatment that is approved for use on the face, such as a mild topical steroid, vitamin D treatment, or a calcineurin inhibitor. Do use lots of moisturiser to help keep the scaling under control and to keep the skin comfortable.

## Can I use make-up to conceal the psoriasis on my hairline and face?

It is possible that makeup could affect the way that topical treatments work, so it is always best to check with your doctor before using any. Everyone's psoriasis is different, and so if you are going to use a make-up product, it is a good idea to do a 'patch test' in a small area first, to make sure it isn't going to make psoriasis worse or irritate the skin.

Specialist skin camouflage cover products are available to cover marks, scars or skin conditions. There are organisations who specialise in providing information on this, including how to obtain skin camouflage products, and how to colour match and apply them correctly:

Changing Faces Skin Camouflage Service:  
[www.changingfaces.org.uk/skin-camouflage](http://www.changingfaces.org.uk/skin-camouflage)

British Association of Skin Camouflage:  
[www.skin-camouflage.net](http://www.skin-camouflage.net)

## Our aims

We aim to help people with psoriasis by:

- Providing information and advice
- Increasing public acceptance and understanding
- Collecting funds for and promoting research
- Representing the interests of members at a local and national level

Members of the Psoriasis Association receive:

- A quarterly magazine
- An invitation to the Annual Conference and AGM
- Information about local and national events
- Up to date information about treatments.

If you would like to join The Psoriasis Association, please contact us on 01604 251620, [mail@psoriasis-association.org.uk](mailto:mail@psoriasis-association.org.uk) or write to us at the address overleaf.

## Make a donation

I would like to make a donation of £ \_\_\_\_\_ to the Psoriasis Association

I enclose a cheque       Please debit my card

Number  CV2

Start  Expiry  Issue

Name  Address

Gift Aid

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 sufficient 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 websites, telephone and email helplines and by raising awareness amongst the general public, healthcare professionals and Members of Parliament.

We rely on your generosity to help us continue our vital work in supporting people, raising awareness and funding research.

## More information

More information on these and other treatments for psoriasis is available from 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. Always read the instructions that come with a treatment or medication to ensure you are using it correctly.

## How to contact us

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[www.psoteen.org.uk](http://www.psoteen.org.uk)

## Information

## Information

psoriasis  
information

# sensitive areas

Psoriasis can affect all parts of the body but there are some areas where the skin is thinner and may be more sensitive to treatment...



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[www.theinformationstandard.org](http://www.theinformationstandard.org)

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## What is psoriasis?

Psoriasis is a common skin condition affecting 2-3% of the population of the United Kingdom and Ireland. Psoriasis is an immune condition which affects the skin and sometimes the joints. When a person has psoriasis, the skin replacement process speeds up, taking just a few days to replace skin cells that usually take 21-28 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 is a long-term condition that may wax and wane, ie. sometimes it is mild and sometimes it is more severe. There is no cure, but there are many treatments available to help manage psoriasis.

## Psoriasis in sensitive areas

Psoriasis can affect all parts of the body but there are some areas where the skin is thinner and may be more sensitive to treatment. These areas include the flexures - in skin folds, armpits, under the breast, between the buttocks and the groin and genital area - as well as the face and the hairline. Psoriasis in sensitive areas may also be referred to as Genital psoriasis, Flexural psoriasis and Inverse psoriasis.

## How does psoriasis differ in a sensitive area?

Psoriasis in flexural areas often does not have the typical scaliness seen in other areas and usually appears as very bright red (or dark on darker skin tones), shiny patches. It is well-demarcated (easy to tell where the psoriasis ends and normal skin begins). Because psoriasis in these areas looks quite different to its typical dry and scaly appearance, it can be mistaken for a fungal infection or other skin condition.

Psoriasis in sensitive areas may be very uncomfortable and painful. It may make people feel embarrassed about or avoid intimate situations. Psoriasis in sensitive but non-flexural areas (such as the face) may look similar to psoriasis on other parts of the body.

## What triggers psoriasis in sensitive areas?

As with other types of psoriasis, it is not easy to pinpoint what triggers psoriasis in sensitive areas. Sometimes it happens spontaneously, or for no real reason at all. However, psoriasis in the armpits, other flexures and groin area may sometimes get worse as a result of external factors. These may include tight clothing rubbing the skin, deodorants or antiperspirants, sanitary towels or tampons, harsh toilet paper, thrush and sexual intercourse.

Not all topical (applied to skin) treatments for sensitive areas are suitable to use long-term, and so even if you are getting on well with your treatment, it is a good idea to review your treatment with your doctor on a regular basis.

## What treatments are available?

As with all types of psoriasis, it is important to regularly moisturise psoriasis in sensitive areas. This can help to make the skin more comfortable, and is also thought to help some topical treatments to be more effective.

## What should I do if I have psoriasis in a sensitive area?

It is always best to seek help from a GP or Dermatologist for psoriasis in sensitive areas. This is because psoriasis in these areas can be painful or particularly uncomfortable, can affect a person's quality of life (such as their work, relationships and social life), and may be more prone to infection. Treatments that may have been prescribed for psoriasis on another area of the body are not always suitable for psoriasis in sensitive areas. Because of this, a separate treatment plan may be needed for these areas. Suitable treatment may only be available on prescription, and so a visit to a GP or Dermatologist is essential.

It is also essential to regularly review your psoriasis treatment with your doctor. If you do not feel that a treatment for psoriasis in a sensitive area, or in any other area, is working, then it is important to speak to them about this. There are a variety of available treatments for psoriasis, and if one is not working, it could be time to try another. However, it is also important to remember that topical treatments can take a few weeks of use to reach their full effectiveness.

In recent years, a group of treatments known as **calcineurin inhibitors** have been launched for another skin condition, called atopic dermatitis. These reduce inflammation, and may sometimes be prescribed 'off licence' for other inflammatory skin conditions, such as psoriasis. These can be used in sensitive areas for longer than topical steroids, and can therefore make a good alternative; although they can increase skin sensitivity to UV light, meaning exposure to the sun, sunbeds, or ultraviolet light treatment must be limited.

**Anti-fungal and anti-bacterial treatments** may also be prescribed, as infections are more common in sensitive areas. If present, these will need to be treated alongside the psoriasis.

## Skin in the flexural areas is thinner, and is often covered by clothing such as in the armpit. Treatment is absorbed more easily in these areas and therefore does not necessarily need to be as strong as is needed in other areas to be effective.

Mild to moderate potency (strength) **steroid creams** are often used for sensitive areas. However, care should be taken with their use in flexures as the warm environment can increase the strength and may lead to side effects such as skin thinning. Topical steroids should not be used for long periods of time or without regular reviews by your doctor. Steroid treatment should never be stopped abruptly as this may trigger a rebound of your psoriasis, and so should be 'weaned' off, by gradually reducing the number of doses.

Topical **Vitamin D** creams and ointments can be used alone or in combination with a steroid. Used alone, they have few potential side effects and so can be used for longer. Some vitamin D topicals are suitable for use in sensitive areas, but some are not – so it is important to clarify this with a GP or Pharmacist.

## What treatments are available?

As with all types of psoriasis, it is important to regularly moisturise psoriasis in sensitive areas. This can help to make the skin more comfortable, and is also thought to help some topical treatments to be more effective.

## Genital Psoriasis

When psoriasis affects the genital area it can be upsetting, and both you and your sexual partner may need reassurance. If you and your partner are concerned or put off by genital psoriasis it may be helpful to talk together to your Dermatologist or GP.

**Psoriasis is not contagious and cannot be transmitted to another person by sexual contact.** During sex, condoms\* or lubricants may help to reduce irritation of psoriasis. Tips that some people find help in the management of genital psoriasis include:

- Avoid the use of all soaps, gels and scented products in the bath or shower - replace these with soap substitutes, bath or shower emollients to cleanse but not irritate the skin
- Pat the area dry after bathing and showering rather than rubbing vigorously
- Wear cotton underwear and avoid tight fitting jeans or trousers
- Women might find stockings or hold ups more comfortable than tights
- Men may find boxer shorts more comfortable than briefs
- Do not use treatments prescribed for other parts of the body unless specifically directed to do so by your doctor.

\* Be careful if using topical treatments to treat your genital psoriasis as this can reduce the effectiveness of latex condoms. Non-latex alternatives are available from most supermarkets and pharmacies.