Living with psoriasis

Managing psoriasis extends beyond applying treatments and taking medications. Learning to cope with a skin condition whether it is mild or severe can take time. It is important to be honest with your GP, Nurse or Dermatologist about how psoriasis is affecting you. Some Dermatology Departments have Psychologists working within the healthcare team, or your GP can refer you for help in coping with the implications of having psoriasis.

The psychological impact is not always related to the clinical severity of psoriasis, so do not worry about telling healthcare professionals how you are feeling.

It can be reassuring to hear about how other people cope with their psoriasis, and the Psoriasis Association has online forums on their website where you can be honest and open in a safe environment. The Psoriasis Association also has a Facebook Page and Group when you can go for hints, tips and support from other people living with psoriasis. It can sometimes be difficult managing the reactions of others, hearing how other people living with the condition overcome this can be useful. Likewise, knowing that the feelings you may be experiencing towards psoriasis are common can also be reassuring.

Everyone has their own way of coping with psoriasis. Some people cover their skin, either with clothing or special skin camouflage make-up, whilst others are comfortable not covering up psoriasis. Some may wear lighter clothing on the top half of their body to hide scales from scalp psoriasis, whilst 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 distressed or anxious about your skin.

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

The benefits

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 visit our website www.psoriasis-association.org.uk, telephone 01604 251620 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 ☐☐☐

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☐ Gift Aid *giftaid it*

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

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.

How to contact us

The Psoriasis Association
Dick Coles House 2 Queensbridge
Northampton NN4 7BF

tel: (01604) 251 620
email: mail@psoriasis-association.org.uk

www.psoriasis-association.org.uk
www.psoteen.org.uk

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psoriasis information

what is psoriasis?

Psoriasis is an immune condition which affects the skin and sometimes the joints...

psoriasis association

What is psoriasis?

Psoriasis is a common skin condition that is thought to affect 2% of the population of the United Kingdom and Ireland, although this is an estimate. Psoriasis is an immune condition which affects the skin and is also associated with a condition that affects the joints – psoriatic arthritis. More information on psoriatic arthritis can be found in our Psoriatic Arthritis leaflet.

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. Whilst there is not a cure, there are many treatments available to help manage the condition.

Who gets psoriasis?

Psoriasis can occur at any point in the lifespan, affecting children, teenagers, adults and older people. However, there seems to be two 'peaks'; from the late teens to early adulthood, and between the ages of around 50 and 60. It affects males and females equally. Some people with psoriasis have a family history of the condition, but some do not.

Is psoriasis catching?

No - Psoriasis cannot be transmitted from person to person through contact, such as touching each other. Nor can it be transferred from one part of the body to another. However, some people with psoriasis have a family history of the condition, and 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.

A trigger is required for psoriasis to develop and this could be a throat infection, injury to the skin, certain medications and physical or emotional stress, amongst others.

What does it look like?

Patches of psoriasis (also referred to as plaques) are raised red or dark patches of skin, covered with silvery white scales. The silvery white 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. Plaques of psoriasis have a well-defined edge, meaning it is easy to tell where the psoriasis ends and non-psoriatic skin begins. For some people, plaques of psoriasis may be thin or flat to the skin surface, whereas for others they may be much thicker.

Most people (an estimate of 80%) with psoriasis have **common plaque psoriasis** (also referred to as psoriasis vulgaris – vulgaris just means common) in which the plaques tend to appear most often on the elbows, knees, lower back and scalp, although any part of the body can be affected.

Guttate psoriasis patches are small (often less than 1cm in diameter) and scaly, and can be numerous, covering many areas of the body. It is seen most often in children and teenagers and can be triggered by a throat infection.

The appearance of psoriasis in **sensitive areas**, (also known as inverse, or flexural psoriasis), such as the armpits and groin is often red and shiny, with little or no scaling.

It is not unusual for psoriasis to be itchy, and it can sometimes feel painful or sore. Other forms of psoriasis include **pustular psoriasis** where small sterile blisters appear, usually on the hands and feet and **nail psoriasis** where changes in the appearance and texture of the nails occur.

What causes it?

Traditionally psoriasis was thought to be a condition of the uppermost layer of the skin (the epidermis), but we now know that the changes in the skin begin in the immune system when certain immune cells (T cells) are triggered and become overactive.

The T cells produce inflammatory chemicals, and act as if they were fighting an infection or healing a wound, which leads to the rapid growth of skin cells causing psoriatic plaques to form. You may therefore hear psoriasis being described as an "auto-immune disease"or "immune-mediated condition". It is not yet clear what triggers the immune system to act in this way.

Links between severe psoriasis and conditions such as heart disease and diabetes have been found. However, this does not necessarily mean that psoriasis causes these conditions, or that these conditions cause psoriasis. Research is ongoing to understand the nature of this link, why these conditions sometimes occur in the same people, and if this is also true of mild or moderate psoriasis.

How can psoriasis be treated?

This will depend on the type of psoriasis that you have, and on its severity. Whatever treatment you use it is important to use a moisturiser to make the skin more comfortable. There are four categories of treatments:

1. Topical therapies are treatments that are applied directly to the skin. They are available as creams, lotions, ointments, mousse and gels. Most people with psoriasis will use topical treatments to control the condition. The different categories of topical treatments are:

- Vitamin D derivatives
- Coal tar preparations
- Topical steroids
- Dithranol
- Vitamin A derivatives
- Calcineurin inhibitors

If your psoriasis be particularly widespread or 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. There are two types of ultraviolet (UV) light that can be used to treat psoriasis - **UVB** and **UVA**. UVB therapy (sometimes referred to as TL-01) is the most commonly-used form of phototherapy. Treatment with UVA requires the use of a chemical agent (either in tablet or bath form) called psoralen. Psoralens make the skin more sensitive to UVA. This treatment is referred to as PUVA therapy. Treatment with UVB does not need psoralens. You will be required to attend the phototherapy centre 2 or 3 times a week for several weeks if you are receiving UV therapy.

3. Systemic medication refers to treatments you take into your body e.g. tablets. However, they all have potential risks and so are reserved for people with moderate to severe psoriasis. The main systemic medications used for psoriasis in the UK are:

- Methotrexate - slows down the rate at which skin cells are dividing in psoriasis
- Ciclosporin - suppresses the immune system
- Acitretin - slows down the rate at which skin cells are dividing in psoriasis, and calms inflammation

Particularly specialised Dermatologists may offer other systemic treatments in complex or difficult-to-treat cases. These treatments 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 medications or are considering having children in the next two years.

4. Biologic injections are treatments available to treat severe psoriasis that has not responded to any of the aforementioned treatments. They work by blocking the action of certain immune cells (T cells) or the chemicals released by them, which play a part in psoriasis. You can find out more about all types of psoriasis treatments by getting in touch with us.