

UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

PSORIASIS

WHAT IS IT?

Psoriasis is a chronic inflammatory skin disease that can cause a variety of skin symptoms, depending on the type. Typically, it causes thickened and inflamed areas of skin that are covered with a white or silver scale.

HOW COMMON IS IT?

It is estimated that up to 2% of the US population has psoriasis. It is most often diagnosed in young adulthood, though it can develop in childhood as well as later in life.

WHAT CAUSES IT?

It is believed that psoriasis is caused by a combination of immune, genetic, and environmental factors:

- An alteration in the immune system causes the top layer of the skin (the epidermis) to grow rapidly and not shed quickly enough. This results in the thickened, scaly skin classic for psoriasis.
- One in three people with the condition has a family member that is also affected.
- Certain environmental factors are associated with psoriasis, including smoking, alcohol consumption, viral and bacterial infections, and certain medications.

WHAT ARE COMMON TRIGGERS?

There are a variety of factors that can trigger a psoriasis flare. Examples include:

- Stress
- Dry air
- Low sunlight exposure
- Skin injury
- Skin infection
- Medications (eg. beta blockers, lithium, prednisone, antimalarials)

WHAT ARE THE SYMPTOMS?

There are several different types of psoriasis. Typically, the scalp, elbows, knees, and lower back are most often affected, but psoriasis can occur anywhere on the body -- even the nails.

- **Plaque psoriasis** is the most common type of psoriasis and accounts for up to 80% of cases. It causes well-defined red or violet plaques with a thick silvery scale.
- **Guttate psoriasis** is characterized by numerous small, red, scaly plaques typically found on the trunk. It is sometimes linked to a bacterial infection, such as strep throat. It is often seen in children and young adults with no previous history of psoriasis.
- **Pustular psoriasis** can be an acute and severe condition. Multiple small pus-filled blisters can become widespread and join to form larger lesions. Blisters often occur on the hands and the feet. Fever, fatigue, and diarrhea may be present. Severe cases can have life-threatening complications affecting the liver, kidney, and lungs.
- **Erythrodermic psoriasis** is an uncommon form of the disease in which redness and scaling involve most of the body surface, which can lead to complications from infection and fluid loss.
- **Inverse psoriasis** typically affects the skin folds of the groin, buttocks, genitals, armpits, and area under the breasts. Because the rash is red and shiny with minimal scaling, it can be confused with a fungal or bacterial infection.
- **Nail psoriasis** is characterized by small dents or pits on the surface of the nails. Nails may also have areas of tannish-brown discoloration. In some cases, the nail may become thickened and crumbly or separate from the nail bed. Nail symptoms usually present after psoriatic skin lesions are already present. Occasionally, nail involvement is the only symptom.
- **Psoriatic arthritis** occurs in up to one-third of people with psoriasis. Symptoms include joint pain, swelling, and stiffness. Skin symptoms usually develop first. Nail symptoms are also common.

HOW IS IT DIAGNOSED?

Psoriasis is usually diagnosed based on its appearance and location. Less typical presentations often need to be evaluated by a dermatologist, who may take a skin biopsy to confirm the diagnosis.

WHAT IS THE TREATMENT?

Psoriasis is a chronic condition that requires consistent treatment to control symptoms. Treatment recommendations are based on the severity of symptoms and response to treatment.

❖ SKIN CARE

- Avoid long baths or showers. Use lukewarm water, and wash gently using your hands. Avoid rough washcloths or loofahs. To dry off, blot gently with a towel; do not rub the skin.
- Keep your skin soft and well-lubricated. This will help with itching and decrease scale development and thickness. It is best to moisturize immediately after showering or bathing. Use petroleum jelly or a thick moisturizer that comes in a tube or a jar.
- To alleviate itching, moisturize frequently and consider using cool compresses.
- Avoid scratching affected areas as this can lead to an increased risk of skin infection.
- If the scalp is involved, brush or comb hair gently. Do not let hot rollers or curling irons come into contact with the scalp. Avoid tight hairstyles. Also avoid getting your hair colored, relaxed, or permed during a psoriasis flare.

❖ MEDICATIONS

Most treatments for moderate to severe psoriasis are prescribed and monitored by a dermatologist.

- Salicylic acid products are available OTC. They soften keratin and make it easier to remove thickened skin.
- Tar products are also available OTC as shampoos, creams, lotions, and oils. They inhibit inflammation and proliferation of skin cells. Be aware that these products can stain clothing, skin, and hair. Tar products are often used with corticosteroids or ultraviolet light treatments.
- Topical corticosteroid preparations come in a variety of strengths and work by reducing inflammation. It is best to use the lowest effective strength for the shortest period of time. Long-term use of strong topical steroids can cause skin thinning and discoloration. Steroid solutions are available for use on the scalp.
- Topical vitamin D analogs (calcipotriene and calcitriol) slow skin cell proliferation. These agents are effective when used alone, but combination therapy with topical steroids is more effective than either treatment alone. Side effects are minimal, but skin irritation may occur.
- Topical retinoids (tazarotene) are derived from vitamin A and decrease plaque formation. Tazarotene is often combined with topical steroid use to decrease skin irritation.
- Topical calcineurin inhibitors (tacrolimus and pimecrolimus) decrease inflammation. They may be preferred for use on sensitive areas where long-term steroid use should be avoided. Examples include the face and sensitive skin folds. These products have a black box warning due to a possible link with cases of lymphoma and skin cancer. Subsequent studies have not shown an increased risk of lymphoma.
- Ultraviolet light therapy decreases proliferation and inflammation of skin cells. These treatments are safe and effective. However, potential side effects from long-term treatment include photodamage and an increased risk of skin cancer. Laser treatment using UVB radiation directed at small lesions spares normal skin and may be recommended in some cases.
- Immunosuppressant medications, including Methotrexate and biologics (such as Enbrel and Humira,) may be used for the treatment of moderate to severe psoriasis. Use of these medications requires close monitoring by a dermatologist.

RECOMMENDED WEBSITES: www.psoriasis.com, www.aad.org