



Psoriasis

What is Psoriasis?

Psoriasis is a term derived from the Greek word *psōra* which means itch and is a **common, long lasting, inflammatory skin condition** which affects **1-3% of the UK population** and about **80 million people worldwide**. **Psoriasis is not contagious** – you cannot catch it by touching someone who has it. Many factors play a role in psoriasis and these include your genes, your immune system and environmental triggers resulting in inflammation and the formation on the skin surface of **red, raised plaques**, with **silvery-white scales** and **sharp edges** that vary in shape and size. Psoriasis can be itchy and the plaques can be dry and cracked making the skin feel sore.

The plaques can appear **anywhere on the body** but most commonly affect the scalp, the outer surfaces of the knees and elbows and the lower back. A person who is affected by the condition will go through periods where it worsens (known as flare-ups) and, although it is not curable, will have times when it gets better (known as remissions).

There are many different types of psoriasis and the most common ones are described in Table 1, along with their characteristics.

Type	Who Does it Affect	Characteristics	Common Areas Affected
Psoriasis Vulgaris or Chronic Plaque Psoriasis	80% of people with psoriasis have this type	<ul style="list-style-type: none"> • Red, raised, inflamed skin with silvery-white scales and sharp edges (plaques), which may be itchy • Plaques are usually symmetrical i.e. they appear on both knees or elbows and vary in size from 1cm to several cm 	Knees or shins Elbows Lower back Scalp
Guttate Psoriasis	Affects about 18% of psoriasis sufferers and is most often seen in children and young adults usually after a throat infection such as tonsillitis	<ul style="list-style-type: none"> • Many small (less than 1cm diameter), pink-red, droplet-like patches which may clear within a couple of weeks, even without treatment • Sometimes it disappears and is never seen again however, in other instances, the person can go on to develop chronic plaque psoriasis 	Thighs Trunk Upper arms Scalp
Inverse Psoriasis or Flexural Psoriasis	Tends to be seen more in older people and women	<ul style="list-style-type: none"> • Regions of skin that are bright red, smooth, shiny and have no scales • It is made worse by sweating and rubbing • Occurs in the skin creases (called flexures) 	Armpits Under the breasts Groin Between buttocks Genitals

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Type	Who Does it Affect	Characteristics	Common Areas Affected
Pustular Psoriasis	An uncommon form which mainly appears in adults especially women	<ul style="list-style-type: none"> • Yellow or brown pus-filled bumps which are surrounded by red skin that is tender 	<p>There are two types: Palmo-plantar pustular psoriasis affects the palms of the hands and soles of the feet</p> <p>Generalised pustular psoriasis which can affect any part of the skin and is widespread. This is a very serious condition which needs urgent treatment by a specialist</p>
Erythrodermic Psoriasis	Rare but serious (potentially life-threatening)	<ul style="list-style-type: none"> • Inflamed, widespread redness with merged plaques (so aren't noticeable) • Painful, skin feels warm and the person may have a fever • Affects the skins ability to control temperature and protect against infections 	Most of the person's body
Nail Psoriasis	Affects up to 50% of those with psoriasis	<p>The nails may:</p> <ul style="list-style-type: none"> • Separate from the nail bed • Have irregular pitting on their surface • Thicken • Discolour 	Finger nails (more common) Toe nails
Psoriatic Arthritis	Occurs in about 10% - 20% of psoriasis sufferers	<ul style="list-style-type: none"> • Inflammation, pain and joint swelling but other areas can also be affected 	Neck Toes Knees Lower back Fingers

Table 1: Different types of Psoriasis and their Characteristics

Who Gets Psoriasis?

Chronic plaque psoriasis is the most common form of psoriasis and affects about 80% of sufferers. Psoriasis affects men, women and children of all races, however, it is seen more often in Caucasians compared to Non-Caucasians. It can occur at any age but more commonly starts between the ages of 15-20 years and 55-60 years and affects 10-15% of children under the age of 10.

About one third of those who suffer from psoriasis have a family history involving several genes so whether a person develops psoriasis or not is complex.

- People who develop psoriasis at an early age tend to have more of a family history of it.
- If one parent has psoriasis there is about a 25% chance that their child will develop it however this goes up to 60% if both parents have it.
- If neither parent has psoriasis but their child develops it then there's a 20% chance that a sibling will get it – this is because psoriasis can skip a generation.

Causes of Psoriasis

The exact cause of psoriasis is unknown, however it involves your genes, the immune system and environmental triggers.

Our skin is made up of three layers:

- Epidermis
- Dermis
- Hypodermis

The Epidermis is the outer skin layer and is made up of five further layers, with the layer furthest from its surface being the stratum basale. It is in this bottom layer that the main skin cells of the epidermis are made. These then move up through the other epidermal layers, continually undergoing changes, and once they reach the top they replace those that have died and are being shed from the stratum corneum. This whole process usually takes on average between 21 to 28 days.

In those suffering from psoriasis the rate of this process is much faster (3-4 days) which experts believe is due to the immune system accidentally attacking healthy cells. This results in dead and alive cells building up on the skin surface which form clumps or patches of thickened, red, scaly plaques. As well as this there are also changes in the blood vessels (these increase in numbers and widen) and an increase in the number of cells that are involved in inflammation is seen, these changes are responsible for the skin under the plaques being red.

Common Triggers

Some people will not know what causes their flare-ups (makes their psoriasis worse) whilst others know that certain factors (known as triggers) can cause their psoriasis to flare-up. Not only do these triggers vary from person to person but so does an individual's response to them, however, if you can identify what your particular triggers are then you may be able to avoid them and so reduce your flare-ups.

Common triggers include:

- Anxiety & Stress – including situations like a divorce or a bereavement. Managing the stress may help
- Skin injury – due to scratching, cuts, rubbing and sunburn (known as Koebner Phenomenon)
- Excess Alcohol – reducing the amount of alcohol that you drink is advisable
- Smoking – quitting may help
- Sunlight – although most people find that sunlight helps with psoriasis in 10% of sufferers it can make it worse
- Infections – especially a sore throat (tonsillitis), seen mainly in children and young adults
- Medication – Beta-blockers, ACE inhibitors, lithium, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), certain antibiotics and Anti-Malarials with chloroquine in
- Hormonal changes – during puberty and menopause, although some people find that during pregnancy their symptoms get better

Symptoms

Symptoms of psoriasis vary depending on the severity of the condition and the type of psoriasis. In mild cases there are small areas of rash and as the severity of the psoriasis worsens symptoms include inflamed skin with raised, red, scaly, itchy plaques, which can dry and crack making the skin feel sore.

50% of people suffering from psoriasis also experience changes to their nails, these can include the nails separating from the nail bed, irregular pitting on their surface, splitting easily, thickening and changing colour (translucent yellow-red discolouration).

Treatments will vary depending on severity, site and type of psoriasis, however, emollients such as the AproDerm® range help manage the severity of psoriasis and form the basis of all treatments.

Some sufferers have swollen, painful and stiff joints – this is called psoriatic arthritis.

Treating Psoriasis

Although there is currently no cure for psoriasis, treatments can help to improve symptoms and the appearance of patches. The first step in managing your condition would be to avoid any known triggers, unfortunately, this may not be as easy as it sounds as certain triggers are unavoidable such as puberty and menopause whilst some sufferers don't know what triggers their psoriasis.

The severity of Psoriasis can generally be classed as:

- ❁ **Mild – affects 80% of sufferers**, is easily controlled, with few patches and involves less than 3% of a person's body surface area.
- ❁ **Moderate - affects 15% of sufferers**, can normally be self-managed under the supervision of a healthcare professional with between 3%-10% of skin area being affected.
- ❁ **Severe – affects 5% of sufferers**, may not be responsive to treatment or be self-managed and affects over 10% of body surface area.

Treatments will vary depending on the site, type and severity of the psoriasis and will be stepped down and up as your condition gets better or worse, however, as emollients such as the AproDerm® range help manage the severity of the psoriasis they form the basis for all treatments. They should always be used even when your psoriasis has improved as this reduces the risk of flare-ups.

Emollients are moisturising treatments which are used to break the itch-scratch cycle and to maintain the smoothness of the skin.

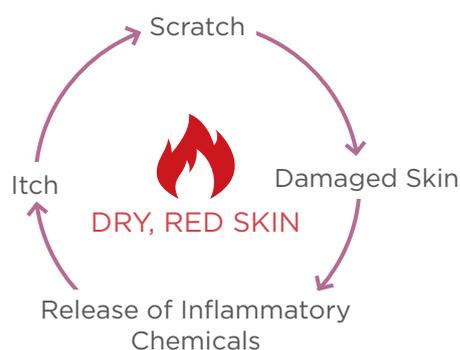


Fig 1 The Itch - Scratch Cycle

They work by:

- Helping skin retain water
- Moisturising the skin
- Soothing the skin
- Easing itching
- Reducing scaling
- Softening cracks
- Protecting the skin

Although emollients are a leading symptomatic treatment for psoriasis, where a person's skin has become reddened, dry, itchy and cracked, many of them can contain SLS, parabens, halogens, fragrances or colours. These substances can irritate and sensitise the skin, however, unlike these the AproDerm® range is:

- ✓ SLS free
- ✓ Parabens free
- ✓ Halogen free
- ✓ Fragrance free
- ✓ Colour free

They work by:

- ✿ Forming a **protective layer** over the skin surface, trapping in water which then goes into the skin cells, **rehydrating** them and making them swell again. AproDerm® also **penetrates** through the upper layers of the **stratum corneum** filling the gaps between the skin cells thus **restoring** the **skin barrier** so that **irritants, pathogens** and **allergens** are **kept out** whilst **keeping in water** and other substances. Rehydration of the skin helps relieve the itching, irritation, discomfort and dryness associated with psoriasis and **softens psoriatic patches**, which makes them less likely to crack and cause the skin to become sore.
- ✿ **Removing** the **scales**, which helps with the application of other topical psoriasis treatments. AproDerm® should be applied **30 minutes before these treatments** and in very mild cases you may only need AproDerm® to keep your psoriasis under control.
- ✿ In addition to the above AproDerm® Colloidal Oat Cream, which is specially developed with active colloidal oatmeal, has been clinically proven to improve dryness, scaling, roughness, as well as protecting and restoring the epidermal barrier damaged by psoriasis with its direct anti-inflammatory and anti-oxidant activities. AproDerm® Colloidal Oat Cream also soothes and relieves the itch and irritation that you get with dry skin conditions like psoriasis (in fact oatmeal has been used for centuries for this purpose), and has humectant, buffering and cleansing effects.

The AproDerm® Range is suitable from birth and in order to achieve maximum benefit from it you should apply AproDerm® **regularly, liberally** and **at least three times** a day in **gentle, downward strokes** following the **direction of hair growth**. Once your psoriasis has improved **continue** applying AproDerm® in order to **reduce the risk of flare-ups**.