

severe and involves inflammation, stiffness and pain within joints (arthritis) in addition to skin plaques. The skin plaques and joint pain do not coincide, so a flare-up may consist of joint pain in the absence of visible lesions or vice-versa. Typically, the arthritic component develops about a decade after the skin plaques.

**TREATMENT**

There are several treatments available to help manage psoriasis:

**Topical**

Topically applied treatments, such as creams and ointments, are usually recommended first, particularly for mild psoriasis. The aim of this kind of treatment is primarily to slow down and regulate skin cell turnover, reduce inflammation and suppress the immune system.

**Oral Medications**

A number of oral drugs can help to manage psoriasis and are usually reserved for the treatment of more severe and/or widespread symptoms.

**Biologics**

Biologics are newer forms of treatment given by injection or infusion. These are large molecules that block very specific inflammation pathways and can be highly effective for more serious psoriasis.

**Light Therapy**

Both natural and artificial ultraviolet (UV) light are used to treat psoriasis. Many patients with psoriasis find that sunlight exposure seems to improve their skin symptoms. One form of light therapy is Narrow Band UVB phototherapy, which emits a short wavelength of UV light that penetrates the epidermis or outermost layer of skin. This is a specialized form of light, different than a tanning booth, and that has not been shown to increase risk of skin cancer. Another form of light therapy is psoralen and UVA (PUVA), which combines an oral or topical form of the drug, psoralen, and UVA light exposure.

**Combination Therapy**

The challenge for both physician and patient is to find what works most effectively for the individual. Often, two or more treatments may be combined for the best outcome.

# PSORIASIS

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For additional information on Psoriasis, visit [DERMATOLOGY.CA](http://DERMATOLOGY.CA)



## WHAT IT IS

Psoriasis is a common chronic inflammatory skin condition usually characterized by red elevated patches and flaking silvery scales. Symptoms can range from mild to severe.

## RISK FACTORS

Psoriasis can develop at any age, although it is typically seen in adults. One form of psoriasis, called guttate psoriasis, tends to occur in childhood and early adulthood. Psoriasis occurs equally among men and women.

## APPEARANCE

Psoriasis can include dry or red areas of skin, usually covered with silvery-white scales and sometimes with raised edges, as well as rashes on the scalp, genitals, or in the skin folds. While lesions can appear anywhere on the body, the most common sites include elbows, knees, scalp, chest and lower back.

## CAUSES

Psoriasis has a genetic basis and about one-third of people with psoriasis have at least one family member with the disease. While the exact cause of psoriasis has not yet been determined, researchers believe it involves a combination of genetic, environmental and immune factors. Psoriasis develops when there is a malfunctioning of the immune system which causes inflammation. White blood cells (T cells) in the immune system are triggered and this causes inflammation to occur, which then causes skin cells to rise to the surface more rapidly and build up abnormally.

## TRIGGERS

Psoriasis may be permanent or episodic, meaning that it can flare up then subside and disappear altogether for a while before another episode occurs. Triggers or precipitating factors may cause a flare-up in disease or even lead to the development of psoriasis. These factors include emotional stress, local injury to skin, systemic infections, and the use of certain medications.

**Infection** such as upper respiratory bacteria or viruses can cause someone to develop psoriasis or cause psoriasis to worsen.

**Skin Injury** or any break in the skin can cause psoriasis to spread or lead to the development of new lesions. This can include a razor nick or burn, an insect bite, cut, abrasion, sunburn, needle puncture (from vaccination), blister or bruise.

**Medications** such as lithium (an antidepressant), beta-blockers (commonly prescribed for high blood pressure) and, rarely, anti-malarial drugs can also predispose one to a flare-up or cause psoriasis to first appear. Oral corticosteroids can worsen psoriasis symptoms with overuse or if treatment is stopped abruptly.

**Stress** is a factor in a number of health conditions and seems to be a trigger for psoriasis as well. It can also worsen symptoms. Living with psoriasis also contributes to stress which, in turn, can negatively affect the skin condition.

**Weather** is another factor that can cause psoriasis to improve or worsen. In particular, the dry cold winter season seems to adversely impact on psoriasis because it dries and irritates the skin.

**Smoking and being overweight** have been shown to increase the risk of developing psoriasis and its severity.

## DIFFERENT FORMS OF PSORIASIS

Psoriasis can present in a variety of other forms, which include guttate, pustular, inverse and erythrodermic. Some of these types may evolve from plaque psoriasis.

**Plaque psoriasis** is the most common form and it occurs in about 90% of patients. It usually begins with red scaly patches. The symptoms can range from mild to severe, covering very small or extensive areas of the body.

**Guttate psoriasis** is typically of abrupt onset, appearing in a few weeks, being often quite extensive. It is marked by lesions that are small and “drop-like”, which often appear on the trunk, arms, legs or scalp. It makes up about 10% of psoriasis cases and is the second most common form. It frequently develops following an upper respiratory infection, often strep throat, which acts as the trigger. Guttate psoriasis can resolve on its own without treatment and the individual may never develop psoriasis again, or it can become recurrent

throughout life. Sometimes it can become severe, persistent, and require treatment.

**Pustular psoriasis** is characterized by pustules (pus-filled bumps) and can sometimes be disabling and life-threatening. It can be limited to certain areas of the body (localized) or widespread (generalized). If localized, the pustules are usually confined to the palms and soles of the feet. Scales gradually form as pustular lesions dry out.

**Inverse psoriasis** occurs in skin folds (also called “flexures”) where there tends to be pressure, friction and/or moisture or perspiration, such as between the buttocks, on the genitals, in the groin folds or under the breasts or armpits. These lesions are smooth and red as opposed to raised and scaling.

**Erythrodermic psoriasis** is a rare but serious form of disease marked primarily by widespread redness and inflammation that resembles sunburn. It can result from severe sunburn, using certain medications (i.e. oral corticosteroids, lithium) or suddenly stopping psoriasis treatment. It can also stem from poorly controlled psoriasis.

**A note about psoriatic arthritis:** In addition to its obvious effects on the skin, psoriasis can also affect other body tissues. Some patients with psoriasis can develop a kind of arthritis called Psoriatic Arthritis. This may be considered a disease in its own right, may be

