



BASIC INFORMATION

DESCRIPTION

A chronic, scaly skin disorder. It affects the skin of the scalp, elbows, knees, chest, back, arms, legs, toenails, fingernails, and the fold between the buttocks. Psoriasis begins in late childhood or young adulthood and continues throughout life. There are several types. The most common is plaque (discoid) psoriasis.

FREQUENT SIGNS AND SYMPTOMS

- Skin areas that are slightly raised, have red borders, and are covered with large white or silver-white scales. The areas crack and become painful.
- Itching (sometimes).
- Joint pain.

CAUSES

Unknown. It is thought to be one of a group of autoimmune disorders. In these disorders, the immune system by mistake attacks the body itself.

RISK INCREASES WITH

- Family history of psoriasis.
- Rheumatoid arthritis.
- Injury to the skin.
- Infections (viral and bacterial) elsewhere in the body.
- Smoking or alcohol use.
- Genetic factors. People with psoriasis have HLA antigens, and the incidence is highest among white people.

PREVENTIVE MEASURES

- Cannot be prevented at present.
- After diagnosis, avoid trigger factors (such as smoking, stress, or too much sun) to help prevent a flare-up.

EXPECTED OUTCOMES

Symptoms can be controlled, but not cured. There may be long periods of inactivity.

POSSIBLE COMPLICATIONS

- It can cause embarrassment and self-consciousness about one's appearance.
- Drugs used in treatment can cause adverse effects.
- Pustular psoriasis (skin has pus-filled blisters).
- Psoriatic arthritis (inflammation in the joints).



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider can diagnose the disorder with an exam of the affected skin. A biopsy may sometimes be done. It involves removing a small amount of skin tissue for viewing under a microscope.
- No permanent cure exists. Steps in treatment depend on the type of psoriasis, extent of the disease, your response to it, and the effect on your lifestyle.

- Treatment steps include drugs to be used on the skin or taken by mouth, phototherapy, and self-care.
- Maintain good skin hygiene with daily baths or showers. Avoid skin injury, including harsh scrubbing, which can trigger new outbreaks.
- Avoid skin dryness to decrease the risk of recurrences. To reduce scaling, use nonprescription, waterless cleansers and hair products that contain coal tar or cortisone. Use a moisturizer after bathing.
- Oatmeal baths may loosen scales. Use one cup of oatmeal to a tub of warm water.
- Phototherapy may be prescribed. It involves use of sunlight or artificial light. Expose skin to moderate amounts of sunlight as often as possible. Artificial light may be used. This can be done at a medical office, or, in some cases, patients may have a unit they use at home.
- Get counseling if needed for emotional problems.
- To learn more: National Psoriasis Foundation, 6600 SW 92nd Ave., Suite 300, Portland, OR 97223, (800) 723-9166; website: www.psoriasis.org.

MEDICATIONS

- No one drug therapy works for everyone. You may be prescribed one or more of the following:
 - Topical drugs including corticosteroids, forms of vitamin D-3, coal tar, anthralin, retinoids, or salicylic acid. Some of these may be combined into one product.
 - Drugs to suppress the immune system (more severe cases). They may be taken by mouth or by injection.
 - PUVA (combines use of a psoralen drug and exposure to ultraviolet light-wavelength A).
 - Combination of tar baths with UVB (ultraviolet therapy wavelength B).
 - Antihistamines to relieve itching.

ACTIVITY

No limits.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of psoriasis.
- Symptoms do not improve with treatment.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

Special notes:

More notes on the back of this page