Understanding psoriasis: NetWellness

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By Special to The Plain Dealer

Psoriasis is a chronic (lifelong) disease of the immune system that varies from person to person, both in severity and how it responds to treatments. Psoriasis is not contagious. It is not something you can "catch" or that others can catch from you. Psoriasis lesions are not infectious.

Psoriasis often appears between the ages of 15 and 35, but it can develop at any age. About 10 to 15 percent of those with psoriasis get it before age 10. Some infants have psoriasis, although this is considered rare.

Psoriasis occurs nearly equally in men and women. It is also present in all racial groups, but in varying rates. Psoriasis prevalence in African-Americans is 1.3 percent compared with 2.5 percent of whites.

What causes psoriasis?

No one knows exactly what causes psoriasis. But it is understood that the immune system and genetics play major roles in its development.

Most researchers agree that the immune system is somehow mistakenly triggered, which causes a series of events, including acceleration of skin cell growth. A normal skin cell matures and falls off the body in 28 to 30 days. A skin cell in a patient with psoriasis takes only three to four days to mature and instead of shedding, the cells pile up on the surface of the skin, forming psoriasis lesions.

Scientists believe that at least 10 percent of the general population inherits one or more of the genes that create a predisposition to psoriasis. However, only 2 to 3 percent of the population develops the
disease. Researchers believe that for a person to develop psoriasis, the individual must have a combination of the genes that cause psoriasis and be exposed to specific external factors known as "triggers," including stress, injury, medications, allergies, diet, weather, and strep infection (guttate psoriasis).

**Types of psoriasis**

**Plaque** psoriasis (psoriasis vulgaris) is the most common form of the disease. About 80 percent of those who have psoriasis have this type. It is characterized by raised, inflamed, red lesions covered by a silvery white scale. It is typically found on the elbows, knees, scalp and lower back.

**Guttate** psoriasis often starts in childhood or young adulthood. This form of psoriasis appears as small, red, individual spots on the skin. Guttate lesions usually appear on the trunk and limbs. These spots are not usually as thick as plaque lesions.

**Inverse** psoriasis is found in the armpits, groin, under the breasts, and in other skin folds around the genitals and the buttocks. This type of psoriasis appears as bright-red lesions that are smooth and shiny. Inverse psoriasis is subject to irritation from rubbing and sweating because of its location in skin folds and tender areas. It can be more troublesome in overweight people and those with deep skin folds.

**Pustular** psoriasis, primarily seen in adults, is characterized by white blisters of noninfectious pus (consisting of white blood cells) surrounded by red skin. It begins with the reddening of the skin followed by formation of pustules and scaling. Pustular psoriasis may be triggered by internal medications, irritating topical agents, overexposure to UV light, pregnancy, systemic steroids, infections, stress and sudden withdrawal of systemic medications or potent topical steroids.

**Erythrodermic** psoriasis is a particularly inflammatory form of psoriasis that affects most of the body surface. It is characterized by periodic, widespread, fiery redness of the skin and the shedding of scales in sheets, rather than smaller flakes.

The reddening and shedding of the skin are often accompanied by severe itching and pain, heart rate increase, and fluctuating body temperature. People experiencing the symptoms of erythrodermic psoriasis flare should see a doctor immediately. Erythrodermic psoriasis causes protein and fluid loss that can lead to severe illness. The condition may also bring on infection, pneumonia and congestive heart failure. People with severe cases of this condition often require hospitalization.

**Understanding psoriatic arthritis**

Up to 30 percent of people with psoriasis may also develop psoriatic arthritis, which can cause pain, stiffness and swelling in and around the joints. Psoriatic arthritis can develop at any time, but it most commonly appears between the ages of 30 and 50 and frequently occurs within 10 to 12 years after the onset of psoriasis. This type of arthritis frequently presents as prolonged (greater than one hour) morning stiffness in the joints or after long periods of inactivity.

Early recognition, diagnosis and treatment of psoriatic arthritis are critical to relieve pain and inflammation and help prevent progressive joint damage. Psoriatic arthritis can develop slowly with mild symptoms, or it can develop quickly and be severe. Early recognition, diagnosis and treatment of psoriatic arthritis can help prevent or limit extensive joint damage that occurs in later stages of the disease. Treatment for psoriatic arthritis can relieve pain, reduce swelling, help keep joints working properly and possibly prevent further joint damage.

**How is psoriasis treated?**
No single psoriasis treatment works for everyone, but something will work for everyone. It is hard to predict what will work for a particular individual; however, it is important to be open-minded and willing to work with your doctor (it is best to see a dermatologist) to find a treatment that will work for you. For the majority of patients who have mild psoriasis, treatment with topical agents is usually effective. Treating moderate to severe psoriasis (involving greater than 5 percent of the skin surface or critical areas such as the face, groin, palms or soles) usually involves a combination of treatment strategies including:

- Topical treatments
- Phototherapy (also known as light therapy)
- Systematic medications, including oral medications or injectable drugs.

If you think you have psoriatic arthritis, your dermatologist will generally have you see a rheumatologist for treatment which may include oral medications or injectable drugs.

**Working with your doctor**

Chronic diseases require you to become a partner in your own health care and an advocate for your health and well-being. Ways that you can work with your doctor are to:

1. **Track your symptoms.** Take notes on your flares: intensity, frequency, location, etc. Let your doctor know when the symptoms strike, Are they always there, or only during certain activities? This is when tracking your symptoms will come in handy.

2. **Have a clear goal.** If you know what you want the end result to be (a new prescription, a referral, advice, etc.), your time with the doctor will be well spent.

3. **Make a list.** If there is any information you don't want to forget to mention to your doctor, write it down. This can include questions you have; symptoms you are experiencing; new medications or dietary supplements; information from other health care providers you see; treatments you are interested in.

4. **Be specific.** Communicate clearly by describing symptoms as precisely as possible.

5. **Be prepared.** If you are seeing a new doctor, be ready to describe your history and previous medications. Having notes about this will make it easier to remember all the details your doctor needs.

6. **Be honest.** If you don't understand anything your doctor is saying, speak up. If you aren't using a treatment the way your doctor prescribed, tell him or her. This is valuable information, especially if a treatment is not working.

7. **Work the plan.** Once you and your doctor settle on a plan, follow through with it. It is good to give a new treatment eight to 12 weeks to see if it will work.

8. **Make a new list.** Keep all of the directions in one place, keep track of the various medications that you are on, when you need to take or apply them, and how you are reacting to the treatment. This will be helpful when you follow up with your doctor at your next appointment.

9. **Communicate.** A good relationship with your doctor starts with honest communication. Get in touch with your doctor if your symptoms are worsening after starting a new treatment.

**Other ways to stay healthy**

Living well with psoriasis and psoriatic arthritis is more than treating your disease. It means taking an active role in your care and developing habits and routines that support your well-being.

Developing a healthy lifestyle is important for everyone, but particularly for people with psoriasis.
and psoriatic arthritis. Psoriatic diseases affect not just the skin and joints, but other parts of the body as well.

Research shows that psoriasis may be associated with other serious conditions such as diabetes, heart disease, obesity and depression. Because psoriasis and psoriatic arthritis are whole-body conditions, a good disease-management plan incorporates treatment with a healthy diet, regular exercise, stress reduction and a strong support network.

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I believe I have Inverse Psoriasis and have discovered that soap and water are very irritating. I wash certain areas instead with alcohol. The disease is better in the summer probably because of the increased sunlight. Ultraviolet lamps the dermatologists use work wonders. Nothing else helps.

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