Psoriasis is a skin disease causing red, scaly patches of skin but can also affect the nails and joints. This condition is not infectious, but can be severe. Its exact cause is yet to be discovered, but we do know that the immune system and genetics play major roles in its development. A common belief is that the immune system is somehow mistakenly triggered, which speeds up the growth cycle of skin cells among other immune reactions. People who suffer from psoriasis know that this uncomfortable and at times disfiguring skin disease can be difficult and frustrating to treat. The condition comes and goes in cycles of remissions and flare-ups and will last a lifetime. While there are medications and other therapies that can help to clear up the patches of red, scaly, thickened skin that are the hallmark of psoriasis, there is no cure. However, this information leaflet will help to explain the methods to control the symptoms and how our LiveLife pharmacies can be part of your “optimal treatment/management” plan for psoriasis. We understand that this disease can be quite embarrassing and distressing for people, sometimes leading to low self-esteem and even depression; so it is important for you to know we offer empathy and patience to each and every one of our customers in the pharmacy.

Types of Psoriasis

Types of Psoriasis – there are many different types of psoriasis and each type may then be characterised as mild, moderate or severe. See below:

**Plaque psoriasis** – the most common variety, characterised by red skin covered with silvery scales and inflammation. Patches of circular or oval-shaped red plaques that itch or burn are typical of plaque psoriasis. Note the over-growth of skin cells leading to skin “thickening” and thus silvery/red plaques that are very typical in psoriasis sufferers.

**Guttate** – characterised by small dot-like lesions with fine scales. These scales are much finer than those associated with plaque psoriasis.

**Pustular** – characterised by weeping lesions, blisters containing pus and intense scaling.

**Inverse** – characterised by severe inflammation—more common in overweight people and worsened by sweating and friction.

**Erythrodermic** – characterised by intense shedding and redness of the skin, with itching and pain.
I’m confused! What is the difference between psoriasis, dermatitis and eczema?

Eczema, also called dermatitis, is a group of conditions in which the skin is hot, dry, itchy and scaly. In severe outbreaks the skin may become raw, red and bleeding. Eczema is thought to be a reaction to environmental irritants or allergies, and symptoms are worsened by stress and hormonal fluctuations.

Psoriasis is a different inflammatory skin condition. It is marked by patches of raised reddish skin, covered with visible skin thickening showing itself as a whitish silver layer. The most common form (plaque psoriasis) is common on the knees, elbows, scalp and the lower back. See page 1 of this information leaflet for images.

So the important take-home message is both conditions cause inflammation and require moisturisation; however, psoriasis is also associated with the excessive skin growth and plaques, so needs additional treatment to reduce this thickening/growth.

Are there any triggers or risk factors that can bring on psoriasis?

It seems that a person must inherit the right mix of genes and be exposed to a trigger in order to develop signs of psoriasis.

Some possible triggers include:

- A stressful life event or trauma, such as a new job or death of a loved one
- Skin injury
- Having a streptococcal infection (such as strep throat)
- Some blood pressure medications (e.g. beta blockers), lithium and the anti-malarial medicine hydroxychloroquine

What complications are there for people suffering with this condition?

Approximately one in eight people with psoriasis also develop psoriatic arthritis, where the immune system targets the lining of the joints between your bones. This condition affects men and women equally and can occur at any age. Sometimes the arthritis appears before or at the same time as the psoriasis, but for most people these joint problems occur as a complication after the skin condition.

While this type of arthritis tends to affect different people in different ways, common symptoms in the joints may include:

- Swelling
- Heat
- Tenderness
- Pain
- Stiffness

Because early diagnosis and correct treatment can reduce the impact of this disease, if you suspect psoriatic arthritis, you should visit a specialist doctor (rheumatologist) asap.

See pictures below for examples of psoriatic arthritis:
Topical treatment is first line therapy for people suffering with psoriasis, but please consult the pharmacist if you are not getting any relief of symptoms or the areas involved make treatment quite impractical or expensive. In the pharmacy, we can only try and minimise the inflammation (cortisone creams), moisturise (comfort) and decrease the rate of cell growth (coal tar - smelly awful things to use, but you need to know why we use them - we don’t have much else to treat psoriasis topically!).

Moisturisers – this will hydrate and soften the scaly surface of the plaques on the skin and may be sufficient in mild disease and to avoid flare-ups. e.g. QV intensive, Dermaveen cream

Coal tar preparations – used to reduce the rapid growth of skin cells that cause psoriasis plaques and treat scaling, inflammation and itching. Most commonly used are the coal tar shampoos for psoriasis of the scalp, but there are other topical treatments available for application to other areas of the body. Please note these preparations are often difficult to apply, stain clothing and smell unpleasant. E.g. Ionil T Shampoo, Sebitar Shampoo, Egopsoryl-TA gel

Keratolytics – salicylic acid is the most common keratolytic used for psoriasis and works by helping to remove accumulated scale and allowing other topical agents to penetrate the lesions. Please note that keratolytics can cause skin irritation. Often used in combination products with coal tar. E.g Sebitar.

Dithranol - also believed to reduce the rapid growth of skin cells that causes psoriasis plaques. Please note that this product can be irritant and stain clothing, skin and hair. Not used very often in commercial preparations anymore, but sometimes added to extemporaneous preparations by the pharmacist.

Topical corticosteroids – over-the-counter cortisone creams may have a faster onset of action than coal tar and dithranol and act as an anti-inflammatory to the affected areas. However, it is important to note these products must be used only with consultation by the pharmacist and only for a short period of time. Stronger preparations are also available from the doctor on prescription, which the pharmacist may recommend in some severe cases. E.g. dermaid cream, cortic-ds cream

Calcipotriol – this is a prescription product which is actually a vitamin D analogue. Its actions help to reduce plaque growth in psoriasis sufferers.

Tazarotene – this is also a prescription only product, and is a type of “retinoid” (vitamin A derivative) used in plaque psoriasis.

Please see example below of the difference between healthy skin and psoriasis skin that requires treatment:
Phototherapy — Phototherapy or light therapy, involves exposing the skin to ultra-violet light on a regular basis under medical supervision of a doctor/specialist. Please note the use of tanning beds as an alternative treatment for psoriasis is not recommended. Tanning beds in commercial salons emit mostly UVA light, not UVB. The beneficial effect for psoriasis is attributed primarily to UVB light.

Systemic treatment for psoriasis — There are some systemic (internal) treatments available for psoriasis sufferers; however, it is important to note these may have serious adverse effects and drug interactions and are generally only prescribed by a specialist dermatologist. Some examples just for your knowledge are acitretin, immunosuppressants such as methotrexate and TNF-alpha blockers (which work on your immune response). Please consult the pharmacist if you would like information on these prescription products.

Antihistamines — psoriasis can sometimes become quite “itchy,” so antihistamines can provide some symptom relief. Sedating antihistamines are often a good choice, as they will help the sufferer with the itch, whilst assisting them to get a good night’s sleep. Consult the pharmacist as these products are schedule 3. E.g. phen-ergan tablets, polaramine tablets

Complementary options — please note the treatment options below are only to be used alongside the proven treatments suggested above, as more research is required to confirm their effectiveness.

- Turmeric — has some anti-inflammatory effects in the body and may help to relieve the plaques and associated arthritis symptoms.
- Evening primrose oil — rich in omega-6 and may act as an anti-inflammatory in the body.
- Fish oil — may have an anti-inflammatory effect in the body.
- Marshmallow — may be anti-inflammatory in conditions like eczema and psoriasis.