

Psoriasis

What is Psoriasis? Psoriasis is a chronic skin disorder affecting one percent of the US population and is characterized by red, scaly sores. In patients with psoriasis, the surface skin cells (epithelial cells) grow at an increased rate, causing skin cells to pile up on the surface of the skin. The sores (or lesions) vary in size and are often thick and red with silvery scales. Occasionally, lesions of psoriasis can itch or be tender. They are commonly found on elbows, knees and lower back, but can also affect other body sites, such as scalp, palms, soles and nails. Rarely, the entire body can be involved. Psoriasis may also affect joints causing arthritis.

Who gets Psoriasis?

Psoriasis primarily occurs in adults and tends to run in families, suggesting a genetic predisposition. Men and women are equally affected.

What causes Psoriasis?

Psoriasis is a disorder of the immune system involving the T cell, a type of white blood cell normally protecting the body against infection and disease. In patients with psoriasis, T cells are diverted to other activities in error, producing an immune response that leads to the increase in skin turnover and resulting in the characteristic red, scaly lesions. The course of the disease typically includes alternating periods of severity, often improving in the summer months with ultraviolet exposure (from the sun) and warm weather, while worsening in the winter months. Other factors that may make psoriasis flare (worsen) include stress, certain infections or medications.

How is Psoriasis Diagnosed?

Often the appearance of psoriasis is typical and characteristic, however, some cases of psoriasis may closely resemble other skin diseases. Therefore, the doctor may need to take a small sample of skin to be examined under the microscope by a pathologist in order to distinguish psoriasis from other skin diseases.

How is Psoriasis Treated?

Treatment depends on:

- The severity and extent of the disease
- The size of the lesions
- The type of psoriasis
- Patient's response to therapy in the past

Treatments vary in their effectiveness between patients – what works for one patient may not work for another patient. Doctors often must try several treatments to see which works the best. At times the effectiveness of a treatment lessens or a bad reaction occurs, necessitating a change in therapy.

Forms of treatment:

Topical: Lotions, creams and ointments applied directly on the skin are often a first line of therapy. These treatments can: reduce cell turnover and skin redness, suppress the immune system, and help exfoliate (peel) the skin. Bath solutions may also help and are often used in combination with other topical treatments.

Light Therapy: Natural ultraviolet (UV) light from the sun and artificial UV light are used to treat psoriasis. Photochemotherapy, otherwise known as PUVA, combines UVA light and a drug taken internally to make the skin more sensitive to light.

Systemic Therapy: If severe or if above therapies have failed, doctors may choose to treat psoriasis with an injectable medication (a shot). New immune system modulating drugs are very promising in treating severe psoriasis.

Combination Therapy: Doctors may suggest combining topical, UV and systemic therapies, allowing lower doses of each. Combination therapy may also lead to better responses.



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What are some Promising Areas of Psoriasis Research?

More is being learned about psoriasis through studies of the immune system and genetics, as well as newer treatments involving the immune system regulation and newer light treatments, such as laser.

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