Psoriasis:
An introduction

papaa®

A positive approach

to psoriasis and

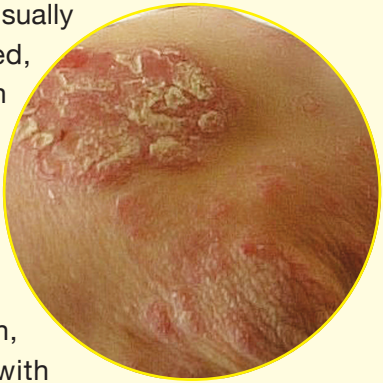
psoriatic arthritis

What are the aims of this leaflet?

This leaflet has been written to provide you with a basic introduction to psoriasis. It is not intended to provide a full comprehensive explanation. You will find throughout the text references to other materials that we produce.

About psoriasis and psoriatic arthritis

Psoriasis (sor-i'ah-sis) is a long-term (chronic) scaling disease of the skin which affects around 1 in 50 people, which is about 1.3 million, or around 2% of the UK population. It usually appears as red, raised, scaly patches, known as plaques. In people with skin of colour, the redness is less pronounced. The plaques therefore may appear darker, brown, or purple patches with grey scales. Any part of the skin surface may be involved, but the plaques most commonly appear on the elbows, knees, and scalp. They can be itchy but are not usually painful. Psoriasis is not contagious; you cannot catch it from another person.



For those that have psoriasis, around 1 in 4 may develop an associated psoriatic arthritis (PsA), which is about 325,000 people, or around 0.5% of the UK population. Psoriatic arthritis causes pain and swelling in the joints and tendons, accompanied by stiffness particularly in the mornings or after a period of rest.

There does not seem to be any consistent robust link between the severity of the psoriasis affecting the skin

and the severity of psoriatic arthritis. For more detailed information on each condition, please see our leaflets ***What is Psoriasis?*** and ***What is Psoriatic Arthritis?***

Nail changes

Psoriasis can affect both fingernails and toenails, with half of those with psoriasis alone having some form of nail involvement. The risk increases in those with psoriatic arthritis, and it is reported that this could be as high as 4 out of 5 people seeing changes to their nails. For some unknown reason, fingernails are more often involved than toenails. For many people, nail psoriasis is often mild and causes few problems.

The nails are part of the skin, so it is perhaps not surprising that a skin disease such as psoriasis can affect the nails. No one knows why some people get nail involvement and others don't. Nails grow from the nail root (matrix), which is just under the cuticle. In people who develop nail psoriasis, it is the involvement of the nail root that causes pitting and ridging of the nails. See our ***Nail Psoriasis*** leaflet for more information.

Getting a diagnosis

If you think you have psoriasis go and see your GP or healthcare provider. They may decide to start treatment themselves or refer you to a dermatologist (skin specialist doctor) for advice. It is essential to seek medical advice because of confusion in

diagnosis. Although many treatments are available over the counter (OTC) from pharmacies your doctor may be able to prescribe particular treatments that are specifically for psoriasis.

Treatments

There are many different treatments for psoriasis which range from applying to the skin (topical), oral (tablets), and injectable therapies. See our ***Treatments for psoriasis: An overview*** leaflet.

What can I do to help treat my psoriasis?

There may not be a cure yet but there is much you can do to help maintain and control your psoriasis. Your general practitioner/dermatologist will be best placed to keep you informed of all treatments and to advise you on the best treatment programme for you.

Remember. Your treatment can only be as good as you allow it to be – that means if the treatment takes six weeks, you have to do it as instructed for six weeks and no ducking out!

Finding out all you can about psoriasis and having a full understanding of it can be very helpful in coping with the problem. Look out for any emerging patterns, stress levels, and any event that may trigger flare-ups.

Types of psoriasis

There are many different types of psoriasis, including:

- Chronic plaque
- Guttate
- Scalp
- Flexural
- Palmar-plantar pustulosis

- Pustular
- Erythrodermic
- Nail

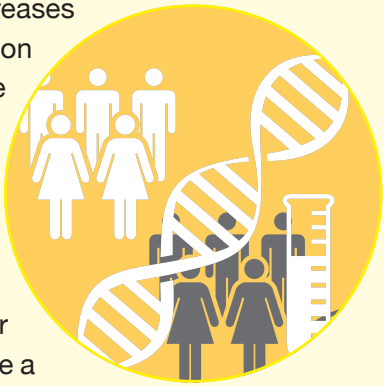
What are the triggers for psoriasis?

Although the underlying cause of psoriasis stems from your body's immune system, the trigger factors that can make it worse or flare-up include:

- Cold and dry weather can dry out your skin, which makes the chances of having a flare-up worse. In contrast, hot, sunny weather appears to help control the symptoms of psoriasis in most people.
- Having psoriasis can cause stress itself and people often report that outbreaks of symptoms come during particularly stressful times.
- Certain drugs, such as lithium (a common treatment for bipolar disorder), drugs for malaria, and some beta-blockers (used to treat high blood pressure, heart disease, and problems with heart rhythm), can cause flare-ups of psoriasis. Some common painkillers called non-steroidal anti-inflammatory drugs (NSAIDs) may also aggravate psoriasis, although they are still used in some people with psoriatic arthritis.
- Certain infections, such as streptococcal (strep throat or tonsillitis), can result in guttate or other types of psoriasis. Psoriasis may worsen in people who have HIV.
- In some people with psoriasis, trauma to the skin including cuts, bruises, burns, bumps, vaccinations, tattoos, and other skin conditions can cause a flare-up of psoriasis symptoms either at the site of the injury or elsewhere. This condition is called Koebner's phenomenon.
- Some experts think that smoking can worsen psoriasis.

Hereditary

Genetic predisposition means an inherited tendency to develop the disease. Recent research has greatly increased our knowledge about how and what we inherit from our parents and the role played by genes. As our knowledge increases so does our appreciation of the complexity of the process. While it was originally hoped that a specific disease might be associated with a specific gene, it now appears that for many diseases that have a genetic component, including psoriasis, there are probably multiple genes involved in producing the sequence of events that result in the expression of disease. This is further complicated by the way these genes interact.



However, the evidence to support the belief that a genetic predisposition plays a major role in the cause of psoriasis can be summarised as follows:

- One-third of people with psoriasis have a known family member who is also affected.
- There is an increased incidence of psoriasis in children when one or both parents have the disease.
- In twins, psoriasis is no more likely to appear in both identical twins than in both non-identical twins. This finding also confirms that more than one gene must be involved.

There is a higher-than-expected frequency of certain characteristics of blood cells in people with psoriasis and their close relatives. However, some people with psoriasis have no family history at all.

It is important to understand that genetic predisposition does not mean it is inevitable that the disease will appear. Other initiating or trigger factors may act together with genetic predisposition to set the disease process in motion.

What goes wrong with the immune system in psoriasis?

Your immune system is designed to protect you against infection and disease. It is made up of many white blood cells (T cells) that patrol the body in search of cells and proteins that should not be there. All your cells have special identity tags to help your immune system recognise them. Sometimes, however, the immune system over-reacts or even attacks parts of the body to cause problems.

In psoriasis, T cells are put into action by mistake and become so active that they trigger other immune responses, which lead to inflammation and to the rapid turnover of cells that pile up on the surface of the skin, forming raised red scaly plaques. This inflammation can also affect the joints causing psoriatic arthritis.

The exact mechanism that stimulates these T cells into their harmful behaviour is not known, but several trigger factors have been discovered.

Lethargy and fatigue

People with psoriasis often feel tired all the time. Some people who develop this symptom think there must be something psychologically wrong with them, but there isn't, fatigue is a common and recognised symptom of the condition. Inflammation appears to be part of the process of feeling fatigued; researchers do not know exactly what the link is, or how increased levels of inflammatory substances in the body influence fatigue. See our ***Psoriatic fatigue*** leaflet to learn more.

Psychosocial burden

It is widely accepted that psoriasis can severely affect an individual's quality of life, although for many the condition is mild and a mere inconvenience. The severity of the disease does not always relate to the severity of anxiety that an individual will have. The area where the psoriasis is located such as the hands or face can severely affect an individual's self-esteem in some instances. See our ***Psychological aspects of psoriasis*** leaflet.

Living with psoriasis

Loss of confidence and self-esteem can make you feel unattractive and harm your relationships. You may even feel a sense of mourning for not being able to do the things you once did, such as wearing shorts, sunbathing, swimming or even just going out. Unfortunately, the more you worry about your skin, the worse you will feel. Although stress does not cause psoriasis, it can trigger a flare-up.

- Remember that psoriasis is common and affects as many as 1 in 50 people.
- Feel positive about yourself and concentrate on your good points instead of your skin.
- Reduce your levels of stress and anxiety.
- Try to work out what trigger factors can bring your symptoms on and avoid these.
- Talk to someone close, or write down your feelings to let them out – don't bottle things up.
- Imagine yourself in control and visualise your skin getting clearer.

- If you feel very stressed, try breathing in slowly and deeply. When you reach your limit of breathing in, immediately start to breathe out – without holding your breath – to empty your lungs as much as possible. Repeat 5 times without holding your breath in-between.

Will good dietary nutrition help my psoriasis?

A healthy diet is important for well-being and can reduce your risk of many long-term illnesses, including coronary heart disease, inflammatory conditions, and even cancer. However, there is no clear link between what you eat and the severity of psoriasis symptoms.

- The British Nutrition Foundation suggests eating at least 300g of oily fish per week for general health (such as mackerel, herring, salmon, trout, sardines, and pilchards). Fish oil (salmon) has been shown to benefit psoriasis.

- Aim to eat more green leafy vegetables, nuts, seeds, and wholegrain cereals, which also contain important essential fatty acids.

- Cut back on saturated fats and vegetable oils and use more olive oil and rapeseed oil products.

- Eat fresh homemade foods rather than pre-packaged, convenience foods.

- Certain foods may worsen your symptoms. If you experience any adverse effects from foods it may be worth making a note of these to discuss with your doctor and generally for your avoidance when preparing and eating food.

See our ***Psoriatic Lifestyle and Nutrition*** leaflet.

Comorbidities

Conditions described as comorbidities are often chronic or long-term conditions. Comorbidity occurs when a person has more than one disease or condition at the same time. It is becoming much more widely recognised that psoriasis is just part of the umbrella term of what may be involved in psoriatic disease.

There is a well-described association between psoriasis and several other conditions including obesity, arthritis, diabetes, osteoporosis, depression, inflammatory bowel disease, and cardiovascular diseases. More recently, psoriasis has also been linked to several endocrine diseases. See our ***Psoriasis and the Heart*** leaflet.

In conclusion

Unfortunately, at the moment there is no cure for psoriasis. Much research is being done and in the last decade great strides have been made in understanding what goes wrong in psoriasis, so there is good cause for optimism. In the meantime, many treatments are effective in keeping the problem under control. The art of treating psoriasis is finding the best form of treatment for each individual. There is no single solution that is right for everyone.

Useful contacts

For information about health matters in general and how to access services in the UK, the following websites provide national and local information.

- NHS UK: www.nhs.uk
- NHS England: www.england.nhs.uk
- NHS Scotland: www.scot.nhs.uk
- Health in Wales: www.wales.nhs.uk
- HSCNI Services (Northern Ireland): http://online.hscni.net

These are the official sites for the National Health Service and provide links and signposting services to recognised organisations and charities.

About this information

This material was produced by PAPAA based on lay input and user feedback September 2024. Please be aware that research and development of treatments is ongoing. For the latest information or any amendments to this material, visit our website: www.papaa.org the site contains information on treatments and includes patient experiences and case histories.

Quality and accuracy

To learn more about how this material was developed and produced and the criteria we use to deliver quality support and information, go to our website and read the PAPAA Pledge: www.papaa.org/pledge

If you have any views or comments about this information or any of the material PAPAA produces you can contact us via the details on the back page or online at www.papaa.org/user-feedback

Published: October 2024

Review date: October 2027

The charity for people with psoriasis and psoriatic arthritis

PAPAA is independently funded and is a principal source of information and educational material for people with psoriasis and psoriatic arthritis in the UK.

PAPAA supports both patients and professionals by providing material that can be trusted (evidence-based), which has been approved and contains no bias or agendas.

PAPAA provides positive advice that enables people to be involved, as they move through their healthcare journey, in an informed way which is appropriate for their needs and any changing circumstances.

www.papaa.org

Email: info@papaa.org

Tel: 01923 672837

3 Horseshoe Business Park, Lye Lane,
Bricket Wood, St Albans,
Herts. AL2 3TA

ISBN 978-1-906143-39-8

PSI/10/24