



Charity No: 1118192

## Psoriasis Management

This information is produced by the  
Psoriasis and Psoriatic Arthritis Alliance

[www.papaa.org](http://www.papaa.org)



### What are the aims of this leaflet?

This leaflet has been written and designed to help you understand more about how psoriasis is managed, who is involved in ongoing monitoring, and what treatments may be offered, including options, decisions, planning, and assessments.

### About psoriasis and psoriatic arthritis

Psoriasis (sor-i'ah-sis) is a long-term (chronic) scaling disease of the skin that affects around 1 in 50 people, which is about 1.3 million individuals, 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, and psoriasis may appear as violet or darkened areas of skin. The plaques may therefore look darker, brown, or purple, with grey scales. Any part of the skin surface may be affected, but plaques most commonly appear on the elbows, knees, and scalp. Psoriasis can be itchy but is not usually painful. Nail changes, including pitting and ridging, occur in nearly half of all people with psoriasis. See our **Nail Psoriasis** leaflet

Around 1 in 4 people with psoriasis may develop an associated condition called 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, often accompanied by stiffness, particularly in the mornings. The most commonly affected areas are the hands, feet, lower back, neck, and knees, with movement in these areas sometimes becoming severely limited.

For more detailed information on psoriasis and psoriatic arthritis, see our leaflets **What is Psoriasis?** and **What is Psoriatic Arthritis?**

Living with psoriasis and psoriatic arthritis can be challenging, stressful, and even distressing. This can have a negative psychological impact on an individual's life. See our **Psychological Aspects of Psoriasis** leaflet.

### Who is involved in treating psoriasis?

After receiving a diagnosis of psoriasis, the next step is to decide what sort of management or treatment would be best for you. This process should involve discussions with a team of healthcare professionals responsible for your care. This team is usually, but not always, led by your doctor (GP) or a dermatologist (a specialist in skin disorders).

### Planning to treat

Diagnosing psoriasis should be easy, as most cases are identified through a visual examination by a GP. However, as psoriasis may be hidden under clothing, it is important to ensure your GP conducts a thorough examination. This will help determine the severity of your condition and the most appropriate course of treatment.

Try to recall when your symptoms first appeared, whether they developed suddenly or gradually. It may also be helpful to consider whether you had any symptoms other than the rash, such as a cold, virus, or sore throat, or if you experienced any trauma or stress. The more information you can provide, the easier it will be to identify the cause and confirm the diagnosis.

Psoriasis can sometimes resemble other skin conditions, such as seborrhoeic dermatitis, dandruff, eczema, mycosis fungoides, or pityriasis rubra pilaris. In rare cases, a small skin sample (biopsy) may be sent for examination to rule out other conditions or determine the specific type of psoriasis. While these tests may seem unnecessary, they can provide valuable information and reassurance.

Once a psoriasis diagnosis has been confirmed, healthcare professionals may use various diagnostic tools, usually validated questionnaires, to help determine the best treatment approach.

One such tool is the PASI (Psoriasis Area and Severity Index), though this is unlikely to be used in primary care. More commonly, the BSA (Body Surface Area) method is applied, as it is easier to estimate. To give context, the surface area of the hand including fingers, is approximately 1% of the total body area. Your GP may use this method, and the percentage they calculate may seem lower than your own perception.

## **Shared decision-making**

For treatment to be effective, it is essential to follow your healthcare provider's instructions carefully. This is often referred to as adherence, compliance, or concordance.

You should feel that you are actively involved in decision-making about your treatment. By working collaboratively with your clinician, you can take ownership of your symptoms and better understand what works best for you.

In some medical conditions, such as high blood pressure, strict adherence to treatment is vital to prevent complications. For psoriasis, maintaining good concordance with treatment can help:

- reduce the rate at which new skin cells are produced
- minimise side effects, such as burning or irritation from treatments
- control symptoms effectively
- keep your skin looking and feeling its best

## **Treatments**

Although psoriasis is a chronic condition with no cure, it can be managed effectively, and symptoms may go into remission (disappear for a period or go away). The severity of psoriasis varies, and doctors classify it as mild, moderate, or severe.

The following are the main types of treatment you may be offered:

- Topical treatments (applied to the skin): Antifungals, antihistamines, steroids, coal tar, emollients, vitamin D analogues, combination therapies, dithranol.
- Systemic treatments (taken orally or by injection): Biologic agents, immunosuppressants, retinoids, phosphodiesterase-4 inhibitors.
- Phototherapy: A treatment using ultraviolet (UV) light, either UVB or PUVA. UVB (ultraviolet B) uses short-wave UVB light, while PUVA (psoralen + ultraviolet A) combines a plant-derived photosensitiser (psoralen) with long-wave UVA light.

For more information, see our leaflets: ***Emollients and Psoriasis***, ***Treatments for Psoriasis: An Overview***, ***Psoriasis and the Sun***, and ***Psoriasis and Phototherapy***.

### **Patient-initiated follow-up (PIFU)**

PIFU allows patients and their caregivers to arrange follow-up appointments as needed, rather than based on a fixed schedule. This system empowers you to manage your condition proactively and take an active role in the shared decision-making process.

### **Conclusion**

Receiving a psoriasis diagnosis can be distressing, but with good management and support, you can learn to cope with this chronic condition. By actively participating in your healthcare decisions, you can improve your quality of life and achieve better long-term outcomes.

### **Useful links**

For general health information and access to services in the UK, there are several helpful resources available, including official NHS websites and other trusted sources. These links provide valuable information to help you navigate the healthcare system, access services, and make informed decisions about your health and well-being. [www.papaa.org/links](http://www.papaa.org/links)

### **About this information**

This material was produced by PAPAA. Please be aware that research and development of treatments are ongoing. For the latest information or any amendments to this material, visit our website: [www.papaa.org](http://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](http://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](http://www.papaa.org/user-feedback)

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