

PSORIASIS

What is psoriasis?



Psoriasis is one of the most common skin problems (affecting about 1-3% of people) and appears as inflamed areas of overgrown skin, topped with white scale. Many people first develop the disorder during childhood, especially during teenage years. Psoriasis is a chronic condition where it gets better and comes back frequently. Although many patients report that another family member has psoriasis, most patients do not have anyone in the family with psoriasis.

What causes psoriasis?

The cause of psoriasis is unknown. What we do know, however, is that trauma to the skin may cause a lesion at the site of trauma, called the "Koebner phenomenon." That may explain why we see most lesions of psoriasis at areas of trauma, such as the scalp, the elbows, knees and buttocks. Very small lesions of psoriasis ("guttate psoriasis") all over the body can be seen a few weeks after strep throat.



What can be done?

The management of psoriasis may be simple in mild cases, with occasional use of short-term cortisone on the skin. Patients with more severe or widespread involvement often need more complicated therapy. Occasionally, children with psoriasis will need ultraviolet light treatments. Injury to the skin should be avoided by wearing protective guards when participating in sports that can cause trauma and by choosing activities that can decrease trauma to the skin. Tight clothing and tight shoes should be avoided as well. Although sunlight is often very helpful for patients with psoriasis, sunburn can result in many new lesions at the sites of the burn. Recently, two medications (that are given by injection) have been shown to be very effective in patients with resistant psoriasis.

Recently, we have found that adults with psoriasis are at risk for arthritis, heart disease, high cholesterol, obesity, high blood pressure and diabetes. Because of this, you should see your family doctor/pediatrician regularly to check your weight, blood pressure and to monitor how this is affecting your life. Optional bloodwork includes blood sugars (age 10+) and lipid levels (age 9+).

Treatment plan

- **Apply:** Synalar/ Hydrocortisone/ Elidel/ Protopic/ _____ twice daily to affected areas on **face, groin**.
- **Apply:** Mometasone/ Dovobet/ _____ once/twice daily to affected areas on **body**.
- **Apply:** Clobetasol/ _____ twice daily to affected areas on **hands, wrists, ankles, feet and thick areas**.
- **Apply:** Dovobet/ Dermasmoothe/ Clobetasol/ _____ once/twice daily to **scalp**.
- **For** Enbrel (etanercept) (4 years or older) and Stelara (ustekinumab) (12 years or older), your injections will be co-managed by BioAdvance or a similar patient support team.