

Psoriasis

Psoriasis is a chronic, autoimmune disease that appears on the skin. It occurs when the immune system sends out faulty signals that speed up the growth cycle of skin cells. Psoriasis is not contagious and affects as many as 7.5 million Americans. Up to 30 percent of individuals with psoriasis also develop psoriatic arthritis, which causes pain, stiffness and swelling of the joints.

Psoriasis can occur on any part of the body and is associated with other serious health conditions, such as diabetes, heart disease and depression. Psoriasis can be triggered by internal or external factors which vary from person to person.

Types of psoriasis

There are five types of psoriasis:

Plaque psoriasis is the most common form of the disease and appears as raised, red patches covered with a silvery white buildup of dead skin cells or scale. These patches or plaques most often appear on the scalp, knees, elbows, and lower back. They are often itchy and painful, and they can crack and bleed.

Guttate [GUH-tate] psoriasis often starts in childhood or young adulthood and comes on suddenly. This form of psoriasis appears as small, red, individual spots on the skin—usually on the trunk and limbs. A variety of conditions can trigger guttate psoriasis, including upper respiratory infections, strep throat, tonsillitis, stress, injury to the skin and certain drugs including antimalarials and some blood pressure medications. This is the second most common type of psoriasis, after plaque psoriasis. About 10 percent of people who get psoriasis develop guttate psoriasis.

Inverse psoriasis is found in the armpits, groin, under the breasts, and in other skin folds around the genitals and the buttocks. This type of psoriasis appears as bright-red lesions that are smooth and shiny. Inverse psoriasis is subject to irritation from rubbing and sweating because of its location in skin folds and tender areas. Many people have another type of psoriasis elsewhere on the body at the same time.

Pustular [PUHS-choo-lar] psoriasis is primarily seen in adults and is characterized by white blisters of noninfectious pus (consisting of white blood cells) surrounded by red skin. Pustular psoriasis may appear only on certain areas of the body, such as the hands and feet, or cover most of the body. It begins with reddening of the skin followed by formation of pustules and scaling. Pustular psoriasis may be triggered by internal medications, irritating topical agents, overexposure to UV light, pregnancy, systemic steroids, infections, stress and sudden withdrawal of systemic medications or potent topical steroids.

Erythrodermic [eh-REETH-ro-der-mik] psoriasis is a particularly inflammatory and dangerous form of psoriasis that affects most of the body surface. It is characterized by periodic, widespread, fiery redness of the skin and the shedding of scales in sheets, rather than smaller flakes. The reddening and shedding of the skin is often accompanied by severe itching and pain, increased heart rate, and fluctuating body temperature. It is a rare type of psoriasis, occurring once or more during the lifetime of 3 percent of people who have psoriasis. It generally appears on people who have unstable plaque psoriasis. This means the lesions are not clearly defined. If you have this form of psoriasis, see a physician immediately.



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Treatment information

Treatments listed below may be used alone or in combination with other treatments.

Topical treatments with and without steroids usually are the first line of defense in treating psoriasis. Topicals slow down or normalize excessive cell reproduction and reduce psoriasis inflammation. There are several effective topical treatments for psoriasis. While many can be purchased over the counter (OTC), others are available by prescription only.

Phototherapy, also known as light therapy, involves exposing the skin to ultraviolet light on a regular basis and under medical supervision. Treatments are done in a health care provider's office or at home with a phototherapy unit. The key to success with light therapy is consistency.

Systemic medications are prescription drugs that work throughout the body. They are used for individuals with psoriatic arthritis and those with moderate to severe psoriasis whose symptoms are unresponsive to other treatments. Systemic medications are taken orally, by injection or infusion and fall into two categories—traditional systemics and biologics.

A biologic is a protein-based drug that targets specific parts of the immune system to treat psoriatic disease.

Complementary and alternative medicine (CAM) is a group of diverse medical and health care systems, practices and products that are not presently considered to be part of conventional, or Western, medicine. CAM therapies include diet and nutrition, herbal remedies, and more.

Keep in mind—No single psoriasis treatment works for everyone. Working closely with a dermatologist is key to bringing psoriasis into remission.