

PSORIASIS

OVERVIEW

Psoriasis is a chronic, immune-related disease, which affects approximately 7.5 million people in the United States. Most commonly diagnosed between the ages of 15 and 35, psoriasis is the result of skin cells overproducing and accumulating on the skin's surface, causing plaques.

CAUSE

People with psoriasis produce excess tumor necrosis factor (TNF), a protein involved in the body's normal immune response. The excess TNF causes inflammation that drives the formation of sometimes painful and potentially disfiguring skin plaques. In about one-third of cases, there is a family history of psoriasis.

SYMPTOMS

Psoriasis usually results in patches of thick, red or inflamed skin covered with silvery scales known as plaques. These patches usually itch or feel sore and can occur anywhere on the body. The disease may also affect nails and the inside of the mouth.

FORMS OF PSORIASIS

There are several forms of psoriasis ranging in severity from mild to severe and disabling. Types of psoriasis include:

- **Plaque psoriasis**, the most common form, is characterized by skin lesions, which appear red at the base and are covered by silvery scales.
- **Guttate psoriasis** is characterized by small, drop-shaped lesions, which appear on the trunk of the body, the limbs and the scalp.
- **Pustular psoriasis** is characterized by blisters of pus.
- **Inverse psoriasis** manifests as smooth, red patches that may occur in the folds of the skin near the genitals, under the breasts or in the underarms.
- **Erythrodermic psoriasis**, the least common form of the disease, is particularly inflammatory. Often, it affects most of the body's surface and manifests as large, red, fiery patches. Severe itching and pain may result as the skin reddens and sheds.

DIAGNOSIS

In most cases, a dermatologist can make a diagnosis after a physical exam. Occasionally, it may be difficult to diagnose psoriasis because symptoms can look like other skin diseases, and it may be necessary to confirm a diagnosis by laboratory examination of a skin sample (biopsy).

IMPACT ON QUALITY OF LIFE

Psoriasis can significantly affect a person's quality of life because:

- Itching and pain can interfere with basic functions, such as walking or sleeping.
- Plaques on hands and feet can make it difficult for patients to maintain certain occupations, exercise or participate in other activities.

- The frequency of medical care can be costly and can interfere with employment or school schedules.
- People may feel self-conscious about their appearance and have a poor self-image.
- The distress caused by psoriasis can lead to significant feelings of depression and social isolation. Depression associated with psoriatic conditions may lead to an increased consumption of alcohol and tobacco, suicide ideation and a higher death rate.

Moreover, for some people, the emotional effects of the disease may be similar to the distress caused by other diseases such as cancer, heart disease, diabetes, hypertension and arthritis.

TREATMENT

Doctors generally treat psoriasis based on the severity of the disease, the type of psoriasis and the patient's response to initial treatments.

Traditional treatments for psoriasis include topical therapies that can be obtained over-the-counter (i.e., ointments and creams containing corticosteroids or coal tar) and by prescription (i.e., treatments containing a form of synthetic Vitamin D). Other traditional treatments for psoriasis include phototherapy (ultraviolet radiation) and systemic therapies (such as methotrexate or cyclosporine). Systemic therapies can be effective for people with severe psoriasis. Newer treatments, such as biologic therapies, have provided new hope in the care of psoriasis. Managing the benefits and risks of these medicines provide new hope and new challenges for doctors and patients.

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