

Psoriasis

Psoriasis is a chronic disease characterized by scaling, and the swelling and inflammation of the skin. Psoriasis occurs when skin cells quickly rise from their origin below the surface of the skin and pile up on the surface before they have a chance to mature. Usually this movement (also called turnover) takes about a month, but in psoriasis it may occur in only a few days. A variety of treatments have been developed that can improve a psoriasis patient's quality of life.

Cause

Psoriasis is a skin disorder driven by the immune system, especially involving a type of white blood cell called a T cell. Normally, T cells help protect the body against infection and disease. In the case of 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 rapid turnover of skin cells.

There is a family history of psoriasis in about one-third of all cases. Researchers have studied a large number of families affected by psoriasis and identified genes linked to the disease. People with psoriasis may notice that there are times when their skin worsens, then improves. Conditions that may cause flareups include infections, stress and changes in climate that dry the skin. Also, certain medicine, including lithium and betablockers which are prescribed for high blood pressure, may trigger an outbreak or worsen the disease.

Frequency of Occurrence

According to the National Psoriasis Foundation, more than 8 million Americans have psoriasis. It can develop at any age, but often appears between the ages of 15 and 25. It appears almost equally in males and females. However, studies show that psoriasis has a greater impact on quality of life in women and younger patients

Symptoms and Signs

In its typical form, psoriasis results in patches of thick, red (inflamed) skin covered with silvery scales. The patches most often occur on the elbows, knees, other parts of the legs, scalp, lower back, face, palms and soles of the feet, but they can occur on skin anywhere on the body. The disease may also affect the fingernails, the toenails and soft tissues of the genitals and inside the mouth. The patches (which are sometimes called plaque) usually itch or feel sore.

Diagnosing the Disease

Occasionally, doctors may find it difficult to diagnose psoriasis, because it often looks like other skin diseases. It may be necessary to confirm a diagnosis by examining a small skin sample under a microscope.

There are several forms of psoriasis:

- **Plaque psoriasis** is when skin lesions are red at the base and covered by silvery scales.
- **Guttate psoriasis** occurs when small, drop-shaped lesions appear on the trunk, limbs and scalp. Guttate psoriasis is most often triggered by upper respiratory infections such as a sore throat caused by streptococcal bacteria.
- **Pustular psoriasis** happens when blisters of noninfectious pus appear on the skin (attacks of pustular psoriasis may be triggered by medications, infections, stress or exposure to certain chemicals).
- **Inverse psoriasis** is when smooth, red patches occur in the folds of the skin near the genitals, under the breasts or in the armpits.
- **Erythrodermic psoriasis** involves the widespread reddening and scaling of the skin as a reaction to severe sunburn or to taking corticosteroids (cortisone) or other medications. It can also be caused by a prolonged period of increased activity of psoriasis that is poorly controlled.
- **Psoriatic arthritis** occurs when joint inflammation produces symptoms of arthritis in patients who have or will develop psoriasis.

Treatment

Doctors generally treat psoriasis in steps based on the severity of the disease, size of the areas involved, type of psoriasis, and the patient's response to initial treatments. This is sometimes called the "1-2-3" approach. In step one, medicines are applied to the skin (topical treatment). Step two uses light treatments (phototherapy). Step three involves taking medicines by mouth or injection that treat the whole immune system (called systemic therapy).

Over time, affected skin can become resistant to treatment, especially when topical corticosteroids are used. Also, a treatment that works very well in one person may have little effect in another. Thus, doctors often use a trial-and-error approach to find a treatment that works, and they may switch treatments periodically (for example, every 12 to 24 months) if a treatment does not work or if adverse reactions occur.

Treatments applied directly to the skin may improve its condition. Doctors find that some patients respond well to ointment or cream forms of corticosteroids, vitamin D3, retinoids, coal tar or anthralin. Bath solutions and moisturizers may be soothing, but they are seldom strong enough to improve the condition of the skin. Therefore, they usually are combined with stronger remedies.

Natural ultraviolet light from the sun and controlled delivery of artificial ultraviolet light are also used in treating psoriasis. Studies have shown that combining ultraviolet light treatment and a retinoid, like acitretin, adds to the effectiveness of ultraviolet light treatments for psoriasis.

Resources

Content on this page was gathered from documents found on the website for the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), one of the National Institutes of Health and part

of the United States Department of Health and Human Services. The website is located at www.niams.nih.gov.

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