

What is psoriasis?

Psoriasis is a chronic autoimmune condition that causes the rapid buildup of skin cells. This buildup of cells causes scaling on the skin's surface.

Inflammation and redness around the scales is fairly common. Typical psoriatic scales are whitish-silver and develop in thick, red patches. Sometimes, these patches will crack and bleed.

Psoriasis is the result of a sped-up skin production process. Typically, skin cells grow deep in the skin and slowly rise to the surface. Eventually, they fall off. The typical life cycle of a skin cell is one month.

In people with psoriasis, this production process may occur in just a few days. Because of this, skin cells don't have time to fall off. This rapid overproduction leads to the buildup of skin cells.

Scales typically develop on joints, such as elbows, and knees. They may also develop anywhere on the body, including the face, feet, hands, neck, and scalp.

Less common types of psoriasis affect the nails, the mouth, and the area around genitals.

According to one study, around 7.4 million Americans have psoriasis. It's commonly associated with several other conditions, including:

- type 2 diabetes
- heart disease
- anxiety
- inflammatory bowel disease
- psoriatic arthritis
- depression

There are five different types of psoriasis:

- plaque psoriasis
- pustular psoriasis
- erythrodermic psoriasis
- guttate psoriasis
- inverse psoriasis

Plaque psoriasis is the most common type of psoriasis. The American Academy of Dermatology (AAD) estimates that about 80 percent of people with the condition have plaque psoriasis. It causes red, inflamed patches that cover areas of the skin. These patches are often covered with whitish-silver scales or plaques. These plaques are commonly found on the elbows, knees, and scalp.

Guttate psoriasis is common in childhood. This type of psoriasis causes small pink spots. The most common sites for guttate psoriasis include the torso, arms, and legs. These spots are rarely thick or raised like plaque psoriasis.

Pustular psoriasis is more common in adults. It causes white, pus-filled blisters and broad areas of red, inflamed skin. Pustular psoriasis is typically localized to smaller areas of the body, such as the hands or feet, but it can be widespread.

Inverse psoriasis causes bright areas of red, shiny, inflamed skin. Patches of inverse psoriasis develop under armpits or breasts, in the groin, or around skinfolds in the genitals.

Erythrodermic psoriasis is a severe and very rare type of psoriasis. This form often covers large sections of the body at once. The skin almost appears sunburned. Scales that develop often slough off in large sections or sheets. It's not uncommon for a person with this type of psoriasis to run a fever or become very ill. This type can be life-threatening, so individuals should see a doctor immediately.

What are the symptoms of Psoriasis?

Psoriasis symptoms differ from person to person and depend on the type of psoriasis. Areas of psoriasis can be as small as a few flakes on the scalp or elbow, or cover the majority of the body.

The most common symptoms of plaque psoriasis include:

- raised, inflamed patches of skin which appear red on light skin and brown or purple on dark skin
- whitish-silver scales or plaques on the red patches or gray scales on purple and brown patches
- dry skin that may crack and bleed
- soreness around patches
- itching and burning sensations around patches
- thick, pitted nails
- painful, swollen joints

Not every person will experience all of these symptoms. Some people will experience entirely different symptoms if they have a less common type of psoriasis.

Most people with psoriasis go through "cycles" of symptoms. The condition may cause severe symptoms for a few days or weeks, and then the symptoms may clear up and be

almost unnoticeable. Then, in a few weeks or if made worse by a common psoriasis trigger, the condition may flare up again. Sometimes, symptoms of psoriasis disappear completely.

When you have no active signs of the condition, you may be in “remission.” That doesn’t mean psoriasis won’t come back, but for now you’re symptom-free.

Is psoriasis contagious?

Psoriasis isn’t contagious. You can’t pass the skin condition from one person to another. Touching a psoriatic lesion on another person won’t cause you to develop the condition. It’s important to be educated on the condition, as many people think psoriasis is contagious.

What causes psoriasis?

Doctors are unclear as to what causes psoriasis. However, thanks to decades of research, they have a general idea of two key factors: genetics and the immune system.

Immune system

Psoriasis is an autoimmune condition. Autoimmune conditions are the result of the body attacking itself. In the case of psoriasis, white blood cells known as T cells mistakenly attack the skin cells.

In a typical body, white blood cells are deployed to attack and destroy invading bacteria and fight infections. This mistaken attack causes the skin cell production process to go into overdrive. The sped-up skin cell production causes new skin cells to develop too quickly. They are pushed to the skin’s surface, where they pile up. This results in the plaques that are most commonly associated with psoriasis. The attacks on the skin cells also cause red, inflamed areas of skin to develop.

Genetics

Some people inherit genes that make them more likely to develop psoriasis. If you have an immediate family member with the skin condition, your risk for developing psoriasis is higher. However, the percentage of people who have psoriasis and a genetic predisposition is small. Approximately 2 to 3 percent of people with the gene develop the condition, according to the National Psoriasis Foundation (NPF).

Diagnosing psoriasis

Psoriasis is normally diagnosed by physical examination or a biopsy. If a biopsy is required, a skin sample will be taken and sent to a lab for analysis.

Psoriasis triggers

The most common triggers for psoriasis include stress, alcohol, injury, an infection in the body, and strep throat. Other triggers include the weather, obesity, and smoking.

Some medications are also considered psoriasis triggers. These medications include lithium, antimalarial medications, and high blood pressure medicine.

How to prevent triggers

If you learn your individual psoriasis triggers, you can prevent and lessen most of your outbreaks.

It's not always possible to avoid every trigger, but a little planning can go a long way toward preventing an outbreak. Try these steps:

- Modify your diet to reduce or eliminate common food and beverage triggers, including alcohol.
- Carry a hat and sunscreen with you at all times. You never know when you might be sitting at a sunny table at a restaurant.
- Avoid extreme temperatures, whether hot or cold, when possible.
- Find ways to reduce stress. Taking up hobbies such as exercise or practicing mindfulness techniques may do the trick.
- Maintain a moderate weight.
- Quit smoking if you smoke.
- When performing any activity that may cause skin injury, be sure to take extra precautions such as wearing long sleeves, wearing gloves, and using bug spray.
- Keep your skin moisturized. Dry skin is more prone to skin injury.

Treatment options for psoriasis

Psoriasis has no cure. Treatments aim to reduce inflammation and scales, slow the growth of skin cells, and remove plaques. Psoriasis treatments fall into three categories:

Topical treatments

Creams and ointments applied directly to the skin can be helpful for reducing mild to moderate psoriasis.

Topical psoriasis treatments include:

- topical corticosteroids
- anthralin
- salicylic acid
- topical retinoids
- vitamin D analogues
- moisturizer

Systemic medications

People with moderate to severe psoriasis, and those who haven't responded well to other treatment types, may need to use oral or injected medications. Many of these medications have severe side effects. Doctors usually prescribe them for short periods of time.

These medications include:

- methotrexate
- biologics
- cyclosporine (Sandimmune)
- retinoids

Light therapy

This psoriasis treatment uses ultraviolet (UV) or natural light. Sunlight kills the overactive white blood cells that are attacking healthy skin cells and causing the rapid cell growth. Both UVA and UVB light may be helpful in reducing symptoms of mild to moderate psoriasis.

Most people with moderate to severe psoriasis will benefit from a combination of treatments. This type of therapy uses more than one of the treatment types to reduce symptoms. Some people may use the same treatment their entire lives. Others may need to change treatments occasionally if their skin stops responding to what they're using.

Medication for psoriasis

If you have moderate to severe psoriasis — or if psoriasis stops responding to other treatments — your doctor may consider an oral or injected medication.

The most common oral and injected medications used to treat psoriasis include:

Biologics

This class of medications alters your immune system and prevents interactions between your immune system and inflammatory pathways. These medications are injected or given through intravenous (IV) infusion.

Retinoids

Retinoids reduce skin cell production. Once you stop using them, symptoms of psoriasis will likely return. Side effects include hair loss and lip inflammation.

People who are pregnant or may become pregnant within the next three years shouldn't take retinoids because of the risk of possible birth defects.

Cyclosporine

Cyclosporine (Sandimmune) prevents the immune system's response. This can ease symptoms of psoriasis. It also means you have a weakened immune system, so you may become sick more easily. Side effects include kidney problems and high blood pressure.

Methotrexate

Like cyclosporine, methotrexate suppresses the immune system. It may cause fewer side effects when used in low doses. It can cause serious side effects in the long term. Serious side effects include liver damage and reduced production of red and white blood cells.

Living with psoriasis

Life with psoriasis can be challenging, but with the right approach, you can reduce flare-ups and live a healthy, fulfilling life. These three areas will help you cope in the short- and long-term:

Diet

Losing weight and maintaining a healthy diet can go a long way toward helping ease and reduce symptoms of psoriasis. This includes eating a diet rich in omega-3 fatty acids, whole grains, and plants. You should also limit foods that may increase your inflammation including refined sugars, dairy products, and processed foods. Other foods to avoid are tomatoes, white potatoes, eggplants, and pepper derived foods like paprika and cayenne