



Psoriasis

WHAT CAUSES PSORIASIS?

Psoriasis is a common skin disorder affecting about 1 in 40 persons. In the United States, more than four million people have psoriasis. The cause of psoriasis is not known. Because many persons with psoriasis have blood relatives with this disorder, heredity probably plays a role. "Nerves" do not cause psoriasis and seldom trigger the first attack. Stress, however, may aggravate and perpetuate the disease. Streptococcal infections may often trigger an attack of psoriasis in children. This reaction is usually a particular type, which resembles "drops" of rash on the skin. In addition, the adult with chronic psoriasis may develop a flare after a strep throat.

HOW IS PSORIASIS DIAGNOSED?

In typical psoriasis, the areas of the skin grow much faster than normal and form red, scaly patches. The white, silvery scales of psoriasis are so distinctive that it is relatively easy to diagnose. Where the scales are not evident, scratching of the skin will show bleeding pinpoints, which are also characteristic of the disease. In about a quarter of all cases, the nails may also show peculiar changes. There may be pitting or the nails may be thickened, yellowish or opaque with ridges and scales at the free edge. These characteristics, plus the distribution of the scaly patches on the body and the family history will lead to the diagnosis. In cases of doubt, we would recommend a biopsy. That is, the microscopic examination of a tiny piece of skin removed under local anesthesia to provide confirmation.

WHAT DIFFERENTIATES PSORIASIS OF THE SCALP FROM PLAIN DANDRUFF?

Dandruff covers most of the scalp while psoriasis occurs in patches with normal scalp in between. Passing your finger over the scalp, you cannot feel dandruff. You only see the flakes on your shoulders. You can feel the psoriatic lump caused by heaped up scales held together by the hairs.

WILL PSORIASIS OF THE SCALP CAUSE HAIR LOSS?

No, it will not. Some hairs may break when squeezed by the scales. However, the roots, which are deep down in the skin, are not affected. Once your scalp is clear, the hair will grow as healthy as before.

HOW ABOUT DIET?

At the present, diet is thought to play only a small role in psoriasis. Some people have flare-ups following an excess of alcoholic drinks. In general, a well-balanced diet is advisable in people with psoriasis, just as it is in everyone else.

WHAT COMPLICATIONS SHOULD I KNOW ABOUT?

In some people with psoriasis, an unusual phenomenon may take place: slight injury to normal skin may cause it to develop a patch of psoriasis at the injury site. Bad sunburn is one such injury. Other injuries are scratches and scrapes. Complications are very few and they are not common. On occasion, neglected and mistreated cases of psoriasis may spread so that the skin becomes red and flaky all over. More infrequently, pus-filled lesions may develop on the palms and soles. Both of the occurrences are rare. Uncommonly, a type of arthritis may sometimes be connected with psoriasis. In general, the health of the person with psoriasis is not affected. Psoriasis is a problem because it often itches and is unsightly.

IS PSORIASIS CONTAGIOUS?

Absolutely not. People with psoriasis will not give it to anyone else. Likewise, they did not catch it from anyone.



WHAT IS THE USUAL COURSE OF PSORIASIS?

Psoriasis usually begins in young adulthood, although it can start in childhood or first appear at old age. In most cases, psoriasis is mild and limited to a few areas of the body. In a small percentage of cases, large areas of the body may become involved. Psoriasis is unpredictable: patches may clear up by themselves and even disappear for months or years. Psoriasis can range in severity from trivial to disabling. It never leaves permanent scars.

IS IT TRUE THAT PSORIASIS IS INCURABLE?

That depends on what you mean by the word "cure". If we mean a "cure" is to make a disease disappear and never return, then many diseases are incurable, including the common cold. If by "cure" we mean to make the symptoms disappear, then psoriasis is often curable. It may take time. It also takes patience and perseverance. Of course, individuals with a tendency to psoriasis may develop new lesions months or years later, just as those with a tendency to colds may develop another at any time in the future.

WHAT KIND OF TREATMENT WILL MY DERMATOLOGIST PRESCRIBE?

After evaluation of your individual problem, we will select the measure or measures that seem most suitable. Routine measures may include local preparations made from coal tar or cortisone derivatives that you massage into your skin. You may even be told to cover some areas of your body or leave them uncovered. Your doctor may also inject medication into a psoriasis plaque in order to speed recovery. Ultraviolet light by itself often helps psoriasis. Ultraviolet light is even more effective when used with tar or anthralin. We caution against the use of suntan parlors for the treatment of psoriasis. This type of light is less effective in the treatment of psoriasis unless it is combined with special medication. The light by itself will increase your risk of photo-aging and skin cancer. Moderate sunlight exposure is often helpful. Do not get sunburned since psoriasis may settle in areas of injured skin. Be certain to apply #15 or higher sunscreen to the areas that are not involved with psoriasis. More aggressive drugs such as methotrexate, given by mouth or injection, are used only for very severe psoriasis. PUVA treatment combines psoralen (an internal medicine) with ultraviolet light. (PUVA equals psoralen plus Ultraviolet A.) This specific therapy requires special light equipment and is available in our office. It is one of the more effective treatments for extensive psoriasis. No two people will have exactly the same type of skin or skin problems. Your treatment will be designed specifically for you. Adjustment may be needed from time to time, depending upon your condition and your response to therapy. You will be advised of the new treatments that are being developed for psoriasis.

WHAT CAN I DO TO HELP?

Please cooperate fully with us. Set aside a certain amount of time daily for treatment. Massage the prescribed medications into the affected skin without fail and in accordance to our directions. Try not to scratch. Avoid quick "cures" often widely advertised. Above all, be patient. Do not get discouraged if progress is slow. If you are more stubborn than the disease, you can control it, make it disappear, or at least keep it at a minimum.

HOW CAN I GET MORE INFORMATION ABOUT PSORIASIS?

The mailing address for The National Psoriasis Foundation is:

National Psoriasis Foundation
P.O. Box 9009
Portland, Oregon 97207