

# Psoriasis

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## What is psoriasis?

Psoriasis is a chronic, generally lifelong skin disease that waxes and wanes in severity. It causes red, scaly areas that are especially common on the scalp, elbows, and knees. It can also affect the fingernails and toenails. It affects 1–2% of the US population. Please see [www.psoriasis.org](http://www.psoriasis.org).

## What causes it?

Current research suggests that psoriasis is caused by an immune dysfunction in the skin, especially abnormal activity of T cells. 30–70% of patients with psoriasis have at least one family member who has psoriasis, suggesting a hereditary tendency. If one parent has psoriasis, there is about a 16% chance that any given one of their children will have it. If both parents have it, the risk is about 50%.

## Is it contagious?

No. Psoriasis is not contagious.

## Will it get worse?

This is unpredictable. Many individuals have only very mild psoriasis for their entire life, while others can develop very severe psoriasis involving large areas of the body. Psoriasis can also go into remission completely.

## What causes it to get worse, or “flare”?

Often, psoriasis flares without an identifiable cause. There are, however several possible triggers for psoriasis, including infections (especially strep throat), smoking, psychological stress, certain medications (beta blockers, antimalarials, NSAIDs, and others), immunodeficiency (HIV), and heavy alcohol use.

## What treatments are available?

- There is no known cure for psoriasis, but there are many available treatments.
- Most patients have mild to moderate involvement and treat their psoriasis with topical medications (creams, ointments, etc.).
- Most of these medications are steroids (not the muscle building type) and work by suppressing the immune response that causes psoriasis. Not all steroid creams are created equal; some are much stronger than others. The steroid of choice is based upon the anatomic area and the severity. Strong steroid preparations are often necessary, and these should only be used intermittently (daily for 1–2 weeks, or 1–2 days per week), as they can cause atrophy (thinning or stretch marks). You should be very clear where and how often you can use topical medications for psoriasis.
- Using a good moisturizer (Cetaphil cream / Eucerin) daily can help make the lesions less scaly.
- For more severe psoriasis, other treatments are available: phototherapy (light therapy), pills, and injections. Phototherapy is a popular therapy for more extensive psoriasis and is generally very safe. It involves standing in a “light box” for several minutes 2–3 times per week. Sunlight is also helpful for most individuals with psoriasis—just don’t overdo it!
- Systemic medications are also very effective, but all of them have significant risks associated with their use.

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## **Does psoriasis occur anywhere other than the skin?**

For most individuals, the skin and nails are the only area involved. Some people with psoriasis (10–20%) will develop joint involvement, called psoriatic arthritis, which can cause stiffness, pain, and swelling in involved joints—typically the fingers and toes, as well as the neck, lower back, knees, and ankles. In some cases, psoriatic arthritis can cause irreversible damage to joints.