



Psoriasis

Psoriasis is a common skin disease of immunologic origin. The body's immune system, that part of the body that fights infection, becomes overactive and attacks the skin. Sometimes, the tendency for psoriasis is inherited. Typical psoriasis shows red, thick patches with heavy, often white, scales. Common psoriasis is generally located in the scalp, and on elbows and knees, but it can occur anywhere, and occasionally covers most of the body. Sometimes it occurs only in the skin folds of the armpits, groin, and under the breasts, where it can appear shiny instead of scaly, and imitates a yeast infection. Sometimes, psoriasis appears as small round spots anywhere on the body. The most uncommon type of psoriasis appears as red skin with small bumps of pus.

Psoriasis is sometimes itchy, and others have painful thick skin that cracks and breaks.

Psoriasis not only affects the skin but also the joints, and even predisposes patients to overweight, high blood pressure, high cholesterol, diabetes, heart attack and stroke. Awareness of this allows a patient to manage weight gain, stop smoking, and control high blood pressure, cholesterol, and blood sugar. These steps help to avoid the increased risk of diabetes, heart disease, stroke, and kidney failure.

Psoriasis cannot be cured, but it can be controlled. Very mild psoriasis can be treated with cortisone salves, and using a vitamin D medication can help as well. Although there are several types of cortisone and mixtures of topical medications for psoriasis, these only moderately improve the skin.

People with psoriasis over large areas, severe psoriasis, or even small areas of psoriasis that cause a problem (such as the hands or feet), deserve more aggressive treatment. These patients can be managed in any of several ways

Severe psoriasis can be treated with ultraviolet light, a first line therapy in the past. Natural sunlight works quite well, and the individual can lie in the sun as long as possible without burning (which worsens psoriasis). An ultraviolet light box (a medical grade, powerful tanning bed) can be very useful. However, this requires several treatments a week on an ongoing schedule.

Faster and often more practical are medications by mouth and by injection. These include:

Methotrexate tablets taken weekly are an old but effective therapy. Originally used as cancer chemotherapy, once weekly dosing is generally well tolerated, safe, and economical. This rarely lowers the blood count, and, over time, can damage the liver. Therefore, careful monitoring with blood counts and blood tests to follow liver health are used to ensure that there are no harmful side effects.

Acitretin is a chemical related to vitamin A, and this is useful for some patients. It is mostly useful for those with pustular psoriasis or when the entire skin surface is involved. This medication causes dry skin and, often, fragile skin that feels "sticky" to the patient. Acitretin can produce joint pain, especially in those with arthritis.

Generally, patients who do not respond to methotrexate are treated with the new "biological response modifiers." These are given by injection, and include adalimumab (Humira®), etanercept (Enbrel®) or infliximab (Remicade®.). Another similar medication is ustekinumab (Stelara®.) These medications are powerful and generally well tolerated although they increase the person's risk of an infection

Individuals with psoriasis should consider joining the National Psoriasis Foundation (<https://www.psoriasis.org/>), a superb clearinghouse for information on psoriasis and support for research.