Psoriasis Public Education

Correspondence: Exon Publications, Brisbane, Australia; Email: books@exonpublications.com

Cite as: Psoriasis: Public Education. Brisbane (AU): Exon

Publications; 2024. Published on 11 Nov 2024.

DOI: https://doi.org/10.36255/psoriasis-public-education

Copyright: Exon Publications

License: Creative Commons Attribution-NonCommercial-

NoDerivs 4.0 (CC BY-NC-ND 4.0)

https://creativecommons.org/licenses/by-nc-nd/4.0/

Abstract

Psoriasis is a chronic autoimmune skin condition that accelerates the growth cycle of skin cells, leading to the buildup of scaly, red patches on the skin. It affects millions of people worldwide and can vary in severity from mild to disabling. Psoriasis is not contagious but can significantly impact a person's quality of life, particularly when symptoms are severe. While the exact cause is not fully understood, genetic, environmental, and immune system factors are believed to contribute to its development. This article provides a comprehensive guide to psoriasis, detailing its types, causes, symptoms, treatment options, and management strategies. It explores the genetic factors involved in psoriasis, including genes such as HLA-Cw6, and discusses medications like biologics and topical treatments used to manage the condition. The goal of this article is to serve as a complete resource for patients,

caregivers, and the general public, offering clear information on psoriasis and its management.

Introduction

Psoriasis is a long-term autoimmune disorder that affects the skin, causing rapid cell turnover and resulting in thick, scaly patches that can be itchy, painful, and uncomfortable. The condition can develop at any age but often begins in young adulthood or later in life. Psoriasis is considered an immune-mediated disease, which means it is triggered by an overactive immune response. Instead of protecting the body from infections or injuries, the immune system mistakenly attacks healthy skin cells, leading to inflammation and rapid skin cell production (1-3).

Although psoriasis can appear anywhere on the body, it most commonly affects the scalp, elbows, knees, and lower back. In addition to its physical symptoms, psoriasis can have a profound emotional and psychological impact, as individuals may feel self-conscious or distressed by their appearance. While there is currently no cure for psoriasis, various treatments can help manage symptoms and reduce flare-ups. This article provides a thorough exploration of psoriasis, from its causes and symptoms to the latest treatment options available for managing the condition.

What is Psoriasis?

Psoriasis is a chronic skin condition caused by an overactive immune system, resulting in the rapid production of skin cells. Normally, skin cells grow, mature, and shed over the course of several weeks. However, in individuals with psoriasis, this process is accelerated, leading to the buildup of skin cells on the surface. These

extra skin cells form thick, scaly patches known as plaques, which are often red and covered with silvery scales. The plaques can be itchy, sore, and even crack or bleed in severe cases.

Psoriasis is an autoimmune disorder, meaning that the body's immune system mistakenly attacks its own tissues. In the case of psoriasis, the immune system targets healthy skin cells, leading to inflammation and an overproduction of skin cells. The exact cause of this immune response is not fully understood, but it is believed to involve a combination of genetic and environmental factors.

Psoriasis can affect people of all ages, though it most commonly develops between the ages of 15 and 35. The condition is non-contagious, meaning it cannot be passed from one person to another. While psoriasis is a chronic condition, meaning it lasts a lifetime, its symptoms can come and go in cycles, with periods of flare-ups followed by periods of remission.

Types of Psoriasis

Psoriasis can present in different forms, each with its own set of characteristics. The most common type is plaque psoriasis, which accounts for about 80% of all cases. Plaque psoriasis is characterized by raised, red patches of skin covered with a silvery-white buildup of dead skin cells. These patches, or plaques, can vary in size and often appear on the scalp, knees, elbows, and lower back.

Another type of psoriasis is guttate psoriasis, which appears as small, red, drop-shaped lesions on the skin. This type is more common in children and young adults and is often triggered by infections such as strep throat.

Inverse psoriasis affects areas of the body where skin touches skin, such as the armpits, groin, under the breasts, and around the genitals. Inverse psoriasis causes smooth, red lesions that can be aggravated by friction and sweating.

Pustular psoriasis is a rare but severe form of psoriasis that causes white pustules (blisters of noninfectious pus) surrounded by red skin. This type can occur on specific areas, such as the hands and feet, or it can cover large portions of the body, known as generalized pustular psoriasis.

Erythrodermic psoriasis is the least common but most serious form of psoriasis. It causes widespread redness and shedding of the skin and can lead to severe itching, pain, and discomfort. Erythrodermic psoriasis can disrupt the body's ability to regulate temperature and protect against infections, making it a medical emergency in some cases.

Causes of Psoriasis

The exact cause of psoriasis is not fully understood, but research suggests that it results from a combination of genetic, environmental, and immune system factors. In individuals with psoriasis, the immune system becomes overactive and mistakenly attacks healthy skin cells, leading to inflammation and rapid skin cell production. This immune response involves T cells, a type of white blood cell that usually helps protect the body from infections. In psoriasis, T cells mistakenly attack healthy skin, triggering the inflammatory process.

Genetics plays a significant role in the development of psoriasis. Studies have shown that individuals with a family

history of psoriasis are more likely to develop the condition. Several genes have been linked to an increased risk of psoriasis, including HLA-Cw6, which is strongly associated with the most common form of the disease, plaque psoriasis. Other genes, such as IL12B and TNFAIP3, have also been implicated in the development of psoriasis and influence how the immune system responds to inflammation.

While genetics is an important factor, environmental triggers can also play a role in the onset and exacerbation of psoriasis. Common triggers include infections, such as strep throat, which can lead to the development of guttate psoriasis, as well as stress, which can worsen symptoms in individuals who already have the condition. Certain medications, including lithium, beta-blockers, and antimalarial drugs, can also trigger psoriasis flare-ups. Additionally, lifestyle factors such as smoking and alcohol consumption have been shown to increase the severity of psoriasis.

Symptoms of Psoriasis

The symptoms of psoriasis can vary depending on the type of psoriasis and the severity of the condition. In most cases, psoriasis causes patches of thick, red skin covered with silvery-white scales. These patches, known as plaques, can be itchy, painful, and may crack or bleed. Plaques often appear on the scalp, elbows, knees, and lower back, but they can develop anywhere on the body.

Other common symptoms of psoriasis include dry, cracked skin that may bleed, thickened or pitted nails, and swollen or stiff joints. In individuals with psoriatic arthritis, a form of arthritis associated with psoriasis, joint pain and stiffness can be severe and may lead to long-term joint damage if left untreated.

The severity of psoriasis can range from mild, with small patches of dry skin, to severe, with large areas of the body affected by plaques. Some individuals may experience only occasional flare-ups, while others may have chronic symptoms that persist for long periods of time. Psoriasis can also have a significant impact on a person's emotional well-being, as the visible nature of the condition can lead to feelings of self-consciousness or embarrassment.

Diagnosis of Psoriasis

Diagnosing psoriasis typically involves a physical examination by a healthcare provider, who will evaluate the appearance of the skin and ask about the patient's medical history and symptoms. In most cases, a diagnosis can be made based on the characteristic red, scaly patches of skin associated with the condition.

In some cases, a skin biopsy may be necessary to confirm the diagnosis. During a biopsy, a small sample of skin is removed and examined under a microscope to rule out other skin conditions that may cause similar symptoms, such as eczema or fungal infections.

It is also important for healthcare providers to assess the extent and severity of the disease, as this will help guide treatment decisions. Mild cases of psoriasis may only affect small areas of the skin, while more severe cases may involve large areas of the body or other complications, such as psoriatic arthritis.

Treatment Options for Psoriasis

While there is no cure for psoriasis, various treatments are available to manage symptoms and reduce flare-ups. The treatment plan for psoriasis depends on the type and severity of the condition, as well as the patient's overall health.

For individuals with mild to moderate psoriasis, topical treatments are often the first line of treatment. These include corticosteroids, which help reduce inflammation and slow the production of skin cells, and vitamin D analogs, such as calcipotriene (Dovonex), which help regulate skin cell growth. Other topical treatments include coal tar, salicylic acid, and retinoids, which can help reduce scaling and promote smoother skin.

For individuals with moderate to severe psoriasis, systemic treatments may be necessary. These treatments affect the entire body and include oral or injectable medications that suppress the immune system. Methotrexate, cyclosporine, and acitretin are commonly prescribed oral medications for individuals with severe psoriasis. These drugs work by reducing the activity of the immune system and slowing the rapid production of skin cells.

Biologic therapies are a newer class of medications that target specific parts of the immune system involved in the development of psoriasis. Biologics, such as adalimumab (Humira), etanercept (Enbrel), and ustekinumab (Stelara), are administered by injection or infusion and are often used in individuals with moderate to severe psoriasis who have not responded to other treatments. These medications target specific proteins in the immune system, such as tumor necrosis factor-alpha (TNF-alpha) or interleukins, to reduce inflammation and prevent flare-ups.

In addition to topical and systemic treatments, phototherapy is another option for managing psoriasis. Phototherapy, also known as light therapy, involves exposing the skin to ultraviolet (UV) light under medical supervision. UV light helps slow the growth of skin cells and reduce inflammation, making it an effective treatment for some individuals with moderate to severe psoriasis. Phototherapy is often used in combination with other treatments to enhance its effectiveness

The Role of Genetics in Psoriasis

Genetics plays a significant role in the development of psoriasis, with certain genes increasing a person's risk of developing the condition. One of the most well-known genetic markers associated with psoriasis is HLA-Cw6, which is strongly linked to the most common form of the disease, plaque psoriasis. Individuals with this gene variant are more likely to develop psoriasis, particularly at a younger age. Other genes, such as IL12B, IL23R, and TNFAIP3, have also been linked to psoriasis and influence how the immune system responds to inflammation.

While genetics can increase a person's risk of developing psoriasis, it is important to note that having these genetic markers does not guarantee that someone will develop the condition. Environmental factors, such as infections, stress, or injury to the skin, can trigger psoriasis in individuals who are genetically predisposed. Understanding the genetic basis of psoriasis can help researchers develop more targeted treatments and provide individuals with personalized care based on their genetic risk

Lifestyle and Psoriasis Management

Managing psoriasis involves more than just medical treatment—it also requires making lifestyle changes that can help reduce the frequency and severity of flare-ups. One of the most important aspects of managing psoriasis is identifying and avoiding triggers that can worsen the condition. Common triggers include stress, infections, skin injuries, and certain medications. Learning to manage stress through relaxation techniques, exercise, or counseling can help reduce the impact of stress on psoriasis symptoms.

Maintaining a healthy lifestyle is also important for managing psoriasis. Regular exercise, a balanced diet, and staying hydrated can help support overall health and improve the immune system's ability to fight inflammation. Individuals with psoriasis should avoid smoking and limit alcohol consumption, as both of these factors have been shown to worsen the condition.

Skincare is another important aspect of managing psoriasis. Moisturizing regularly can help reduce dryness and scaling, while avoiding harsh soaps and fragrances can prevent irritation. Individuals with psoriasis should also protect their skin from injury, as cuts, scrapes, or sunburn can trigger flare-ups.

Conclusion

Psoriasis is a complex autoimmune disorder that affects millions of people worldwide. While the condition can be

physically and emotionally challenging, advancements in treatment have made it possible for individuals with psoriasis to manage their symptoms and lead fulfilling lives. By understanding the causes, symptoms, and treatment options for psoriasis, individuals can take control of their condition and reduce the impact it has on their daily lives. With the right combination of medical treatment, lifestyle changes, and support, individuals with psoriasis can minimize flare-ups and improve their overall quality of life.

References

- 1. Griffiths CE, Barker JN. Pathogenesis and clinical features of psoriasis. Lancet. 2007;370(9583):263-271. https://doi.org/10.1016/S0140-6736(07)61128-3
- 2. Nestle FO, Kaplan DH, Barker J. Psoriasis. N Engl J Med. 2009;361(5):496-509.

https://doi.org/10.1056/NEJMra0804595

3. Boehncke WH, Schön MP. Psoriasis. Lancet. 2015;386(9997):983-994.

https://doi.org/10.1016/S0140-6736(14)61909-7

Notice to the User

This article was written by professional medical writers for the general public based on peer-reviewed articles indexed in PubMed and peer-reviewed for scientific accuracy by independent experts. It is intended solely for informational purposes and is not to be considered medical advice. The views and opinions expressed in this article are believed to be accurate at the time of publication, but the publisher, editors, or authors cannot be held responsible or liable for any errors, omissions, or consequences arising from the use of the information contained in this article. The publisher makes no warranties, implicit or explicit, regarding the contents of this article or its use.