

# Psoriasis

## Diagnosing different forms of psoriasis

Psoriasis can take on a variety of forms, which include *plaque, guttate, pustular, inverse and erythrodermic*. Some of these types may evolve from plaque psoriasis.

**Plaque psoriasis** is the most common form and it occurs in about 90% of patients. It usually begins with red scaly patches. The symptoms can range from mild to severe, covering very small or extensive areas of the body.

**Guttate psoriasis** is typically of abrupt onset, appearing in a few weeks, being often quite extensive. It is marked by lesions that are small and “drop-like”, which often appear on the trunk (i.e. lower back), arms, legs or scalp. It often develops following an upper respiratory infection, namely strep throat, which acts as the trigger. Guttate psoriasis can resolve on its own without treatment and the individual will never develop psoriasis again, or it can become recurrent throughout life. Sometimes, it can become severe and require treatment.

**Pustular psoriasis** is characterized by pus-filled pustules. It can be limited to certain areas of the body (localized) or widespread (generalized). If localized, the pustules are usually confined to the palms and soles of the feet. Scales gradually form as pustular lesions dry out.

**Inverse psoriasis** occurs in skin folds (also called “flexures”) where there tends to be pressure, friction and/or moisture or perspiration, such as between buttocks, the genitals, under breasts and armpits. The lesions are smooth and red as opposed to raised and scaling.

**Erythrodermic psoriasis** is a rare but serious form of disease marked primarily by widespread redness and inflammation that resembles sunburn. It can result from severe sunburn, using certain medications (i.e. oral corticosteroids, lithium) or even suddenly stopping psoriasis treatment.

## Psoriatic arthritis

This form of psoriasis, often seen as a disease in its own right, may be severe and involves inflammation, stiffness and pain within joints (arthritis) in addition to skin plaques. The skin plaques and joint pain do not coincide, so a flare-up may consist of joint pain in the absence of visible lesions or vice-versa.

## What are the treatment options?

Determining the most appropriate treatment is very individual and based on the type and severity of disease, how large or widespread plaques are, on what the patient agrees to use based on benefits and risks and how well a patient responds to a given treatment.

**Topical treatments**, such as creams and ointments, are usually recommended first, particularly for mild psoriasis. The aim is primarily to slow down and regulate skin cell turnover, reduce inflammation and suppress the immune system.

**Systemic treatments** work generally by helping to regulate and normalize skin cell turnover and suppressing the immune response that causes inflammation and plaques.

## Light therapy

Both natural and artificial ultraviolet (UV) light are used to treat psoriasis. Narrow Band UVB phototherapy emits a short wavelength of UV light that penetrates the epidermis or outermost layer of skin. Another form of light therapy is psoralen and UVA (PUVA), which combines an oral or topical form of the drug, psoralen, and UV light exposure.

## Combination therapy

The challenge for both physician and patient is to find what works most effectively for the individual. A physician may choose to combine 2 or more treatments for the best outcome.



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Psoriasis is not contagious. It is not an infectious disease.



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## What is psoriasis?

Psoriasis is a common chronic inflammatory skin condition that involves red elevated patches and flaking silvery scales. It can take on several different forms and appearances, and symptoms can range from mild to severe.

## What causes it?

While it is not known exactly what causes psoriasis to develop in certain individuals, experts believe that the condition may involve malfunctioning of the immune system and the consequent production of inflammation. White blood cells (T cells) in the immune system are triggered and this causes inflammation to occur, which then causes skin cells to rise to the surface and shed at an abnormally quick rate. Skin cells shed every 3 to 4 days in psoriasis whereas in normal healthy skin, the skin cells turnover cycle is typically 30 days.

## Who is at risk?

Psoriasis can develop at any age, although it is typically seen in adults. One form of psoriasis called guttate psoriasis tends to occur in childhood and early adulthood.

Psoriasis occurs equally among men and women and across different races. Family history of psoriasis is a leading risk factor. In recent years, research has been discovering some of the genes involved in psoriasis.

## Quick facts about psoriasis

- Psoriasis affects 1 million Canadians and 80 million people worldwide.
- The most common form is plaque psoriasis, which affects approximately 90% of patients.
- Psoriasis often causes as much disability as cancer, diabetes and other major medical diseases.
- Up to 30% of patients with psoriasis have or will have arthritis and 5–10% may have some functional disability from arthritis of various joints.

## Signs and symptoms

The lesions can be painful and/or itchy and vary in size. Since plaques consist of dry, flaky inflamed skin, it may also crack and bleed.

While lesions can appear anywhere on the body, the most common sites include elbows, knees, scalp, chest and lower back. The plaques tend to appear in the same place on both sides of the body.

## What can trigger flare-ups?

Psoriasis may be permanent or episodic, meaning that it can flare up then subside and disappear altogether for a while before another episode occurs.

Triggers or precipitating factors may cause a flare-up in disease or even lead to the development of psoriasis, such as emotional stress, local injury to skin, systemic infections, and the use of certain medications.

**Infection** such as upper respiratory bacterias or viruses, can actually cause someone to develop psoriasis.

**Skin injury** or any break in the skin can lead to psoriasis. This can include a razor nick or burn, an insect bite, cut, abrasion, sunburn, needle puncture (from vaccination), blister or bruise.

**Medications** such as lithium (antidepressant) can also predispose one to a flare-up or cause psoriasis to first appear.

**Stress** is a factor in a number of health conditions and seems to be a trigger for psoriasis as well. It can worsen symptoms and, in some cases, a stressful event may trigger the onset of psoriasis.

**Weather** is another factor that can cause psoriasis to improve or worsen. In particular, the dry cold winter season seems to adversely impact on psoriasis because it dries and irritates the skin.

For more information on:  
**Types of Psoriasis**  
**Treatment Options**  
**Psoriasis Triggers**  
and links to other resources, go to  
[www.dermatology.ca](http://www.dermatology.ca)

The Canadian Dermatology Association, founded in 1925, represents Canadian dermatologists. The association exists to advance the science and art of medicine and surgery related to the care of the skin, hair and nails; provide continuing professional development for its members; support and advance patient care; provide public education on sun protection and other aspects of skin health; and promote a lifetime of healthier skin, hair and nails.

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