

Psoriasis

Psoriasis is an autoimmune disease that causes raised, red, scaly patches to appear on the skin. It typically affects the outside of the elbows, knees or scalp, though it can appear on any location. Some people report that psoriasis is itchy, burns and stings. Psoriasis can be associated with arthritis, diabetes, heart disease and depression.

How do I get psoriasis?

While scientists do not know what exactly causes psoriasis, we do know that the immune system and genetics plays a role. The skin cells in people with psoriasis grow at an abnormally fast rate, which causes the buildup of psoriasis lesions.

Men and women develop psoriasis at equal rates. Psoriasis also occurs in all racial groups, but at varying rates. About 1.3 percent of African-Americans have psoriasis, compared to 2.5 percent of Caucasians. Psoriasis often develops between the ages of 15 and 35, but it can develop at any age. About 10 to 15 percent of those with psoriasis get it before age 10. Some infants have psoriasis, although this is considered rare.

How is psoriasis diagnosed?

There are no special blood tests or tools to diagnose psoriasis. A dermatologist (doctor who specializes in skin diseases) or other health care provider usually examines the affected skin and determines if it is psoriasis. Your doctor may take a piece of the affected skin (a biopsy) and examine it under the microscope. When biopsied, psoriasis skin looks thicker and inflamed.

What type of psoriasis do I have?

There are five types of psoriasis. Learning more about your type of psoriasis will help you determine the best treatment for you. Plaque psoriasis is the most common form of the disease and appears as raised, red patches covered with a silvery white buildup of dead skin cells. Guttate [GUH-tate] psoriasis is a form of psoriasis that appears as small, dot-like lesions. Guttate psoriasis is the second-most common type of psoriasis, after plaque psoriasis. Inverse psoriasis shows up as very red lesions in body folds, such as behind the knee, under the arm or in the groin. Pustular [PUHS-choo-lar] psoriasis is characterized by white pustules (blisters of noninfectious pus) surrounded by red skin. Erythrodermic [eh-REETH-ro-der-mik] psoriasis is a particularly severe form of psoriasis that leads to widespread, fiery redness over most of the body.

How severe is my psoriasis?

Psoriasis can be mild, moderate or severe. Your treatment options may depend on how severe your psoriasis is. Severity is based on how much of your body is affected by psoriasis. (The surface area of the hand equals about 1 percent of the skin.) However, the severity of psoriasis is also measured by how psoriasis affects a person's quality of life. For example, psoriasis can have a serious impact on one's daily activities even if it involves a small area, such as the palms of the hands or soles of the feet.

How is psoriasis treated?

Topical treatments, such as moisturizers, over-the-counter and prescriptions creams and shampoos, typically are used for mild psoriasis.

Treating moderate to severe psoriasis usually involves a combination of treatment strategies. Besides topical treatments, your doctor your doctor may prescribe phototherapy (also known as light therapy). Your doctor may also prescribe systemic medications, including biologic drugs, especially if your psoriasis is significantly impacting your quality of life.

Will I develop psoriatic arthritis?

About 11 percent of those diagnosed with psoriasis have also been diagnosed with psoriatic arthritis. However, approximately 30 percent of people with psoriasis will eventually develop psoriatic arthritis.

Psoriatic arthritis often may go undiagnosed, particularly in its milder forms. However, it's important to treat psoriatic arthritis early on to help avoid permanent joint damage.

What about psoriasis in children?

Every year, roughly 20,000 children under 10 years of age are diagnosed with psoriasis. Sometimes it is misdiagnosed because it is confused with other skin diseases. Symptoms include pitting and discoloration of the nails, severe scalp scaling, diaper dermatitis or plaques similar to that of adult psoriasis on the trunk and extremities. Psoriasis in infants is uncommon, but it does occur. Only close observation can determine if an infant has the disease.

If one parent has the disease, there is about a 10 percent chance of a child contracting it. If both parents have psoriasis, the chance increases to 50 percent. No one can predict who will get psoriasis. Scientists now believe that at least 10 percent of the general population inherits one or more of the genes that create a predisposition to psoriasis. However, only 2 to 3 percent of the population develops the disease.

Some young people report the onset of psoriasis following an infection, particularly strep throat. One-third to one-half of all young people with psoriasis may experience a flare-up two to six weeks after an earache, strep throat, bronchitis, tonsillitis or a respiratory infection. Areas of skin that have been injured or traumatized are occasionally the sites of psoriasis, known as the "Koebner [keb-ner] phenomenon." However, not everyone who has psoriasis develops it at the site of an injury.