

What is psoriasis?

By Charles Camisa, MD

Psoriasis is a common skin disease that results in dry red scaly patches and thicker plaques. These lesions are usually itchy and sometimes painful. Any and all parts of the body may be affected by psoriasis, but the scalp, elbows, knees, and torso are most frequent. Besides the skin discomfort and potential disfigurement, psoriasis can be physically disabling, especially if it affects the hands, feet, face, or genitalia. Many famous people have gone public with their psoriasis. To name a few: John Updike, the author; Jerry Mathers (“the Beaver”); and LeAnn Rimes, country music singer.

Psoriasis affects about 2% of the U.S. population, men and women equally, all races, with an average age of 30 years. It is less common in children. The disease and the tendency to have it are lifelong, although it may sometimes spontaneously clear or flare up. It is unpredictable during pregnancy, as it may worsen, stay the same, or clear up. It does, however, tend to worsen with age.

What causes psoriasis?

The exact cause of psoriasis is unknown, but is believed to be an inherited abnormality of the immune system which leads to inflammation of the skin and joints. The skin inflammation is associated with much more rapid skin cell growth than normal; the joint inflammation leads to swelling, pain, and eventual destruction of the bones. The latter is called *psoriatic arthritis* and occurs in about one-third of people with psoriasis. The symptoms are similar to the more common affliction called rheumatoid arthritis.

Psoriasis is not a contagious condition, however, it does run in families. Several genes have been closely identified with susceptibility to psoriasis, but there must be other environmental factors.

So if one of your parents has psoriasis, you are more likely to get it. If both of your parents have it, then you are very likely to get it. There are some known triggers that bring out psoriasis for the first time or cause flare ups. These triggers include:

1. Emotional stress;
2. Injury to the skin, including surgery and sunburns;
3. Reactions to specific drugs, such as beta-blockers used for high blood pressure and lithium used for bipolar disorder; and
4. Certain types of infections, especially viral and streptococcal.

How is psoriasis treated?

Treatment of psoriasis depends on how extensive the disease is, as well as which body areas are affected.

Mild cases are treated with lubrication of the skin with products like Vaseline, Aquaphor, Eucerin, or Cetaphil and exposure to natural sunlight.

Mild to moderate cases may be treated with a variety of potent prescription topical medicines, including corticosteroids (e.g. clobetasol), Vitamin D analogues (e.g. Dovonex, Vectical), and Vitamin A derivatives (e.g. Tazorac).

Moderate to severe cases are often treated with ultraviolet light called narrow band UVB or PUVA. These treatments, also known as *phototherapy*, are given 1-3 times per week in the dermatologist's office. It may take up to 30 exposures to produce clearing. After that, the frequency of treatments is reduced to the lowest level needed to maintain stability of the disease.

For patients with more severe psoriasis who are unable to make frequent office visits for phototherapy, or who have an intolerable risk for skin cancer, there are FDA-approved pill medicines. Methotrexate and Soriatane reduce inflammation and slow down rapid skin cell growth. Another more potent drug called Cyclosporine is used for very stubborn psoriasis. This immunosuppressive drug, which is also used to prevent rejection of organ transplants, has a number of serious side effects which limit its use in dermatology.

Are there any newer medications for psoriasis?

The newest medications for psoriasis and psoriatic arthritis are the so called "biologics." Injected directly into the body weekly (or less often), biologics are made up of synthetic proteins and antibodies. You might say that they are "designer molecules" that are more specific in targeting chemicals or sites in the immune system that lead to the inflammation of the skin and joints. A few examples of available biologics include Enbrel, Humira, Remicade, and Simponi. All of these agents are also approved for rheumatoid arthritis and may be associated with serious side effects. Therefore, their use generally requires close monitoring by the specialist. You must realize that although the oral pills and the more sophisticated injectable biologic treatments mentioned are very effective at improving most patients' psoriasis and arthritis, they do not work for every patient, and they do not provide a cure. In future blogs, I will talk about specific drugs in greater detail.

While there are different levels of severity of psoriasis, it is important for all to maintain a healthful diet including vitamins and minerals, exercise regularly, and stop smoking. A recent journal article from the University of Pennsylvania suggested that severe psoriasis may be an independent risk factor for heart attacks and other cardiovascular diseases at a younger age compared to the general population. Other studies have shown that patients with psoriasis were more likely to be obese and to smoke more than control populations. While these results need confirmation from more research, it should give psoriasis sufferers more motivation to adopt a healthier lifestyle.

Charles Camisa, MD is a dermatologist who specializes in the treatment of psoriasis. All of the treatments listed are available to appropriate candidates at his practice at Riverchase Dermatology in Naples and Fort Myers, FL. His books on psoriasis are available at amazon.com and barnesandnoble.com.