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PSORIASIS



A PATIENT'S GUIDE TO PSORIASIS AND ITS MANAGEMENT

GENERAL INTRODUCTION

What is Psoriasis?

Psoriasis is a skin disorder where there is an increase in the rate at which skin cells are produced and shed from the skin. The top layer of the skin is called the epidermis. The cells within this layer are replaced and shed all the time. The process usually takes approximately 1 month but in psoriasis it is faster (1 week). This increase results in pink thickened patches with silvery white scales.

Psoriasis can appear anywhere on the body, but most commonly affects the scalp, elbows and knees.

It is a fairly common condition which affects about 3% of people, so there are probably over 100,000 Irish people who have psoriasis.

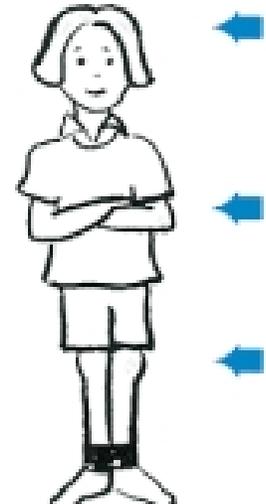
What causes Psoriasis?

The exact cause of psoriasis is still unknown. Genetic factors are thought to be involved as about one third of patients have relatives with the condition. It is thought that some people are more likely to develop psoriasis if other trigger factors are present e.g. a throat infection, stress, sunburn. Diet is not thought to play any role in psoriasis.

Is Psoriasis contagious?

No. Psoriasis is not catching, you cannot give it to people, even those who come in close contact with you.

Parts of the body most often involved



GUIDELINES TO TREATMENT

There is no single treatment which will cure psoriasis. However it is possible to control it even to clear it. Medication is aimed at slowing down the rate of skin turnover.

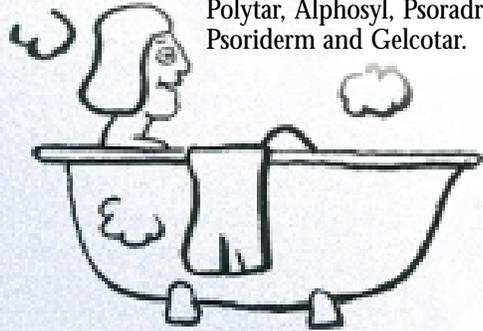
It is important to remember that it may take several weeks for your condition to improve. You should continue using your treatment as instructed by your doctor or pharmacist and if it causes you any concern, you should contact them.

Tars

Crude coal tar or coal tar solutions have been used successfully for many years in the treatment of psoriasis. Tars are available as gels, ointments, liquids and shampoos.



Daily applications of tar directly to the skin or tar baths may be used. Some tar preparations include Polytar, Alphosyl, Psoradrate, Psoriderm and Gelcotar.



Tar medications should be applied on a regular basis. It should be applied with a downward stroke in the direction the hair is growing. Stroking against the hair direction can cause irritation. The tar should be allowed to dry on the skin before it is covered with clothing to reduce staining.

For more extensive cases of psoriasis tar may be used in combination with ultraviolet light (UVB). This will usually be administered in hospital. Remissions lasting up to several months can be achieved with this regime.

GUIDELINES TO TREATMENT cont.

Tar can cause the skin to become dry. Use of a moisturiser can help prevent this.

Dithranol

Dithranol (e.g. Ditrocream, Dithrolan, Psoradrate) is effective in treating psoriasis. Ditrocream is available in a variety of strengths (0.1% to 2.0%). The cream should be applied sparingly onto the psoriasis plaques only. You should avoid the surrounding skin as it can irritate it. Keep the cream away from your eyes and wash your hands after use.



Leave the cream on for 30 minutes. As it stains clothes and furniture you should use old clothing and sheets while waiting.

After 30 minutes wash off the cream in a shower or bath. Always rinse the bath or shower with hot water afterwards to prevent staining and use a suitable cleanser to remove any deposits.

The treated areas of skin may become stained brown or purple. This discolouration is harmless and will clear within 2 weeks after stopping treatment.

Don't use Dithrocream on very sore, angry looking psoriasis. If the treatment causes burning or excessive soreness or if the lesions spread, reduce the frequency of application and in extreme cases consult your doctor. Dithranols may be combined with light therapy (UVB) in hospitals either on an out-patient or in-patient basis.

GUIDELINES TO TREATMENT cont.

Dovonex

Dovonex is chemically related to Vitamin D, the vitamin that is produced in the skin in sunlight.

Dovonex has been shown to be safe and very effective in treating psoriasis. Dovonex should be applied twice a day and rubbed in gently. Most patients will begin to see a benefit within the first two weeks but you should continue the treatment as directed.

Although it does not affect normal skin, it is best to apply it to your psoriasis plaques only. Wash your hands after applying it.

It may sometimes irritate the skin initially, but this irritation should decrease after a few days. If it does not, consult your doctor.

Do not use Dovonex on the sensitive skin of your face.

Steroids

Steroids are anti-inflammatory agents. Due to their potency they are available on prescription only. Milder steroids (Alphaderm, Dioderm, Hydrocortisyl) are used for treating psoriasis in specially sensitive areas such as the face, genitals and armpits where other treatments are unsuitable.

Potent steroids (Betnovate, Dermovate, Diprosone, Diprosalic) can be useful in limited areas of psoriasis. However steroids if overused can cause thinning and damage of the skin. Sometimes the more potent steroids can stop working (tolerance develops) if they are used for too long and the psoriasis may also sometimes get worse if treatment is stopped. It is important that you use your steroids as directed by your doctor.

Can I combine Psoriasis treatments?

Many psoriasis therapies can be used in combination. However, this should only be on your doctor's advice.

SCALP PSORIASIS

What is scalp Psoriasis?

Scalp psoriasis is like psoriasis elsewhere on the body. Skin cells multiply too quickly and form a plaque. This plaque is shed in visible clumps or scales.

Both scale removal and treatment are complicated by the presence of hair. Treatments aim at removing the scale and then treating the underlying skin.

To prevent damaging the skin, you should massage all treatments gently into the scalp. Use your fingertips, not your fingernails.

Dovonex

Dovonex (*see page 7*) is also available as a scalp solution and is applied twice daily. Dovonex Scalp Solution is colourless and odourless. If plaques are very scaly, a keratolytic (*see next page*) may be applied for a few days before commencing treatment.

Tar Shampoos

A tar containing shampoo (e.g. Polytar, Capasal, Denorex, Gelcotar, Genisol) can be used to treat scalp psoriasis. They can be used daily if required but more often a twice weekly application is all that is needed. The effectiveness

of tar shampoos varies from person to person. They are usually gently massaged into the damp scale and left for 5-10 mins to penetrate the scales. They are then rinsed out.

Can I use other shampoos/ conditioners with tar products?

After using a tar shampoo you can use a more cosmetically pleasing shampoo or conditioner. Tar shampoos can dry out the hair. Some patients have found conditioners and cream rinses useful in preventing this.

Other tar preparations

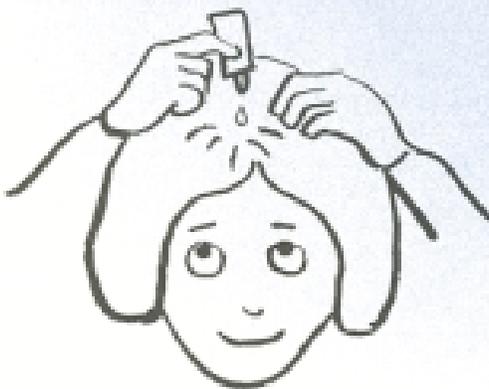
Tar lotions, creams or gels (e.g. Tar Pomade, Pragmatar, Cosal S, T-gel scalp lotion, Alphosyl) may be added to the treatment if shampoos have not sufficiently cleared the scale. These preparations are called “keratolytics”, and are usually applied at night time for convenience. They are gently rubbed in over all the scaly parts of the scalp and left on overnight. A shower cap is sometimes worn. The hair is shampooed either with a tar shampoo or a regular shampoo in the morning. This regime may be done nightly initially but then less frequently as the scale clears.



SCALP PSORIASIS *cont.*

Steroids

If these measures fail steroid scalp lotions or gels (e.g. Locoid, Diprosalic, Betnovate) may be resorted to. Let the liquid dribble directly onto the scalp, massage it in, part the hair again a short distance from the first parting and repeat the process until all affected areas are treated. There is no need to wash it out. However excessive use of steroids on the scalp is not recommended and it must be stressed that steroid lotions or gels are useless if painted on to the surface of thickly heaped up psoriasis. The first line of treatment is therefore clearance of scalp with tar shampoos and tar creams.



PSORIASIS OF THE NAILS

What does it look like?

Psoriasis in the nail usually shows up as pits, tiny thimble-like depressions of various sizes, shapes and depth. The nail may come away from the nail bed. The nails that are involved may become thickened and yellowish in colour.

Can you treat nail Psoriasis?

Nail psoriasis is difficult to treat because the psoriasis affects the nail so early in its formation. It is difficult for treatments to penetrate to the affected areas. However nail psoriasis can spontaneously improve.

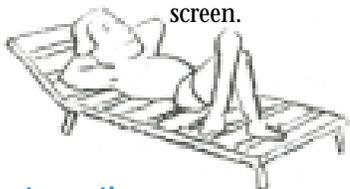
Nail care in Psoriasis?

In most cases, you should trim back the nails with heavy manicure scissors all the way back until firm attachment at the bottom of the nail appears. This prevents loose nail getting caught in things which loosen it further. You should try to avoid nail damage. This will often worsen your nail psoriasis. One way to do this is to wear gloves while working with your hands. Try to avoid excessive cleaning and scraping under the nails as this may worsen your nail psoriasis.

PSORIASIS AND THE SUN

Can I sunbathe with Psoriasis?

Regular doses of sunshine can benefit psoriasis in 8 out of 10 patients. A holiday in the sun can work wonders. However you must be careful not to overdo it as sunburn can cause your psoriasis to worsen or spread. When in the sun be sure to use an appropriate sunscreen.



What are the dangers of sunbathing?

The effects of sunlight on the skin are well known. It can lead to skin cancer and premature ageing. Talk to your doctor if you are worried about any skin growth, mole or birthmark.

Can I sunbathe while using other Psoriasis treatments?

In general it is acceptable to be in the sun while on other psoriasis treatments. Some (Dovonex and tars) should be applied after rather than before you go out in the sun. Remember tars may sensitise your skin making you more likely to burn.

Can I use a sunbed?

Sunbeds should be avoided unless they are special UVB lamps. You should only use these under the supervision of your dermatologist.

DO'S AND DON'TS



Do use your treatments as directed by your doctor or pharmacist.



Don't scratch your plaques as this may damage the skin and actually worsen your psoriasis.



Do keep your skin moist as this will help reduce itching and scaling.



Don't give up on your therapy too soon. Remember it may take a few weeks for some of them to work.



Do remember that the sun may help your psoriasis but be careful not to burn.



Do protect your skin against scratches and cuts as this may cause your psoriasis to flare up at the site of injury. One possible way might be to wear gloves when gardening for example.

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