PATIENT PERSPECTIVES

What is Psoriasis?

Psoriasis is a common, chronic condition in which red plaques with thick scales form on the skin.

Psoriasis is a fairly common skin condition that affects 1-2% of all people. It is chronic, meaning the symptoms can come and go at any time throughout a person's life. Psoriasis can develop at any age – from infancy to adulthood. In fact, one-third of psoriasis patients develop the condition before the age of 20. Psoriasis varies from person to person, both in severity and how it responds to treatment. There is no cure for psoriasis, but many treatment options are available depending on where it is located on the body and the severity of the disease.

WHAT CAUSES PSORIASIS?

We do not yet know what causes psoriasis, but we do know that the immune system and genetics play major roles in its development. In patients with psoriasis, the immune system is mistakenly activated, resulting in a faster growth cycle of skin cells. Normally, the skin goes through constant renewal by shedding the outer, dead layer of skin cells while new skin cells are made underneath. Normal skin cells mature and fall off the skin in three to four weeks. Psoriasis skin cells only take three to four days to go through this cycle. Instead of falling off, the cells pile up and form thick, red, scaly patches.

Psoriasis tends to run in families. If one parent has the condition, there is a 25% chance that each child will have it. Certain triggers can bring out psoriasis or make it worse. In children, injury to the skin and infections are common triggers. Up to half of children with psoriasis will have a flare-up of psoriasis 2-6 weeks after illnesses such as ear infections, strep throat, or a common cold. Psoriasis itself, however, is not contagious.

WHAT ARE THE SIGNS AND SYMPTOMS OF PSORIASIS?

Psoriasis usually appears as dry, red, scaly patches on the skin. The patches can be very itchy and sometimes burn. They can come and go in an unpredictable way.

There are several different forms of the condition, but the most common in children is **plaque psoriasis**. It can be limited to a few patches or can involve large areas of the skin. It can arise anywhere on the body, but it tends to most commonly affect the elbows, knees and scalp. **Guttate psoriasis** – where the rash takes the form of small raindrop-like lesions – is another common form of psoriasis in kids. The face and genital areas are often affected in younger children. Psoriasis can also develop in the nails (usually in the form of small depressions or pits in the nail), and in the joints (called **psoriatic arthritis**). The severity of psoriasis can range from mild to severe and varies from person to person and may change over time.

HOW IS PSORIASIS DIAGNOSED?

No special blood tests exist to diagnose psoriasis. A dermatologist diagnoses psoriasis by looking at the skin. A skin biopsy is occasionally needed to confirm the diagnosis or to ensure that the rash is not being caused by something else.

EMOTIONAL CONSIDERATIONS IN CHILDREN

For many children, the main problem with psoriasis is its visibility and the effect it may have on the child's self-esteem and confidence. Children with psoriasis are at risk of depression and anxiety. Though psoriasis is not contagious, and the patches do not leave permanent scars on the skin, it can leave emotional scars. Caregivers are encouraged to keep a close eye on their child's emotions and maintain open communication about their mood.

OTHER CONCERNS FOR CHILDREN WITH PSORIASIS

Children with psoriasis are at risk of suffering from obesity, diabetes (high blood sugar), high cholesterol, and heart disease later in life. It is important to maintain a healthy weight by eating a good, balanced diet and staying active. The whole family should be part of this healthy lifestyle.

HOW IS PSORIASIS TREATED?

Treatment depends on the type and severity of the psoriasis as well as the area of the skin that is affected. Most treatments aim to reduce the inflammation in the skin, while others decrease the scaling, itching, or discomfort of the skin. Treatments range from topical creams, shampoos, and ointments to ultraviolet light therapy to systemic medications in more severe cases. No one medication works for every patient, and it may take close follow up with your child's doctor to find the regimen that works best for your child.

TOPICAL THERAPY

Topical medicines are used directly on the psoriasis rash and typically contain cortisone (a.k.a. steroids) or other non-steroid anti-inflammatory medicine, vitamin D3, coal tar, salicylic acid or retinoids, and are often prescribed in combination with each other. Non-medicated moisturizers are often also recommended to keep the skin moist, which reduces itching, dryness and scaling.

ULTRAVIOLET (UV) PHOTOTHERAPY

When topical medicines are not effective, or the psoriasis is widespread, some children can be treated with ultraviolet (UV) phototherapy. Phototherapy uses UV light waves to reduce the inflammation in the skin. Natural sunlight contains UV light and may be recommended by your child's physician. While natural sunlight can be helpful, too much light and sunburn can result in new psoriasis at the site of the burn and increase the risk of premature aging and skin cancer. UV therapy is given 3 times per week in a physician's office or with a home phototherapy device under the care and supervision of a trained dermatologist. Another type of light therapy involves lasers, which are typically used to treat chronic, localized areas of psoriasis. Laser therapy typically requires multiple treatments to the affected site.

ORAL AND BIOLOGIC THERAPIES

More severe cases of psoriasis may need to be treated with medications that are taken by mouth (such as methotrexate, acitretin and cyclosporine) or infused or injected into the body (which are called "biologic" medications, such as etanercept). There are risks and benefits to these therapies, which should be discussed with your child's doctor. The best treatment plan takes many factors into consideration and should be made in conjunction with an experienced dermatologist.

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