



# Psoriasis for MSK Clinicians

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# Today's presentation

- We'll talk about **psoriasis** – what it is, the different types and common triggers
- We'll take a look at the links between psoriasis and **psoriatic arthritis**.
- We'll discuss the impact psoriasis can have on different aspects of people's lives, including **mental health**.
- We'll look at the **treatment options**, advice and support that are available to help successfully manage psoriasis.

# The Psoriasis Association



- Founded in Northampton in 1968 by Dr Dick Coles
- The leading national charity and membership organisation for people affected by psoriasis in the UK

## Our aims:

- To provide information, advice and support to those whose lives are affected by psoriasis
- To raise awareness of psoriasis
- To promote and fund research into the causes, nature and care of psoriasis, and to publish and disseminate the results of that research

# What is psoriasis?

- An immune condition which causes symptoms on the skin
- NOT contagious
- Common condition – affects 2-3% of the UK population
- Skin replacement process speeds up, causing raised 'plaques' to form on the skin – can be flaky, scaly & red/dark (depending on skin tone)
- Can occur on any area of the body
- Equally as common in men and women
- Can affect people of any age
- Cause still unknown, but certain immune cells are triggered to become overactive, causing inflammation

# Types of psoriasis

- Plaque psoriasis
- Scalp psoriasis
- Guttate psoriasis
- Pustular psoriasis – Generalised Pustular Psoriasis (GPP) and Palmoplantar Pustulosis (PPP)
- Psoriasis in sensitive areas (genital/inverse psoriasis)
- Nail psoriasis
- And psoriatic arthritis (PsA)



# Plaque psoriasis

- Most common form of psoriasis
- Can occur anywhere on the body
- ‘Plaques’ are formed by the build up of skin cells
- Plaques can be large or small
- Plaques are usually well demarcated (both in terms of appearance and texture)
- Plaques can be red on lighter skin, or dark on darker skin, with white or silvery scales
- Plaques can be itchy and sore



# Scalp psoriasis

- Common for plaque psoriasis to occur on the scalp
- Mainly affects the scalp. May also affect the hairline, forehead, neck and behind the ears.
- Makes the scalp feel itchy and tight
- Causes dandruff-like flakes to fall
- Prone to a thick build-up of scale
- In severe cases, can cause thinning of the hair – usually temporary





# Guttate psoriasis

- A widespread rash of small red/pink (or dark) spots
- Usually appears across the torso, back and limbs
- Can occur at any age, but more common in children, teenagers, and young adults
- Can be some scaling and itchiness
- Can clear up after a number of weeks/months
- Can evolve into another type of psoriasis (most commonly plaque psoriasis)





# Pustular psoriasis

- Two types: **Palmoplantar Pustulosis (PPP)** & **Generalised Pustular Psoriasis (GPP)**
- Both **PPP** & **GPP** involve the development of small fluid-filled pustules on top of red or darkened skin
- **PPP** specifically affects the palms of the hands and soles of the feet
- **PPP** can be painful, skin can crack, weep and bleed
- With **GPP**, the pustules are widespread over the whole body.
- With **GPP**, areas of red skin can merge, skin can feel hot to the touch – rare but serious condition



# Psoriasis in sensitive areas

- Sensitive areas include the face, genitals, skin folds and armpits
- Often appears bright red (or dark) and shiny
- Often does not have the typical plaques or scale associated with psoriasis
- Well demarcated
- Uncomfortable, itchy and painful
- Often referred to as 'genital', 'flexural' or 'inverse' psoriasis



# Nail psoriasis

- Very common amongst both people with psoriasis (affects up to half) and people with psoriatic arthritis (affects up to 80%)
- Can affect finger nails, toe nails, or both
- Symptoms include nail pitting, discolouration, splitting/crumbling, thickening, and detachment from the nail bed
- Can be painful and distressing
- Can be misdiagnosed as a fungal infection
- It's possible to just have psoriasis of the nails, with no other psoriasis on the skin



# Psoriatic Arthritis (PsA)

- A type of inflammatory arthritis which is associated with psoriasis
- Affects joints (such as the knees or those in the hands and feet), as well as areas where tendons join to bone (such as the heel and lower back)
- Symptoms include: joints becoming tender, swollen and stiff; swollen, sausage-like fingers and toes; nail psoriasis; tenderness, pain and swelling over tendons; a reduced range of movement, general tiredness
- Symptoms tend to be worse first thing in the morning and with rest, and ease with exercise
- Equally as common in men and women
- Can occur at any age



# Psoriasis and psoriatic arthritis

- Most people who have psoriatic arthritis find it occurs after developing psoriasis on their skin, but some people do develop psoriatic arthritis before noticing any psoriasis on their skin.
- Having psoriasis means you are at greater risk of developing psoriatic arthritis
- 20-30% of people with psoriasis will develop psoriatic arthritis
- Psoriatic arthritis most commonly develops in the first 10 years after being diagnosed with psoriasis
- There is no conclusive test for psoriatic arthritis – it can be a difficult condition to diagnose. The presence of psoriasis can be a good indicator.



# Common triggers for psoriasis

- Stress
- Infection
- Injury to the skin (the Koebner phenomenon)
- Certain medications
- Hormones
- Lifestyle factors (alcohol and smoking, diet)



# The impact of psoriasis on day-to-day life

- Itch, pain and discomfort
- Mental and emotional wellbeing
- Relationships
- Hobbies
- Work





# Russ' story

*“People only see my skin,  
They cannot see inside.  
I’m too young for arthritis,  
People often chide.”*



# Jasmine's story

*"My skin got really bad from the age of 14 and I was completely covered from head to toe. This had a huge impact on my wellbeing and mental health. I never wanted to go out because I couldn't cover all of my scars and essentially, I let the condition completely control and take over my life."*



# Treatments for psoriasis

## From a GP

- Moisturisers and emollients
- Active topical (applied to the skin) treatments

## From a Dermatologist

- UV light therapy (phototherapy)
- Systemic drugs (usually tablets)
- Biologic drugs (usually injections)

## Lifestyle change (diet & exercise)



# Support from the Psoriasis Association



- Information on our websites: [www.psoriasis-association.org.uk](http://www.psoriasis-association.org.uk) (for all), and [www.psoteen.org.uk](http://www.psoteen.org.uk) (for teenagers and young adults)
- Helpline (phone, email and WhatsApp)
- Peer-to-peer support (forums and Facebook Group)
- Social media channels – Facebook, Twitter, Instagram - [@PsoriasisUK](https://www.instagram.com/PsoriasisUK)
- Sharing stories
- Opportunities to take part in research

Any questions?

