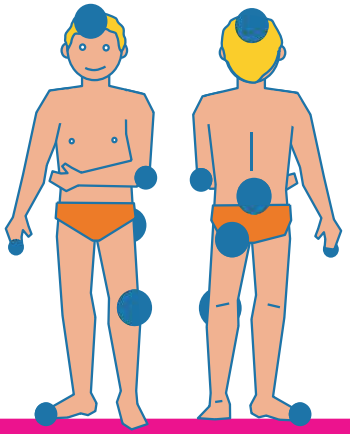
PSORIASIS

Information leaflet for patients with practical everyday tips



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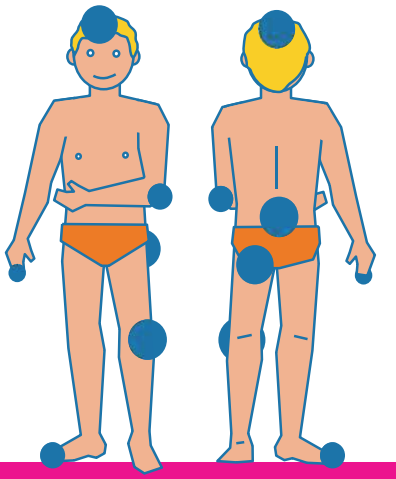
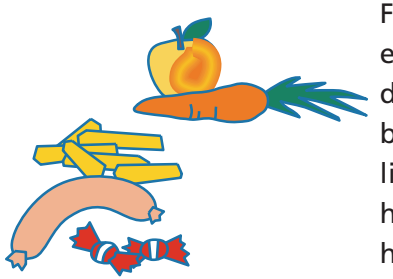
Summary

Psoriasis is a non-contagious, chronic disease that can start at any age. The characteristic symptoms are patches of solid white scales which can often measure several centimeters across on the scalp, elbows, knees and sacral region, with a bluish-red appearance in the anal cleft with no obvious scaling (chronic stationary plaque type). These patches can persist for years. Alternatively, small areas may resemble viral rashes (viral exanthemata like measles or rubella), which are not accompanied by such severe scaling, increase in size slowly and can also disappear again spontaneously after a few weeks or months (eruptive exanthematous type). The pustules, which can otherwise only be detected microscopically, may sometimes become so big that they are visible (pustular psoriasis). The whole surface of the skin may even be affected (erythroderma). Nail changes commonly occur and even joint inflammation (psoriatic arthritis) is possible.

If patients have a **predisposition to psoriasis**, infections like inflammation of the tonsils or teeth act as a trigger, so the psoriasis (re)appears or gets worse. Other triggering factors include strong mechanical irritation (rubbing or scratching), sunburn, psychological strain (stress) and unhealthy lifestyle (smoking, heavy alcohol consumption or being overweight).



An increased immune reaction plays an important role, so psoriasis is seen as an **autoimmune disease**, which causes the body's defences to react against the skin and sometimes the joint structures.



Fasting seems to have a positive effect on the development of the disease, but special diets have not been implemented. Dietary and lifestyle modifications are also helpful, in the same way that they help prevent cardiovascular diseases.

Psoriasis can get worse with , receptor blockers (beta blockers), lithium, ACE inhibitors, calcium channel blockers, anti-malarial drugs and less frequently with quinine and many other medications.

Local treatment is used for psoriasis when only limited areas of skin are affected. Ointments and creams can be used on the body, while liquid products need to be used on hairy areas. Foams and shampoos have recently been developed and and are more effective when the scalp is affected.

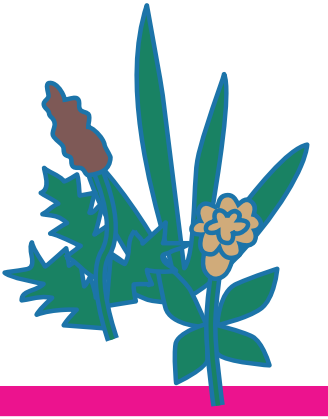
The hard scales are then removed with salicylic acid. Psoriasis may heal quickly if local corticosteroids can be used in parallel or afterwards, but they can only be used for a limited amount of time. Vitamin D3 products are easier and more practical to use than dithranol, which can be very irritating and can color skin, clothes and even plastic.

In the case of widespread psoriasis, systemic treatments are often more successful, and they are always more practical in the management process. The better, but not necessarily faster, efficacy must be weighed up against the risk of adverse effects.

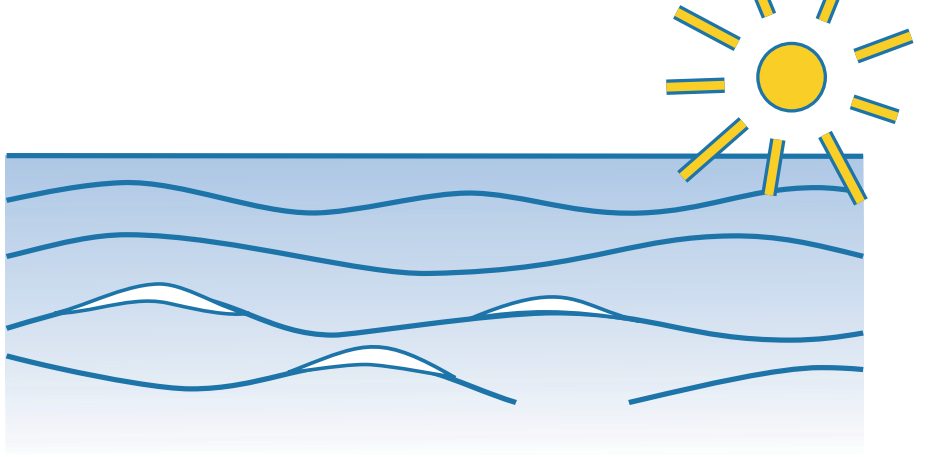
All products that have a good effect on the usual forms of psoriasis and are swallowed, injected or infused (systemic treatments) either slow down or stop these autoimmune reactions. This explains why most patients have a high risk of infection and why they should not be used if the patient has an infectious disease, and if they are used the patient should be closely monitored. Depending on the product, it is also important to monitor the liver and/or kidney function, blood count and sometimes other parameters.

Methotrexate has been used in medicine for 50 years, cyclosporin for 30 years, and biologics, a sub-group of new biological products, for a much shorter period of time.

Naturopathic treatments are not enough to treat psoriasis on their own, but can be helpful as a supporting measure.



It is currently hard to accurately evaluate the efficacy of these. Fasting cures and



breathing therapy appear to have a good effect, but unlike the case in other skin diseases, acupuncture seems to have little or no effect.

Natural sunbathing, or better still, artificial UV emitters, which allow the dose to be accurately changed, can cure psoriasis.

The success of therapy can be improved with a combination of different treatments. PUVA therapy (Psoralen + UVA) is a treatment that is only effective when the two components are used in combination and interact with one another.

Spa and climate therapies do not just treat the skin, which is made more sensitive for UV therapy with salt baths, but the whole approach also deals with the psychological stress and lifestyle including diet.

It is important that sufferers learn to view psoriasis as a chronic disease. Unfortunately a cure has not yet been found. However, the various treatment options generally make it possible to get this distressing skin disease under control.

What is psoriasis?

The most obvious characteristic of psoriasis are patches of solid whitish scales on the skin. They are often but not always present.

We would like to give you some information on psoriasis, the various ways the skin can look, how it affects other organs and the current treatment options. We are assuming that the diagnosis has already been made by a GP, so are not going to explain how psoriasis is different from similar looking diseases.

Psore (Greek) = scale

Hereditary + triggering factors + autoimmune reaction = increased skin regeneration

Can appear for the first time at any age

Appearance is very variable

What causes psoriasis?

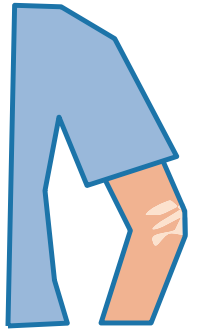
The cause of psoriasis is not fully understood. However, we do know that a predisposition plays a role, especially if the psoriasis appears before the patient reaches the age of 40. There are other factors that can also make the disease appear. An unusual immune reaction and problems with fast and unusual regeneration of the epidermis are important characteristics of the disease.

When does psoriasis first appear?

Psoriasis can first start at any age, but most commonly it appears during young adulthood. There is another peak in the frequency of first onset between the ages of 55 and 60.

What does psoriasis look like?

Psoriasis can have a very varied appearance and may also affect various organs.



Chronic stationary (plaque) type of skin

The skin on the elbows, knees, sacral region and scalp are frequently afflicted with solid, whitish scaly patches that measure several centimetres across.

Exanthematous form

Psoriasis can also start with very small red spots, which increase in size to a few millimeters within a few weeks.

Intertriginous form

In regions where skin lies directly against skin for long periods of time such as the bends of the elbow, hollows of the knee, armpits, perineal and genital region, abdominal fold, anal cleft and under the breast, there may be a red to reddish-blue appearance of the skin, which scales to only a minor degree.

Localized and generalized pustular form

Less often the pustules, which are regularly spread and microscopically small with psoriasis, become so big that they can be seen with the naked eye. This is how a type that is restricted to the palms of the hands and soles of the feet is differentiated from a generalized form, where pustules also appear on other parts of the skin.

Psoriatic erythroderma

In the most severe variant of the disease, the entire surface of the skin can sometimes even appear reddish and scaly to a greater or lesser extent.

Affection of nail disease

Small round depressions in one or several nails can often be seen (pitted nails and dimples as a sign that the external part of the nail is affected; the affected parts of the nail fall off prematurely as the nail grows).

There may be a yellowish-brown colour under the nail, as if some oil were under the nail (so-called oil spot phenomenon). If the internal nail growing from the nail bed is severely affected the increased keratin formation can cause the thickened nail to lift, under which crumbly keratin material can be found.

Psoriasis of the joints (psoriatic arthritis)

The joints are often affected by the disease (5-30% of patients according to studies). In 15% of cases, the joint inflammation appears before the cutaneous symptoms, but in most cases it is the other way round. The arthritis usually begins between the ages of 35 and 45 and is one of the seronegative forms of arthritis, since rheumatoid factor is not present in the serum. The other differences from rheumatic conditions of the joints:

1 The base joints of the fingers and toes are rarely affected.
2 Often only one or a few of the middle or end finger joints are asymmetrically affected.
3 If both joints are affected "sausage fingers" develop.
4 Severe joint problems causing deformities are rare.

What is the difference between severe forms of psoriasis?

From a few small patches, particularly on the elbows, knees and scalp, to the entire surface of the skin, with nails and joints also being affected, anything is possible.

mild - moderate - severe

To be able to choose the best treatment option from all the alternatives available, different severities of the skin condition are differentiated and condition are distinguished and divided into "mild", "moderate" and "severe" or described using a more precise index, the PASI (psoriasis area and severity index).

In the PASI index, the affected areas and clinical symptoms of redness, scales and inflammatory thickening of the skin are evaluated separately and measured for each body region, and an overall score for the severity is calculated using a formula.

How does psoriasis develop?

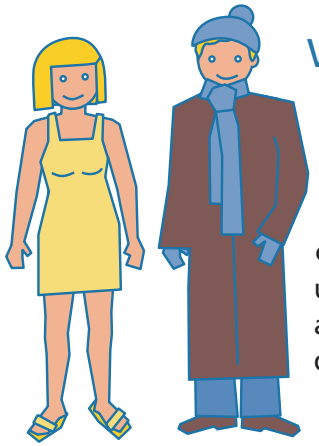
After it first appears, psoriasis can remain visible for the patient's entire lifetime, but it can also come and go. Unfortunately it is rare for it to appear only once and then disappear, and the disease symptoms normally return after a few weeks or months, or even more rarely after a few years. If psoriasis appears during childhood, it usually gets more severe later in life than if it first appears when the patient is older.

Chronic-stationary or in outbreaks, partly mixed

No cure, but temporary healing

Generally better in summer and worse in winter

Therefore, when the symptoms disappear it is more appropriate to use the term healing instead of curing. Unfortunately there is currently no cure for psoriasis either with conventional medical or alternative treatments.



What effect do the seasons and seasonal clothing have?

Psoriasis tends to get better during the summer and get worse during winter. That is not just down to the sun, but several other factors too, which we only partly understand and whose interaction can have a very variable effect on the way psoriasis develops.

The ultraviolet radiation (UV) of the sun improves psoriasis, and this is also used in treatment. However, it depends on the right dose. Sunburn can trigger an outbreak.

Clothing should be soft to avoid rubbing. Changes to the microclimate of the skin surface caused by the seasons or clothing are also important, but are not fully understood.

What effect do food, diets, alcohol and smoking have?

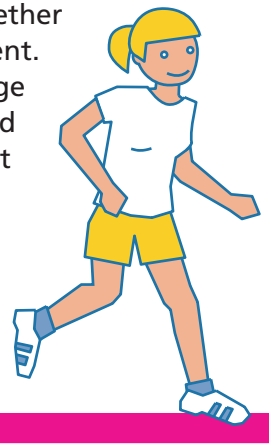
Smoking can make psoriasis worse, and regular alcohol consumption makes psoriasis worse in some patients.

No tobacco and moderate alcohol consumption

Lose weight if overweight or fast

Eat and live healthily

Special diets have not been implemented for psoriasis. Unsaturated fatty acids can have a supporting effect, but use of these at high doses in a concentrated form has not shown convincing results. However, being overweight seems to have a negative effect on psoriasis and fasting seems to have a positive effect. Eating a limited amount of foods like luxury foods, meat, fish and alcohol is unproblematic. The less the patient eats and drinks, the more important it is to discover in advance whether this will entail any health risks for the patient. All patients should be careful about drinking large volumes of liquids. In general, a healthy diet and lifestyle is helpful as it also helps prevent cardiovascular diseases.



Is physical activity helpful? Which types of sport are sensible?

Exercise is part of a healthy lifestyle. Sport - even competitive sport - does not have a negative effect on psoriasis. It even has a positive effect for some patients. The same is true for fitness and bodybuilding. In some circumstances new lesions might appear if the patient gets injured (Köbner phenomenon).

Is skin more vulnerable to injury? How do injuries heal?

Sport is good for you, but take care to avoid injuries
No rubbing, no scratching.

Wound healing not disturbed.

How bad does my psoriasis affect me?

After mechanical irritation (rubbing, scratching as well as injections) a patch of psoriasis may develop 10-14 days later in this area of skin (Köbner phenomenon). Wounds heal in just the same way as for other people, and in theory superficial wounds like grazes might actually heal faster.

What is the known about the relationship between skin and the mind?

The skin and the mind are closely linked. Stress therefore has a negative effect and can even trigger an outbreak.
Skin changes have a very different effect on each individual's self-esteem. Some sufferers quickly learn how to deal with the disease, whereas others have considerable suffering over a long period of time because of it.
The different aspects of personal stress may be assessed using specially developed questionnaires. On average quality of life is just as restricted as with type 2 diabetes or chronic lung disease; a survey found that it was even more restricted than with diabetes, coronary heart disease and even cancer.

What effect does stress have?

Along with self-perception, there are also problems with fellow human beings because of the disease. This can also affect relationships, both when a couple is getting to know each other as well as later on in the relationship in situations of conflict. These days, staff at swimming pools should also know that there is no reason for people with psoriasis not to be in the pool; fortunately, it is becoming increasingly rare for psoriasis sufferers to have problems with pool attendants who worry unnecessarily about the other swimmers.

Do I like my fellow human beings? Do they like me?

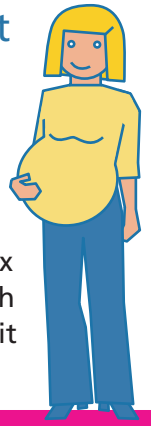
How do the people around me react to my psoriasis?

Could psychotherapy help?

The individualpsychological stress of psoriasis can be made even worse by stressful psychological and environmental factors. As a result, psoriasis can get even worse in certain circumstances.

If severe stress persists for a long time - including severe psychological stress - psychotherapy can be helpful.

How do hormone changes affect psoriasis during puberty, pregnancy, lactation, menopause and old age? Also, what effect do contraceptive drugs have?



There are two peaks in frequency in terms of psoriasis appearing for the first time - one in young adulthood and the second between the ages of 55 and 60. This could be because the interaction of hormones has an effect on the development of psoriasis. However, because of the complex nature of disease process we do not currently know which changes make psoriasis get better and which changes make it get worse. The same is true of pregnancy and lactation, menopause and drugs that contain hormones such as the Pill. Sixteen percent of women of women claim that psoriasis gets worse during menstruation, whereas 4% of patients report an improvement.

Psoriasis gets better in half of pregnant women, but sometimes it gets worse during pregnancy. However, the course of the pregnancy is not affected by psoriasis, although some treatments cannot be used during pregnancy and lactation.

In a survey, it was found that psoriasis got worse in patients who take the contraceptive pill and smoke.

What effect do other diseases have on psoriasis?

Generally worse during menstruation and better during pregnancy

Neurodermitis and skin infections are more rare

Other skin diseases can be tharder to treat

There is no disease against which psoriasis offers complete protection. Neurodermitis (also called atopic eczema or atopic dermatitis) and urticaria occur less frequently in patients with psoriasis - as do skin infections caused by bacteria and some viruses.

However, psoriasis can make infections of other organs worse or even trigger psychological stress. Some diseases occur more frequently with psoriasis: arthritis (10-15x), Crohn's disease (4x), cardiovascular diseases (1.5x), high blood pressure and diabetes.

In general: Every other skin disease can trigger an outbreak or develop as a mixed picture between this skin disease and psoriasis. The best known are seborrheic eczema, skin wounds and allergic skin reactions including drug-induced skin rash. It is important to recognize these mixed pictures, as the other skin diseases are then harder to treat.

Which medications make psoriasis worse?

There are several medications that make other diseases better but make psoriasis worse. These medications should therefore be replaced with a different one. Unfortunately, this is not always possible. For each individual case it is important to determine which option makes the most sense. Consequently, you and your treating physician may have some difficult decisions to make. Psoriasis gets worse with, beta-receptor antagonists (beta blockers) and lithium but only after several weeks or months, so the connection is often not made. Yet sometimes it only appears when they are taken and disappears after the patient stops taking them. Other medications that have a negative effect are ACE inhibitors (drugs ending in -pril, e.g. captopril), calcium channel blockers (ending in -dipine, e.g. nifedipine; -pamil, e.g. verapamil; diltiazem), anti-malarials, and in rare cases quinine and many other drugs too. Lithium and other medications can also cause pustular or nail psoriasis.

Which other factors affect its development (infections, stress, etc.)?

You have already learnt a bit about the negative effects of acute and chronic stress as well as mechanical irritations. Apart from these triggering factors, which do not cause psoriasis but can make it better or worse, there are some others as well.

Infections in particular can make psoriasis worse or even trigger the first outbreak. These might include bacterial throat infections (e.g. streptococcus), inflammations of the tonsils (sore throat)), teeth, renal pelvis, gall bladder or something else. These infections should therefore be treated even if it cannot be determined whether they would make the psoriasis better or worse.

Beta blockers and lithium make psoriasis worse

Be careful of drinks which contain quinine

Focal infections on the tonsils, teeth, gall bladder, kidneys, etc?

How is it diagnosed?

The diagnosis is normally made on the basis of a physical examination by a GP. If that is not enough, a small skin sample might be taken, which will be examined under a microscope using special techniques. If the patient's joints are affected, imaging techniques such as x-rays or magnetic resonance tomography might be necessary to get a better understanding of the severity. The diagnosis cannot be made on the basis of blood tests, but they do allow some of the previously mentioned triggering factors to be determined.

What criteria do dermatologists use when choosing a treatment?

A fixed approach is bad, as is so often the case in medicine, since so many factors are involved. Only after looking at the patient's medical history, previous treatments, age, skin type, psoriasis type, concomitant diseases, psychological stress, environment and life situation does it become clear which treatment should be used first and, depending on the success of this initial treatment, how the patient should then be treated.

Discuss with your doctor how many weeks it should take to get better. Based on years of experience here is a bit of advice that should help you to understand how long it will take for the problem to get better:

Don't expect a miracle. Only charlatans make promises about problems getting better. In thinking about the time it takes for psoriasis to get better, remember the following philosophical words: Patience is what we need most when we have it least.

Patience is important

Which form of treatment is used for which localization and which severity?

Decades of experience and clinical studies mean that certain therapies are established for certain types of psoriasis and for certain areas of skin. Experience values figure just as much in short articles and reference books as clinical studies, and this is also true for well-balanced behavior. The main basis for guidelines is the evaluation of treatments in clinical studies So-called randomized double-blind clinical studies are considered to be the most valuable. They are also called comparative studies and neither the patient nor the doctor knows which treatment is being used. However, these studies do not give us a realistic picture, as many patients are not allowed to take part in these trials in case concomitant diseases and/or adjuvant treatments could affect the result. For well-tried therapies there are generally no corresponding studies, since modern standards were only introduced later. They are thus frequently undervalued. The guideline "Treatment of psoriasis" tried to dispel these misconceptions.

This information should allow you to make your own mind up and ask your own questions.

Local treatments are only used for psoriasis when limited areas of skin are affected. Some of the local treatments do work well on more widespread skin changes, but they take longer to use and are therefore less practical. The advantage is that only the affected parts of the skin are treated and adverse effects impacting on the entire body are generally lower than with systemic treatments (taking pills or having injections). However these systemic treatments are used for severe psoriasis.

Local treatment for confined psoriasis, systemic treatment for severe psoriasis

Ointments and creams for the body, foam and shampoo for the scalp

Ointments and creams are suitable to treat the body, whereas liquid products are better for hairy areas. Alcohol solutions dry out the skin and can, for example, make the already obvious scales on the patient's head even worse.

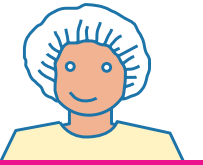
This is why aqueous solutions or lotions and the recently developed foams and shampoo are preferable.

How is psoriasis treated?

Don't expect a regimen to follow that will tell you which treatment is best at which point in time and for which form of psoriasis. This brochure gives you a brief overview of some of the rules, so that you are in a better position to talk about the treatment plan with your doctor. The treatments described below are mainly for chronic stationary cases, and so they apply to the most frequent type, unless other forms of psoriasis are mentioned specifically.

Removing the scales is usually the first step. It is especially important for subsequent local therapy, because the active agents can then penetrate the skin more effectively. An adequate level of skin care is also recommended in addition to medical treatment.

Local treatments



Salicylic acid is good for removing scales. The concentrations used are between 2 and 5% for the body depending on the size of the area being treated and the area of the skin, 10% for the palms of the hand and soles of the feet. Any excess product either stays on the skin or is removed after 12 hours (e.g. overnight treatment). In the dermato-cosmetic area urea in concentrations of 3 to 12% and glycolic acids in concentrations of 2 to 5% (lower than for peeling) are also used.

First step: getting rid of the scales

An air-tight bath cap or cling film, attached with a kepi or head band, for 1/2 - 2 hours over the salicylic acid helps remove the scales. Take care when dealing with large areas.

In the meantime increased flow to remove the resilient scales

Solutions, gels and ointments that can be washed off are used on the scalp. These only have an effect on the scalp for a certain amount of time (3 minutes to 2 hours or overnight) depending on the product and must then be washed off with a suitable dermatological shampoo. In less severe cases, suitable shampoos have an additional therapeutic effect and are easier to use than other products.

Local corticosteroids generally improve the symptoms much faster than other treatments. Highly effective derivatives of the body's own hydrocortisones are needed for this. In fact, these not only slow down the inflammatory autoimmune reaction, but also prevent the increased regeneration of epidermal cells.
The strongest corticosteroid is clobetasol propionate. It is more effective for psoriasis than weaker corticosteroids and can even be used comfortably on the scalp in the form of a recently developed foam. A follow-up treatment is often prescribed to maintain the therapeutic success and/or to completely cure the psoriasis.

Fast effect with local corticoids

Clobetasol propionate foam is the best treatment for the scalp

Vitamin D3 products work slowly. Do not use it to treat > 30% of the body surface area

Dithranol: very effective, but more inconvenient to use

Vitamin D3 and its derivatives are even effective in very low doses, and although they do improve psoriasis the improvement is slow. These products are therefore often combined with faster acting drugs for the first few weeks (e.g. local corticosteroids). Irritation can occur on the head and in regions where skin lies on skin (bends of the elbow, hollows of the knee, groin, armpits, perineal and genital region, abdominal fold, anal cleft and under the breast).

Dithranol (Anthralin, previously Cignolin) has been used successfully for psoriasis since 1916. It was developed from a natural dye, chrysarobin. Since dithranol also dyes bedding, clothing and plastic materials for a long time and can cause severe skin irritation after 1- 2 days, it was generally used only to treat people in hospital. That all changed when short-term or minute therapies were developed.

Tazarotene: only sufficiently effective if used in combination with another anti-psoriatic product

Systemic treatments are often more effective, but can place stress on the whole body

The concentration and duration of dithranol's application are increasing over time during therapeutic plan, for up to 30 minutes of application on the skin. It is also possible to treat yourself at home if you take the appropriate precautionary measures. The adverse effects that have been described occur even more rarely with products in which excess stays enclosed in fine particules and then which can be easily removed again with cool water.

Tazarotene is the only retinoid (vitamin A derivative) which improves psoriasis if applied locally in the form of a gel. Its effect frequently has to be enhanced by combining it with other therapies, since it is not enough on its own. Do not use it during pregnancy or while breastfeeding. UV radiation should be reduced and sun protection should be used if necessary.

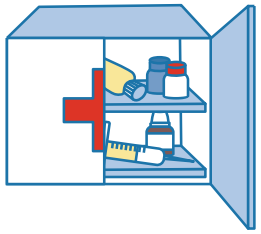
Coal tar used to be frequently used in concentrations of 2 to 5%. Because it smells unpleasant, contains many substances only some of which are known, and could be carcinogenic, it should not be used any more nowadays.

Systemic treatments

The advantage of local therapy is that the product is only applied to the areas of skin where the patches of scales are being treated. For widespread or severe cases systemic treatments, which means the medication is swallowed or injected and so acts on the whole body, are easier to use but sometimes are not as effective.

Systemic treatments tend to be used for moderately severe to severe psoriasis. They act on the immune system in very different ways. That is not surprising; psoriasis is finally seen as an autoimmune disease, which causes the body's defences to attack the skin (and joints). The effect frequently only appears after a few weeks, and it generally takes a few months for the treatment to be completely successful.
You should be aware that the adverse effects can be worse than

with local therapies. Therefore, it is crucial to have frequent blood tests to monitor the treatment and to adapt the dose if the patient's liver or kidney function deteriorates.
Your doctor will discuss with you when to use which form of treatment.



With **fumaric acid esters**, which have been used for psoriasis for decades, the dose is gradually increased at the beginning of treatment, so that undesirable effects such as a bloated feeling, nausea, diarrhoea , heartburn and reddening of the face appear as infrequently as possible and at the mildest degree possible. The result of this gradual increase in dose is that the body can adjust slower. It is important to monitor the patient's blood count and kidney function.

Methotrexate has been used since 1958 for the systemic treatment of psoriasis. The doses used for psoriasis are a lot lower than in the treatment of tumours. Generally these low doses are split into 3 individual doses at an interval of 12 hours each, and the body then has the rest of the week to recover (Weinstein-Frost regime). This means that the adverse effects on the blood count are very rare, especially when other negative effects are stopped by the subsequent doses of the antagonist folic acid. Nausea, fatigue, headaches and gastrointestinal pain generally only appear more frequently frequently at the start. Other medications and the consumption of alcohol can increase the side effects. Changes in the lungs and liver only appear with long-term treatment and the patient should then be switched to another treatment, provided these changes have not previously occurred in the context of rotation therapies (see p. 26).
Methotrexate also works well on pustular forms and joint psoriasis.

Closer monitoring needed than with local therapy

Fumaric acid esters: Increase slowly

Methotrexate: Effective and well tolerated in low doses. The liver should be ok

Ciclosporin: Monitor kidney function and blood pressure

Cyclosporin really slows down the body's defences. It is used in transplant medicine to prevent the organ from being rejected, but obviously also works on other autoimmune diseases such as psoriasis, and low doses are sufficient. The dose is only increased if these low doses are not effective enough. Kidney function can deteriorate depending on the dose, and the patient can develop high blood pressure. In the short term - as with other treatments which slow down the body's defences - infections develop faster than usual, and in the long term benign and malignant tumors. Cyclosporin also improves the pustular forms and nail and joint psoriasis.

Biologics, a sub-group of new biological products, have a targeted effect on the overactive immune response of psoriasis. The problem with biologics is that they increase the risk of infection as they slow down the body's defences, cost several thousand euros a month and have to be administered by injection or infusion. They should only be used for (moderately severe to) severe psoriasis, if other treatments have not been effective or possible. The currently approved products efalizumab, etanercept and infliximab work in very different ways and therefore have varying degrees of efficacy on the different forms of psoriasis. Adalimumab is only approved for joint psoriasis.

Acitretin is a systemic retinoid (see tazarotene under local treatments) taken as a capsule. The onset of action is slow and it is generally only effective enough for the chronic stationary type if it is combined with other treatments. It is used in the treatment of pustular forms. Dryness of the lips, conjunctiva and skin as well as increased hair loss can occur. Pregnancy would cause concerns; reliable contraceptive measures must therefore be started in the month before treatment begins and the patient should only stop using them two years after he/she stops taking this treatment.

Biologics: Effective but very expensive. They are therefore seen as a back-up medication

Acitretin: Good for pustular psoriasis, might only be effective enough if used in combination

Naturopathic treatments

Naturopathic treatments used to be a key approach before conventional medicine. The symptoms of psoriasis should not be treated symptomatically but as directly as possible. However, it is impossible to treat the underlying cause with these treatments.

These specific therapeutic approaches are not enough on their own to treat psoriasis. Individual reports should not be taken too seriously, as psoriasis comes and goes and can improve spontaneously without treatment. This is particularly true with the eruptive exanthematous type, where the psoriasis can disappear on its own after an infection is treated or after getting through a stressful situation (e.g. an exam).

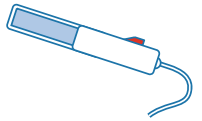
Naturopathic treatments can be helpful as a supporting measure; but there is a lack of clear proof of efficacy, although it would be possible by methodically following the particular approaches used in phytotherapy, anthroposophy, traditional Chinese medicine and homeopathy. Several recommendations are made, the value of which cannot be sufficiently evaluated.

The "dieting" aspects of all fasting apply to the various forms of **therapeutic fasting**, which can work just as well as breathing therapy. **Acupuncture** on the other hand does not seem to be very effective on psoriasis, unlike with other skin diseases.

For supporting therapy; not sufficiently effective alone

Mahonia aquifolium, cayenne pepper (paprika and chilli seeds) and herbal tars are used in **phytotherapy**; even sarsaparilla root is reported to be effective. Mahonia aquifolium is used orally as as a D2 tincture, and topically as a a 10% cream or ointment. Cayenne pepper is used topically in increasing concentrations from 0.02 to 0.05%, and standardized based on the effective capsaicin and its derivatives. For women phyto-oestrogen in the form of soy isoflavone products is reported to help, although it can make psoriasis worse.

Sunbathing, UV (including UVB) phototherapy, laser radiation, spa and climate therapy



All types involve different types of radiation with electromagnetic waves:

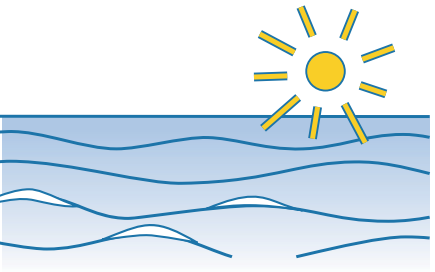
Natural sunbathing is suitable for the treatment of psoriasis (heliotherapy). However, since UV also causes skin changes and cancer of dark and light skin, it is very important to get the dose right. Hence, **artificial emitters are generally used in treatment**, as part of the UV spectrum can be filtered out and then the remaining UV spectrum can be accurately dosed. This means that the patient is exposed to the range of wavelength and dose that have the optimal effect on psoriasis. This reduces the risk of cancer.

It is best to talk to your doctor about whether dosed sunbathing or UV treatment with artificial emitters makes sense foryou, since it comes down to a balance between the positive and negative effects. This balance depends on your previous leisure time behaviour, the UV type of your skin and many other factors, which need to be considered for each individual case.

Lasers are not a miracle weapon. Different tissue structures and disease processes are affected depending on the type of the laser and the radiation conditions. Previous experience shows

As little UV as possible, but as much as is necessary; carcinogenic

UV is better in combination, e.g. with salt baths



It is not just the skin that is treated

that lasers could be an alternative to other treatment options. However, it is still too early to be able to compare their importance with other treatments.

Spa and climate therapy can really improve the apparent changes and relieve stress. Treatments in the Dead Sea are particularly effective for severe cases. However, there are also spa clinics in Germany that achieve similar results with salt-containing sources and artificial UV emitters (balneophototherapy). It is best to talk to your doctor about whether spa and climate therapy makes sense.

Combination and rotation therapies

A number of the treatments described above can be combined with each other either at the same time or after one another in a treatment cycle. This should speed up the healing process (time lapse effect), reduce adverse effects and/or decrease the number of doses needed per day or overall. Only the most commonly used are mentioned here.

Removing scales with salicylic acid is always combined with other treatments. In local treatment it is sometimes already mixed with other products in a cream or ointment.

Corticosteroids are combined with a number of other treatments.

PUVA therapy (psoralen + UVA) is a treatment which is only effective if the two components are used in combination. The psoralen makes the skin cells and blood cells, which flow through the skin, sensitive to the subsequent UVA radiation (black light, which is often used to light up discotheques). Other combinations of active agent and radiation are used less in Germany in comparison to Anglo-American countries. You should be careful if you are taking other medication that makes you more sensitive to light, and it can also increase the risk of skin cancer.

Combination therapy is often better

PUVA therapy: More effective than UV, but is also carcinogenic

By changing therapies you can reduce the long-term side effects

With rotation therapy, individual or combination therapies are used in long treatment cycles. By rotating them, the long-term side effects of each treatment are reduced.

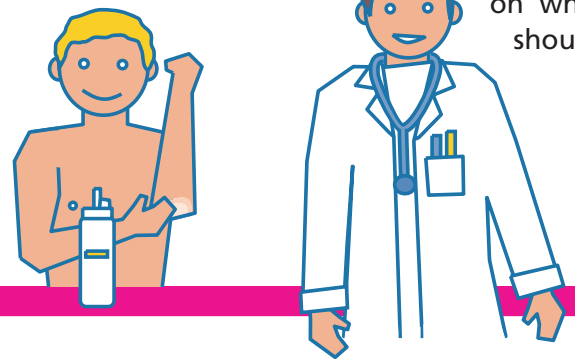
What else can you do?

Some basic aspects have already been mentioned: the most important thing is that you learn to accept psoriasis as a chronic disease and get used to it.

A balanced lifestyle and diet as well as losing weight and reducing stress if necessary can support the medical treatments. Washing and looking after your skin sensibly, but not excessively, with suitable dermatological products will also help.

Who can you ask for help and advice?

The first person you should talk to is obviously your GP. He knows all the aspects of psoriasis and can give you advice on which specialists you should see, which treatments should be used and if climate therapy makes sense.



Self-help groups and organizations

Network: www.psoriasis-netz.de/; www.psoriasis-selbsthilfe.org/; www.psoriasis-forum-berlin.de/; www.psoriasis-kids.de/
Partnership with www.pso-und-haut.de

www.psoriasis-bund.de
www.spvg.ch/default.htm (Switzerland)
www.pso-austria.at.tt/ (Austria)
www.europso.org/
www.psoriasis.org/home/ (National Psoriasis Foundation, USA)
http://www.ifpa-pso.org/t1.aspx (International Federation of Psoriasis Associations)

It's really comforting to know that I am not alone

Other sources of information

http://www.uni-duesseldorf.de
Guidelines of the German Dermatological Society "Treatment of Psoriasis" (This guideline is meant for doctors. Another version is being prepared, which will be specially written for patients, so will be easier to understand).

M Augustin, E Schöpf. Psoriasis - Causes and Treatment. C.H. Beck, 1999 (93 P)

U Mrowietz. Psoriasis. Everything you want to know about psoriasis. Karger, 2005 (80 P)

D Bukhardt, K Degitz. Advice and Help for Psoriasis. Südwest, 2005 (96 P)

www.psoriasis-bund.de/PSO_Magazin.36.0.html PSO magazine is the journal of the German Psoriasis Self Help Organization (Selbsthilfeorganisation Deutscher Psoriasis Bund e.V.)

www.psoaktuell.com/ Magazine of the Psoriasis Network (Psoriasis-Netz)

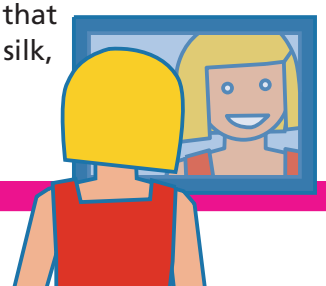
www.mayoclinic.com/health/psoriasis/DS00193 (English)

Practical everyday tips

- Try and think about scratching yourself as little as possible. Itch-relief creams or specific mental tasks can help if needed.
- Take care of your skin, even if you're not suffering from an outbreak. This improves the suppleness and general condition of your skin.
- Try to avoid stress and give special relaxation training a go if you find yourself getting particularly stressed.
- Ask your doctor how medications being prescribed for other problems could make your psoriasis worse.
- When people talk about your psoriasis or ask you about it, it is usually because they simply don't know anything about it. Tell them that psoriasis can be hereditary (so is not your fault) and is not contagious, but unfortunately it is a chronic disease and there is currently no cure for it.
- You are not alone! Take the help at hand (whether you use products or talk to people). Talk to other people affected by it. Sometimes it does some good to talk about your problems or to know that other people are going through the same thing as you.
- Find out if patient education on psoriasis is available locally (e.g. at a university clinic).
- Ask your insurance company which treatment (psychological too) they can offer you. We generally don't know the whole range we can use and all the options available to us.

Special tips for scalp psoriasis

- The same is true, if not more so, for the scalp: do not scratch!
- Avoid additional irritation of the scalp such as very hot hair dryers.
- Put mirrors opposite each other so that you can also see the back of your head.
- Be careful when choosing your hair care and hair cleaning products (e.g. shampoos and styling products) and make sure they won't dry your skin out.
- Getting your hair permed and and dyeing or bleaching your hair are bad for the skin and can cause an outbreak. However, with stable psoriasis they are sometimes tolerated.
- Discuss your scalp psoriasis with your hairdresser. During their training hairdressers also learn a bit about skin diseases. You should contact the hairdressers' guild if you want help choosing the right hairdresser. You can also find tips about understanding hairdressers in forums (e.g. http://www.psoriasis-netz.net /forum/archive/index.php/t-219165.html).
- Don't forget to carry on taking care of your scalp even if an outbreak disappears. Preferably choose mild or psoriasis-specific shampoos and care products.
- If you want to hide your plaques and scales, cover your head with a hat, cap or headscarf. But don't wear it the whole time as it can cause additional itchiness or irritation.
- Try and wearclothes that do not show the scales that fall off, so no dark clothes and materials like silk, from which it is less easy to rub off the scales.



- Don't be afraid of highly effective corticosteroids. If your doctor has prescribed them for you, they are appropriate and helpful. They only have to be used for a few weeks. The risk of infection is lower on the scalp than on facial skin and would only appear later anyway.
- If you have problems getting yourself booked into a clinic as an inpatient, consult the independent patient advice (www.unadhaengige-patientenberatung.de). It's a good place to get advice on this and could possibly help you..

Who wrote this information leaflet?

The author of this information leaflet is a practice-based dermatologist (GP) who has many years' experience in treating psoriasis patients.

Who endorsed this brochure?

This brochure is an initiative of the company

Pierre Fabre Dermo-Cosmétique with their brand Pierre Fabre DERMATOLOGIE