

Psoriasis: Heartbreak No More



Written by Board Certified Dermatologist
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Psoriasis (from the Greek word psora-to itch) is a chronic immunologic, non-contagious skin disorder. It may be systemic (psoriatic arthritis), genetic, or inflammatory. It may be anywhere on the body but favors scalp, elbows, knees, hands, feet, nails and genitalia. The most common form of psoriasis is characterized by plaques-raised, thick, scaly, inflamed patches of skin covered with silvery scale. It may itch or burn but surprisingly, frequently has no symptoms.

At least 7 million people have psoriasis, or about 1 in 40 people in the US. About 250,000 new cases are diagnosed yearly, affecting both sexes, all ages, and all races (although more Caucasians are affected than Blacks or Asians). Most commonly, it starts between ages 15 and 35.

Psoriasis treatment costs third-party insurance payers between \$1.6 and \$3.2 billion per year. This is more than for emphysema or epilepsy. The more severely affected person naturally has more challenges and greater expense than someone with less severe disease.

About 400 people receive disability for psoriasis each year, and an equal number die from psoriasis complications. About

10-20% of psoriasis patients will develop psoriatic arthritis. Psoriatic arthritis causes pain and swelling in and around joints and can lead to permanent joint damage. Psoriatic arthritis is more common in patients with severe psoriasis, those with nail involvement, and the elderly. In addition, severe psoriasis is now known to be associated with heart disease and lymphoma, but run-of-the-mill psoriasis is not.

Psoriasis is almost certainly triggered by multiple factors. It can be inherited. It may be started by trauma to the skin, such as sunburn, scrapes, and bruises. Infections, classically strep, are a well-recognized trigger. Many medicines are reported to cause or aggravate psoriasis. Common medications include, but are not limited to: beta-blockers, ACE inhibitors, antimalarials, lithium, NSAID, systemic corticosteroids, IL-2, and granulocyte-macrophage colony stimulating factor. For most people, stress is a factor, and psoriasis is worse in winter time nearly universally. Many, if not most, psoriasis patients can find no trigger.

Psoriasis is graded by the amount of skin involved, as well as where. For instance, someone with severe psoriasis of palms and soles may be completely disabled,

even though only 4-5% of their body is involved.

Treatment goals are to control, because a cure does not exist. Patients may strive for perfectly clear skin, but in reality that rarely, if ever, happens. Psoriasis tends to eventually become resistant to anything used on it, so changing agents from time to time is normal.

Conventional therapies for less extensive psoriasis, which can also be used as adjuncts for more aggressive treatment, have classically consisted of topical applications. Tar in various forms: anthralin, vitamin D analogs, retinoids (vitamin A analogs), and corticosteroids are all useful.

Whenever psoriasis involves more than 10-15% of body surface area, application of a topical to each and every place becomes increasingly impractical. Ultraviolet light becomes an increasingly attractive modality. Yankton Medical Clinic, P.C. has a dedicated light unit with hand and foot treatment capability. In the recent past, narrow band UVB has

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taken the place of PUVA, being nearly as effective without the toxicity.

Systemic agents include methotrexate, cyclosporine, and acitretin. These agents balance advanced effectiveness with increased risk for toxicities and drug interactions. Regular monitoring is mandatory, as well as close regular follow-up.

The new thrust in treatment is biological agents. These agents target only the

lymphocyte or cytokine involved in causing psoriasis. Some can activate TB infections, so a pre-treatment TB skin test is needed. They are given only by injection. Several can be self administered at home, while others require office administration. Some require monitoring blood work while others do not. They are quite expensive, but most insurance companies offer at least some payment.

For the most part, these agents represent a major advance in psoriasis therapy.

Major advances in psoriasis research and treatment make ours an exciting time! What may have just a few years ago seemed messy or hopeless is now full of new possibility. The Department of Dermatology at Yankton Medical Clinic, P.C. stands ready to counsel and guide interested patients through the various possibilities. We both want the best treatment for you and your psoriasis.

For more information or to schedule an appointment please call 605-665-1722.