



CENTER FOR ADVANCED AESTHETICS

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PSORIASIS:

Psoriasis is a complicated condition of the skin that affects people of all ages. It is a chronic immune mediated inflammatory skin disease characterized by dry thickened scaling lesions. It most often affects the scalp, face, sacrum, genitals, elbows and knees. It may present in the form of plaques, pustules, or small lesions (guttate). It affects more than 7 million Americans, with approximately 260,000 new cases occurring each year. Once again, psoriasis is a complicated condition. Therefore, treatment must also be multifaceted. Treatment options include topical creams, lotions, oral medications, and the newer line of biologic agents.

SYMPTOMS: Psoriatic plaques are characterized by dry thickened, scaling, red, or silvery white skin. The psoriatic lesions have an epidermis that is three to five times thicker than normal skin. The most frequently experienced symptoms are scaling, itching, skin redness, skin tightness, bleeding, burning sensation and fatigue. Physical discomfort or psoriatic plaques on the hand and feet may interfere with one's ability to work and other daily activities. More than one half of patients with psoriasis have lost time from work and one third of those not working attributed their unemployment status to their disease. Also associated with moderate to severe psoriasis are feeling of depression and anxiety. Psoriasis has been associated with increased rates of suicidal ideation.

WHY IT OCCURS: A chemical in the body Tumor Necrosis factor (TNF) is elevated in patient with psoriasis, in both the blood and in the plaques themselves. TNF induces a cascade of events in the body that leads to a self-perpetuating inflammatory process that causes skin cells to proliferate and form a plaque. What normally takes the skin one month to turn over can do so in three days. This causes redness, scale and itching to occur.

MEDICATIONS: Although psoriasis is an inflammatory reaction, some medications may exacerbate it. These include NSAIDS, some blood pressure medications, Lithium, and at times oral steroids.

TREATMENT: Treatment options include topical steroids. These creams, lotions and foams depress the inflammatory reaction of the skin and allow the skin to be less itchy. They work wonders; however, their use is limited by side effects, namely causing *thinning of the skin after prolonged use*. I like to use steroid ointments as a temporary measure for 2 to 4 weeks to combat any flares of psoriasis. Then, once under control, I taper the use to once weekly and add on a non-steroidal cream such as Elidel or Protopic, which can then be used as maintenance therapy.

Most people with psoriasis agree that sunlight improves their condition. Light therapy includes natural sunlight and artificial UV rays that allow this inflammation to be decreased. Phototherapy boxes are used either at the dermatologist's office or at home and have a predetermined amount of light that is exposed to the patient for a limited time. Safer than tanning beds, chronic use of these light boxes may lead to skin cancer.

Oral medications are readily available that improve psoriasis. These are, however, not without side effects. Mostly immunosuppressants, examples include Methotrexate, Cyclosporin and Soriataine. They require monitoring of blood work, but are quite effective in clearing psoriasis.

Biologics are the newest addition to our arsenal of treatments for psoriasis. They work on a number of most chemical pathways to block the cascade of events that create a psoriatic plaque. Some biologics require IV infusion, while others are self-administered injections. They have relatively few side effects and are considered a great leap in the treatment of psoriasis.

There are a variety of medications used to control psoriasis. Together, you can develop a regimen that is right for you.