

Asheboro Dermatology & Skin Surgery Center

Psoriasis

Psoriasis is a common skin problem that affects 2% of the population. Although some answers have been found, the specific cause for psoriasis isn't completely understood. Psoriasis is definitely not contagious. In some instances, a hereditary pattern can be seen in families, but most of the time, this is not the case. Psoriasis is not curable in the truest sense of the word. Most patients will respond nicely to some form of treatment or another, but, for the most part, the psoriasis will still flare up from time to time. Different areas of the body can be affected in different patients, and the degree that an individual gets the disease is hard to predict. Some factors seem to aggravate psoriasis such as drinking alcohol, stressful times in a person's life or various infections (such as the common cold or strep throat). However, these factors do not cause the disease. Many people find that sun exposure or other forms of UV light help improve their psoriasis, but this is not always the case. It is, however, important that you not sunburn because this will worsen the psoriasis instead of helping it. Psoriasis is also well known for developing in areas of your skin that are traumatized (e.g. surgical scars, cuts, scratches etc.). For this reason, it is a good idea not to pick, scrape or excessively rub your patches of psoriasis if you can avoid doing so.

Treatment

There are a number of treatment strategies for psoriasis. Your provider will individualize your therapy based on your unique situation. The following is a general array of treatment possibilities.

Topical Steroids - One of the main strategies is the use of topical steroids. Topical steroids help decrease skin inflammation, and they range in potency from weak to extremely strong. The potential for side effects with these products is not great, provided they are used appropriately. For this reason, it is important to follow your provider's instructions carefully. For instance, some areas of the body such as the face, underarms and groin area, will not tolerate the strong topical steroids b/c these areas are sensitive and more prone to developing side effects (such as thinning of the skin). For the most part though, topical steroids are safe and very useful for psoriasis. One other important piece of info regarding topical steroids is that the body will develop tolerance (i.e. it "gets smart to the steroid") if the medication is used for an extended period of time continuously. Therefore, when your psoriasis is well controlled, do not continue using the medication as often. Instead, taper down with less frequent applications, and if possible, try to stop using the topical steroid for a while. In this way, you can "keep ahead" of your psoriasis, and the medication will show continued usefulness over a longer period of time. There are many types of topical steroids, and they come in various vehicles (e.g. ointment, foam, cream, gel etc.). Your provider will choose the one(s) that will work best for your particular situation. Here are a few examples :

Super Potent : Temovate, Ultravate, Clobex, Olux or _____

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Strong : Apexicon, Topicort, Halog, Lidex or _____
Medium : Elocon, Triamcinalone, Pandel or _____
Mild : Cutivate, Desowen, Synalar, Locoid, Cloderm or _____

Tar Products - Tar containing products are sometimes used in psoriasis. The newer products have less smell and are more elegant. Your provider may try one of these if your case calls for it. Tar is often an ingredient in shampoos directed at psoriasis.

Vectical or Dovonex - These are Vitamin A/Calcium derivatives that work well for many psoriasis patients. Though they do not work as quickly as topical steroids, they do not seem to develop tolerance nearly as easily and can be used more consistently. They have a very low side effect potential as well.

Combination Meds - Your provider might want to try a “combination” product. Taclonex contains both a topical steroid and a Vitamin A component and is the classic example of a name branded combination product that helps many patients.

Scalp Psoriasis - The scalp is often involved and requires specific treatment options due to the hair. OTC Tar based and other medicated shampoos are often employed (e.g. T Gel, T Sal or _____) and prescription shampoos are also employed (e.g. Clobex or _____). Oil based products (e.g. Dermasmoothe) or foam/liquid/spray based topical products (e.g. Clobex, Lidex, Cormax, Olux, Luxiq or _____) can be quite useful as well.

Light Therapy - Judicious use of natural sunlight is a tried and true option for many psoriasis patients. Your provider might even recommend using a Tanning Bed in wise measure. If so, we prefer the Wolff Tanning System if you can locate a salon that uses it. It is very reliable in terms of the amount of UV light released.

Methotrexate and Soriatane- Methotrexate and Soriatane are strong medications that provide excellent benefit for many psoriasis patients. They require slightly more monitoring and occasional blood tests, but they are outstanding in providing relief in many cases (when other treatment methods may have failed).

Biologic Agents - Biologic Agents (e.g. Enbrel, Humira, Stelara, Otezla, Cosentyx, Taltz or _____) are becoming more widely used and can be astonishingly beneficial in more difficult psoriasis patients. These can be especially helpful if your joints are involved (a condition called ‘psoriatic arthritis’). We have had some amazing results with these drugs. Most (but not all) are injected and are relatively easy to use. Side effect potential for these agents is low, but they are very expensive, and we usually have to get insurance approval for their use due to the costs. That being said, these products are slowly revolutionizing psoriasis treatment b/c they can often provide benefit when other products have failed.

In summary, there are many options for you, and your provider is ready to help you find exactly what is right for you and to answer any questions you might have.