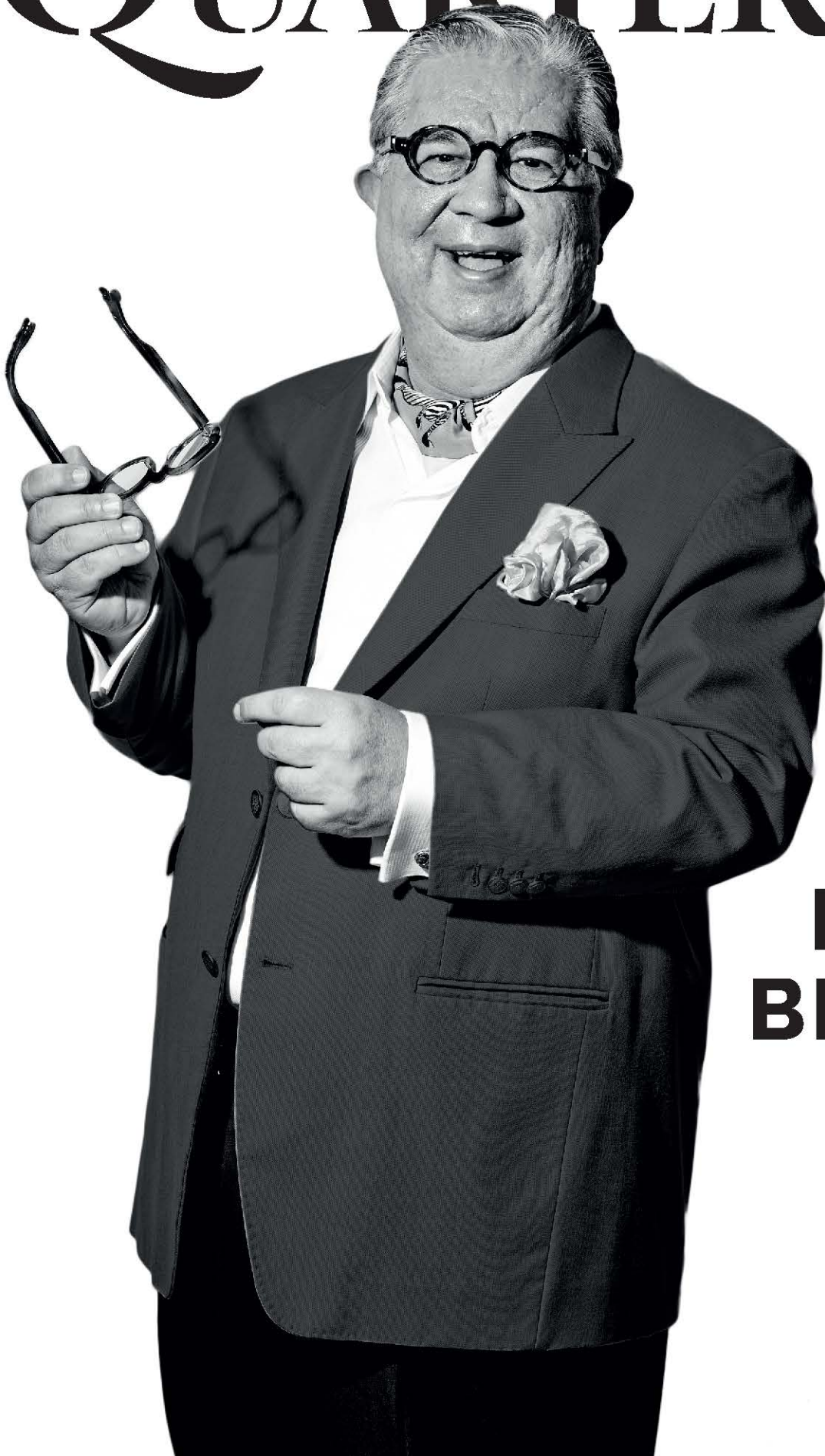


# THIS QUARTERLY

TIMELY  
HEALTH  
INFORMATION  
& STYLE

ISSUE  
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2015



DR RALPH STANLEY

## AS I LIVE & BREATHE

CRAVING TOTAL  
DARKNESS

WINTER  
VACATION  
SPECIAL

THE GLORIOUS,  
GRACEFUL  
CHEONGSAM

## DERMATOLOGY

### Managing psoriasis

It looks like a skin condition but can have much more serious and debilitating effects. Here's what you need to know.



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To understand this potentially serious condition, you need to understand how normal skin cell regeneration works.

Normal skin cells grow and flake off from the surface of the skin roughly every four weeks. As they shed, new skin cells grow to replace these outer layers of skin.

With psoriasis, the skin cells do the same, but within days, instead of gradually over weeks as they are meant to, creating a build-up of thick, hardened patches of skin called plaques.

### Causes

This condition is widely held to occur as a result of an immune system over-reaction, which causes inflammation and flaking of skin and other complications. Some triggers include changes in weather, especially in cold, dry climates, certain infections and medications, stress, smoking, alcohol, and cuts and bruises.

### Symptoms

These vary. They can be mild, presenting with small areas of rash, or severe, where plaques appear, usually either salmon pink or red in colour, inflamed with raised areas and loose, flaking skin which can be itchy or tender. These tend to form over the knee and elbow joints, lower back, shins, scalp and hairline. Sometimes, small patches merge to form large ones and this can be uncomfortable. Psoriasis can also affect the fingernails and toenails, causing the nails to pit, change colour and separate from the nail bed.

The most common complaints are the constant flaking and shedding of skin, and the fissures that sometimes result because the

skin literally cracks, which can be very painful. The flaking and shedding also makes psoriasis an embarrassing condition which makes sufferers, especially teenagers, avoid social situations where the patches can be seen. Although children and teenagers can get it, and it sometimes runs in families, it is mostly an adult condition.

### Beyond skin deep

Although it is most evident on the skin, this chronic inflammatory disease can also affect the joints and the eyes. Up to 40% of psoriasis sufferers may



## FORMS OF PSORIASIS

- 1. Plaque psoriasis**  
typically appears on the scalp, knees, elbows and lower back
- 2. Scalp psoriasis**  
can extend onto the forehead, back of neck and ears
- 3. Palmoplantar psoriasis**  
involves the hands and feet
- 4. Flexural psoriasis**  
affects the skin folds in the groin, underarms and under the breast

“

Psoriasis is not contagious and cannot be passed from person to person by contact.

”

also develop inflammation of the joints or the ligaments around the joints, resulting in arthritic aches and pains. Psoriasis is also associated with an increased risk of diabetes, hypertension, obesity and cardiovascular disease.

### Treatment options

This depends on the type of psoriasis. Topical therapy such as topical steroids, coal tar, vitamin D analogues and combination creams may prove useful, as may UVB phototherapy.

If the condition is relatively

severe – especially if it includes arthritic symptoms – systemic therapy may be required. This takes the form of drugs such as methotrexate, cyclosporin and acetrelin. If the psoriasis does not respond to these, or if there are unacceptable side effects, injectable biologics – where the drugs are created by biological processes – may be a viable option.

Apart from medical treatments, the patient's lifestyle also plays a role. Excessive drinking and smoking must be controlled, while stress management is critical. If, for instance, associated medical conditions such as hypertension, diabetes or obesity are detected, these must be brought under control lest they worsen, complicate or compromise the psoriasis treatment. [🔗](#)

