



# Mid-Florida Dermatology Associates

## Dermatology and Dermatological Surgery

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## So You Have Psoriasis...now what?

By: Jason Welch MSN, ARNP

### What is the cause of psoriasis?

Psoriasis is not contagious. It's a chronic skin condition in which new skin cells grow at an accelerated pace causing thick, dry, scaly patches of skin to form in areas where the dead skin hasn't shed off yet. This can cause skin lesions and flaking. Psoriasis often presents itself on the scalp, the trunk of the body, and the outer sides of the arms and legs, especially the elbows and knees. While some psoriasis outbreaks are so minimal that one doesn't seek medical attention, some outbreaks may be extremely uncomfortable and may cover large areas of the body.

### What type of psoriasis do you have?

**Plaque psoriasis** is the most common type. Patches usually appear on the elbows, knees, lower back, or scalp. The patches are raised, red, and present with a silvery scale. When picked off, the patch will bleed; this is called the auspitz sign.



**Guttate psoriasis** is most frequently seen in children and teens. In this type, small, red, droplet-shaped patches appear rapidly over wide areas of skin. It is most common on the trunk, limbs, and scalp. This type of psoriasis often occurs with children who have recently had a sore throat or throat infection.

**Pustular psoriasis** looks like small pimples. It forms white bumps filled with pus and surrounded by red skin. Pustular psoriasis is often seen on the palms and soles of the feet.



**Erythrodermic psoriasis** causes a generalized redness that covers most of the body. The outbreaks comes and goes. It can cause severe itching, and pain.



Doctors also diagnose psoriasis based on where the lesions appear:

**Scalp psoriasis** About half of all people with psoriasis have some psoriasis on their scalp.

**Inverse psoriasis** occurs in the groin, under the breasts, arms or other areas where two skin surfaces rub together. This type of psoriasis is not scaly. Instead it is smooth, dry, and red.

**Palmar-plantar psoriasis** occurs on the palms of the hands and on the soles of the feet. The patches are red, usually with thick scales, and often the nails are also affected.

**Nail psoriasis** is indicated when small pits develop in the nails, there is nail discoloration (yellow), or separation of nails from the nail beds occur.



### **What are some triggers?**

There are many factors that may not directly cause psoriasis, but can aggravate or trigger an attack of symptoms (a flare-up) in someone who is affected:

- **Stress**
- **infections** such as strep throat
- **skin injury**
- **medications:** (propranolol), medications for bipolar disorder (lithium), and anti-inflammatory medications (indomethacin), have been found to worsen psoriasis symptoms.
- **climate:** Cold, dry, winter weather tends to trigger a flare-up of psoriasis.
- **alcohol and smoking**
- **hormonal changes**
- **allergies**

### **How can you treat it?**

There are several types of medications and procedures used to treat psoriasis. Your dermatologist can help you choose the treatment options that are most appropriate in treating your psoriasis. You may need to try more than one treatment to find the one that works best for you. Your treatment will be individualized. You may need a combination of different medications to get the best result.

#### **Topical medications**

If you are taking medications for psoriasis, remember that it is important to take your medication as recommended by your doctor, and keep in mind that it takes time for most of these medications to work. It may take several weeks before you notice an improvement. Discontinuation will lead to a recurrence of the lesions. The purpose of treatment is to slow the rapid growth of skin cells that causes psoriasis and to reduce inflammation. It is important to understand there is no known cure for psoriasis. Treatment is based on the type of psoriasis you have, where it is located, how severe it is, and your age and overall health.

#### **Moisturizers**

Moisturizers help keep water trapped in the skin to prevent it from drying out and cracking. They are used in addition to other psoriasis treatments to help relieve dry skin. Most moisturizers are available without a doctor's prescription. A variety of different moisturizers can be used. It is best to use the heaviest and

greasiest moisturizers. These are the most effective if used regularly. Moisturizers work best if you apply them immediately after bathing or showering. This helps lock moisture into the skin.

### **Biologics**

**How do they work?** The group of medications known as biologics is used to treat moderate-to-severe plaque psoriasis. They work by blocking the activity of T cells (a part of the immune system) that become overactive in psoriasis. This helps control skin cell overgrowth. There are many biologics available. The most common agent is etanercept (Enbrel®)

### **Etanercept**

**How is it given?** Etanercept is given twice a week by subcutaneous (under the skin) injection. After the first 3 months of treatment, it may be given once weekly. Most people can be trained to give themselves the injection at home.

**When will it start to work?** The benefits of using this medication may be seen as early as one week after the start of treatment, with the full effect usually achieved by three months. The symptoms usually return within one month after etanercept is stopped.

**What are the side effects?** The most common side effects of etanercept are abdominal pain, diarrhea, headache, heartburn, loss of appetite, loss of energy or weakness, nausea and vomiting, mouth ulcers, redness and/or itching, pain, or swelling at the site of injection (under the skin), runny or stuffy nose, and sore throat. Contact your doctor as soon as possible if you get an infection or if you have seizures, symptoms of nervous system problems (such as change or loss of vision; numbness or tingling of the fingers or toes; weakness of the arms or legs; and loss of bladder or bowel control), symptoms of bleeding (such as black, tarry stools, vomiting blood or material that looks like coffee grounds, easy bruising or bleeding), or symptoms of a severe allergic reaction (trouble breathing, hives, or swelling of the throat).

**Are there any warnings and precautions?** You should not take Enbrel if you have an infection, have tuberculosis, have any blood dyscrasias; such as leukemia, or have a heart condition such as congestive heart failure.

**Does it interact with any medications?** Etanercept must not be taken with anakinra. It is not currently known whether other medications interact with etanercept.

### **Lifestyle secrets for healthy skin**

You can help manage your symptoms with good skin care and a healthy lifestyle. Here are some tips to help reduce your psoriasis flare-ups or improve symptoms:

#### ***Skincare tips:***

- Keep your skin well moisturized. Moisturizing will help prevent dry skin and itching. You may also be less likely to scratch (scratching can cause new patches of psoriasis to form). Remember to moisturize your skin immediately after you shower or bathe to help seal the water into your skin.
- Bathe or shower regularly. But don't scrub too hard, or you could damage your skin, which can cause a flare-up.
- Try oatmeal baths - they may help soothe your skin and make scales easier to remove.
- Avoid using very hot water when bathing or showering. It can irritate your skin and make symptoms worse.
- Use mild soaps and deodorants, as these products will be least likely to irritate your skin.
- Use hairbrushes with soft bristles. Wash your hair gently and pat it dry with a soft towel. If possible, let your hair dry naturally.
- Cold weather may worsen symptoms, while hot weather and sunlight, in moderation, may improve symptoms.
- Avoid scratching and picking at the skin. Try to avoid skin injuries such as cuts or scrapes. Psoriasis patches may form at a site of skin injury. Try to keep your nails trimmed.