



Psoriasis Awareness Month: Tackling the Common Autoimmune Disease

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August of every year is celebrated as the Psoriasis Awareness month offering an opportunity to educate and inform the public and sufferers about the causes, triggers, management and varying treatment of the inflammatory disorder and create awareness regarding the dispel misbeliefs and misconceptions associated with the disease. According to the National Psoriasis Foundation (NPF), it is one of the most common autoimmune disease, although many people are still unaware of its impact on quality of life.

The aetiology behind psoriasis is still not known but the concerned researchers describe it as autoimmune in nature being significantly affected by the genetic make-up of the individual. Common triggers are trauma, sunburn, infections, systemic medications and stress while frequent symptoms include scales on skin, itching, erythema, tiredness, swelling, burning: sensations and bleeding.

This widely prevalent disease affects people from both genders, all races and communities and all the age groups. It is a chronic autoimmune disease that appears on the skin, nails and joints but can display on a variety of body parts at any given time which makes it an important task to understand what can be done about it. Plaque psoriasis is the most common form which appears as elevated red patches, papules and plaques, localized or generalized, mostly symmetrical, sharply demarcated, covered with a stockpiling of dead white skin cells. It is also important to know that this disease is non-contagious. Successful management and treatment of psoriasis is a time intensive procedure but there are many ways that are helpful in controlling this disease. Psoriatic arthritis is a specific type of arthritis that causes damage to the joints, is painful and debilitating in nature and is diagnosed in almost one-third of the people affected with psoriasis. The disabling nature of psoriatic arthritis is mainly due to the physical restrictions caused by the joint pain and joint deformations, which along with the emotional aspects leads to a

negative impact on quality of life.

People suffering from psoriasis are also at an increased risk of developing other serious clinical conditions such as cardiovascular diseases, are frequently stigmatized and excluded from social environments, commonly experiencing loneliness, isolation and feelings of being unattractive significantly affecting individual's mental well-being leading to higher prevalence of depression which along with physical disabilities result in loss of professional opportunities and the high expense of treatment also adds to this significant socioeconomic burden.¹

In 2014, the 67th World Health Assembly, adopted a resolution on psoriasis and WHO developed a Global report on psoriasis to help raise awareness on various ways by which psoriasis can impact lives of those affected. The report intends to empower policy-makers with practical solutions to improve the health care and social inclusion of people living with psoriasis.¹

The Canadian psoriasis guidelines committee has classified severity of psoriasis as mild (involving less than 3% of body surface area), moderate (involving 3-10% of body surface area) and severe (involving more than 10% of body surface area). In the mild form the disease minimally effects the individual's quality of life and the patient can achieve an acceptable level of symptomatic control with the help of routine skin care measures and topical therapies. Moderate form of disease is the one that cannot be or would not be expected to be controlled to an acceptable level using the routine skin care measures or disease that affects the patient's quality of life to a substantial degree, either because of the extent of the disease, physical discomfort or location. Severe form of psoriasis is the one that cannot be or would not be expected to be satisfactorily controlled by topical therapy and also causes severe degradation of the quality of life of the affected individual.²



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Treatment modalities for psoriasis includes topical therapy with corticosteroid, calcipotriol, and calcipotriol-steroid combination. First-line treatment of choice consists of Ultraviolet light B (UVB) phototherapy (narrowband or broadband) alone, UVB phototherapy plus acitretin, PUVA (psoralen plus UVA) or UVB phototherapy plus methotrexate. In case UV therapy is not available, first-line therapy incorporates nonbiologic therapeutic agents like acitretin, apremilast, cyclosporine and methotrexate or biologic agents namely adalimumab, etanercept, infliximab, secukinumab and ustekinumab. Second-line therapy is composed of acitretin plus a biologic, methotrexate plus a biologic or UVB plus a biologic.³

As per the tips offered by the American Academy of Dermatology for managing psoriasis one should focus on learning about treatment options to make informed decisions and avoid things that can make it worse. Seeking of proper treatment can help prevent deformed joints and disability. Eating a healthy diet, daily exercise, abstinence from smoking and drinking may help. One should consult a dermatologist, if symptoms of psoriatic arthritis like stiff and sore joints especially on waking up, pulling away of nails from the nail bed, pitting, ridges, or a yellowish-orange colour on nails develop. In case of psoriasis induced depression, one should see a mental health professional. Before stopping the medication for psoriasis, one should speak to the dermatologist as suddenly stopping such medicines can lead to relapse of the condition with flares and deterioration following a rebound mechanism.⁴

Dietary changes may help to improve psoriasis symptoms. Affected individuals with psoriasis

should focus on a diet rich in fruits, vegetables, whole grains, low-fat dairy products, lean meats and fish. Fish oil containing good amount of polyunsaturated fatty acids helps to maintain a healthy skin and may result in improvement of psoriasis symptoms.

Key actions to improve the lives of people with psoriasis include ensuring care for patients with psoriasis, early diagnosis and appropriate therapy, improving access to essential medicines for psoriasis, providing coordinated, people-centred care, training for health professionals, especially in primary care settings, developing standardised guidelines for the diagnosis of psoriasis and its treatment, reducing stigma and discrimination, empowering patients by fighting discrimination against people with psoriasis, providing health education, counselling and prioritising areas for research on psoriasis.

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Cite this article as:

Bhasker A. Psoriasis Awareness Month: Tackling the Common Autoimmune Disease. *Int Healthc Res J*. 2019;3(5):159-60. <https://doi.org/10.26440/IHRJ/0305.08273>

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