

# PSORIASIS Media Backgrounder

## PSORIASIS

Psoriasis is an auto-immune related skin condition characterized by raised scaly lesions on the skin. There are several types of psoriasis. A person generally has only one type, though it may clear and manifest as a different type at a later time in response to an external factor.<sup>1</sup>

Although sometimes considered by non-sufferers to be nothing more than itchy, flaky skin, psoriasis has a significant impact on the lives of those who are affected. One survey found that 75 percent of patients believe the skin condition has a moderate-to-large negative impact on their quality of life, leading to changes in their work and other activities.<sup>2</sup> Other studies have found that approximately one quarter of people with psoriasis suffer from depression. Those with psoriasis are also more likely to consider suicide than people with other medical problems.<sup>3,4</sup>

## PREVALENCE

Psoriasis affects approximately 14 million people across Europe<sup>5</sup> and about 125 million people worldwide.<sup>6,7</sup> The prevalence of psoriasis in adults differs significantly across Europe:<sup>8</sup>

- UK 1.3%<sup>4</sup>
- France 5.2%<sup>4</sup>
- Norway 8.5%<sup>4</sup>
- Germany 2.5%<sup>9</sup>
- Italy 3.1%<sup>4</sup>

## CLINICAL PRESENTATION

### There are several types of psoriasis:

Plaque psoriasis (also called psoriasis vulgaris) is the most common form of the disease, representing about 80 percent of cases. It causes red, raised lesions covered with a silvery scale of dead skin cells, usually found on the elbows, knees, scalp and lower back.<sup>12</sup> The other types of less common psoriasis are:<sup>10</sup>

- Guttate psoriasis which appears as small, red, individual spots on the skin, usually on the trunk and/or limbs
- Inverse psoriasis appears as bright red, smooth, shiny lesions in the armpits, groin, under the breasts, and in other skin folds around the genitals and the buttocks
- Pustular psoriasis is characterised by white blisters of non-infectious pus surrounded by red skin, which are either localised to one part of the body (e.g. just the hands and feet) or cover the entire body
- Erythrodermic psoriasis, a particularly inflammatory form of the disease that affects the entire body with periodic, widespread, fiery redness of the skin and the shedding of scales in sheets, rather than smaller flakes
- Scalp psoriasis is when psoriasis forms on the scalp and sometimes causes hair loss
- Nail psoriasis which can lead to pitting and clouding of nails, sometimes with total loss of the nail bed

## DIAGNOSIS

A physician can usually base a diagnosis of psoriasis on the appearance of a patient's skin. They may also inquire as to whether anyone else in the patient's family has psoriasis, due to the genetic basis of the disease, and whether there have been any recent life changes that may have triggered onset. A small tissue sample, or biopsy, may be taken and examined under a microscope to confirm the diagnosis.<sup>13</sup>

## CURRENT TREATMENTS

There are many treatment options available for psoriasis. Depending on the severity, the condition may be treated with topical treatments (medications applied to the skin), therapy with light (called phototherapy), systemic treatments (either traditional or biologic) or a combination of these choices.

**Topical Treatments:** these can be over-the-counter creams and lotions<sup>14</sup> or prescribed treatments such as topical steroids or non-steroidal treatments which generally act by slowing down the growth of skin cells.<sup>15</sup>

**Phototherapy:** involves exposing the affected skin to specific wavelengths and intensity of ultraviolet (UV) light.<sup>16</sup>

**Systemic Treatments:** designed to reduce inflammation and interfere with the disease process underlying the condition.<sup>17</sup>

**Biologics:** these are proteins that have been designed to block the activity of a chemical messenger in the body. Unlike traditional systemics that have a broad impact on immune function, biologics work by targeting specific parts of the immune system associated with psoriasis. Biologics are given as an injection or an IV infusion.<sup>18</sup>

## CAUSES AND RISK FACTORS

Although it is not understood exactly what causes psoriasis it is generally accepted that there is a genetic basis for the condition and scientists believe that as much as 10 percent of the population has a genetic predisposition to developing psoriasis, but that the two to three percent of the population that actually develop the disease does so in response to an external factor, or trigger. Triggers may vary from person to person and are known to include **stress; skin injury**, such as insect bites, scrapes and bruises or burns; **medications**, including lithium and anti-malarials.<sup>10</sup>

Psoriasis is a chronic condition and can begin at any age but most often appearing between the ages of 15 and 30. It is equally common in males and females; however, the incidence of psoriasis varies by ethnicity. People of European ancestry are more likely to be affected than those of Asian or African descent.<sup>11</sup>

# ADDITIONAL COMPLICATIONS ASSOCIATED WITH PSORIASIS

People with psoriasis are at increased risk for a variety of other health issues, including:<sup>19</sup>

- **Psoriatic arthritis:** Up to 30 percent of people with psoriasis will also suffer from joint inflammation known as psoriatic arthritis, which can cause severe arthritic damage and an increased risk of cardiovascular disease<sup>20,21,22</sup>
- **Other immune-mediated inflammatory diseases:** In addition to psoriatic arthritis, psoriasis is also associated with increased incidence of Crohn's disease and multiple sclerosis<sup>17</sup>
- **Metabolic syndrome:** People with psoriasis are more likely to show signs of metabolic syndrome, including increased waist circumference, elevated triglycerides, reduced levels of HDL (good) cholesterol, high blood pressure and elevated blood sugar<sup>17</sup>
- **Cardiovascular disease:** Several studies have demonstrated an increased risk of atherosclerosis and heart attacks in people with psoriasis, even before they develop psoriatic arthritis, due to the chronic inflammation that is characteristic of psoriasis<sup>17</sup>
- **Cancer:** People with psoriasis may be at an increased risk of developing lymphoma due to both the biology of the disease and the medicines used to treat it. Some of the medicines used to treat psoriasis have also been associated with increased risk of skin cancer<sup>17</sup>

## KEY FACTS

- There is no cure for psoriasis only treatments that help to keep it under control<sup>23</sup>
- Approximately one-third of those who get psoriasis are under 20 years old when the disease first surfaces<sup>24</sup>
- The prevalence of psoriasis in individual countries varies around Europe, from 1.3 percent of the adult population in the United Kingdom to 8.5 percent in Norway<sup>25</sup>

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