

CLINICAL SKILLS: EXPLAINING PSORIASIS

Psoriasis is a relatively common chronic skin condition that can cause widespread skin lesions and associated psychological comorbidity. Along with eczema and acne, it is one of the core dermatological conditions that come up regularly in OSCE stations in 'explaining stations'.

What is psoriasis?

- Psoriasis is a long term skin condition
- It is characterised by the formation of light coloured scaly plaques on the skin with underlying redness which comes up in flares
- This is caused by an increased rate of skin and keratin production, which causes scaling and inflammation of the skin
- It varies in severity depending on the person and any exacerbating factors
- It is common, occurring in 1% of the population

What causes it?

- There exact cause of the condition is not known
- However, there is often a family history of the condition
- Triggers include:
 - Sunlight exposure which has lead to burning of the skin
 - Trauma
 - Infection (streptococcal)
 - Stress
 - Drugs (steroids)

What are the symptoms?

- Characteristically, the skin lesions are:
 - Raised up from the skin
 - Have a red 'base'
 - With a pale scale covering them
 - They are usually very itchy
- The lesions most commonly occur on the 'extensor surfaces' (fronts of the knees/back of elbows), as well as the bottom of the back and the scalp
- Other symptoms can include nail changes (typically 'pitting' of the nail, and onycholysis - the detachment of the nail from the nail bed, usually starting distally and progressing proximally) and arthritis in some people (there are several different forms of psoriatic arthritis)

What are the treatments?

- Support and advice from their general practitioner or dermatologist is vital
- There are many charities and support groups available for patients to approach
- Lifestyle changes
 - Reduce causative factors, for example stress and sunburn
- Medications
 - Topical

- Emollients
- Coal tar
- Topical steroids
- Topical dithranol (anthralin)
 - Side effects: irritation of skin, browning of hair and skin
 - Leave on for 30 minutes then wash off
 - Apply Vaseline around the outside
- Topical calcipotriol (dovonex)
 - Side effects: changes to calcium metabolism, local skin irritation, and can have a reduced effect over time
- Systemic (these should usually only be initiated by dermatologists)
 - PUVA (see notes on [phototherapy](#))
 - Methotrexate
 - Cyclosporin
 - Biological therapies (e.g. infliximab/etanercept)
- It is important to note that if one treatment does not work for you, or if there are side effects, then others can be tried
- Symptoms may recur so treatment may need to be changed over time

To conclude the consultation:

- Thank the patient
- Ask if they have any further questions or would like to clarify anything further
- Offer the patient written information or links to online information and support groups