What you need to know about:
Psoriasis
Welcome to your guide to living with psoriasis
# What you need to know about: Psoriasis

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As with most other diseases, the more you know about psoriasis, the more you can do about it.

There are different types of psoriasis. The most frequently occurring type is plaque psoriasis, (a plaque is a raised, red, scaling, well defined area more than 1 cm in size) which we will refer to as “psoriasis” in this brochure. Other types are guttate psoriasis (widespread small teardrop shaped patches less than 1.5 cm), flexural psoriasis (affecting skin folds and genitals) and pustular psoriasis. Your doctor will tell you which type you have. Treatments may be different for different types of psoriasis and different body sites.

Psoriasis affects millions of people around the world. The important thing to remember when you have psoriasis is that it does not define you as a person. There are many different treatment options. Finding the treatment that works best for you can help you feel better about your condition.
Psoriasis may seem only skin deep, but it begins inside the body within the immune system. The red, scaly, flaky, and itchy patches occur when the skin cells grow too quickly as a result of inflammation caused by the body’s immune system. Triggers for this abnormal immune reaction can include physical injuries or infections, certain medicines, and emotional stress.

Psoriasis varies in severity from person to person and can vary in severity in the same person at different times. Occasionally psoriasis can disappear without treatment but more usually it is a chronic disease that requires treatment.

Patches (also called plaques or lesions) might occur on various parts of the body, including the scalp, elbows, and or knees.

Some things you should know about psoriasis

- It is a chronic skin disease
- It is related to the immune system – an autoimmune disease
- It may run in families (there are several different genes involved in psoriasis)
- It is not curable, but treatments are available
- It is not contagious
- It is sometimes associated with psoriatic arthritis
- It is associated with slightly higher risk of diabetes, high blood pressure, high cholesterol and obesity
- It is associated with slightly higher risk of cardiovascular disease (angina, heart attack and stroke)
- There is a strong association between psoriasis and depression
Psoriasis can impact your life in many ways

Psoriasis may make you feel embarrassed about your body

Stress may trigger psoriasis flare-ups

It may also worsen existing psoriasis

Psoriatic arthritis occurs when the immune system attacks the joints
Psoriasis can affect you emotionally and socially as well as physically

Finding out you have psoriasis can cause you to experience a range of emotions. You may feel confused or angry. Some people diagnosed with psoriasis can develop depression. Skin lesions may make you feel unattractive, and some people feel ashamed of their bodies. Some people with psoriasis stay at home to avoid social situations. Some have difficulty interacting with co-workers, and even family and friends, because of the appearance of their skin. Psoriasis can have a strong negative impact on your life.

Some people develop psoriatic arthritis

Some people develop psoriatic arthritis. It is accepted that approximately 10% of patients have psoriatic arthritis. This is due to the immune system attacking the joints, leaving them painful, stiff and inflamed. If it is not treated, psoriatic arthritis can get worse over time, which can lead to irreversible deterioration of joints. Psoriasis affecting the nails may indicate a risk for developing arthritis.

Psoriasis is a lifelong disease

Currently, psoriasis is not curable. Once it is triggered, the condition often changes in severity. Therapy may help improve the skin, but the underlying condition can cause flare-ups if treatment is discontinued. However, with proper treatment, you can help manage your condition.

Stress may trigger psoriasis flare-ups. It may also worsen existing psoriasis.
Do you have these symptoms?

Here are some symptoms associated with psoriasis and psoriatic arthritis. You may not experience all of these, but if you experience any of them, you should consult your doctor.

- Red, scaly skin patches with sharply defined edges
- Lesions that occur most commonly on both elbows and both knees, the scalp, under arms, under breasts, cleft of the buttocks and genitalia
- Lesions that appear at sites of injuries to the skin
- Changes in fingernails or toenails, such as pitting, loosening, or thickening

Let your doctor know if addition to the above symptoms, you have the following symptoms which may indicate psoriatic arthritis:

- Joint pain, especially with redness, swelling, and tenderness
- Pain in your heel(s)
- A finger or toe that was completely swollen and painful for no apparent reason
- Morning stiffness / pain in the back that improves with movement

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Nail Psoriasis

Flexural Psoriasis (body folds)

Guttate Psoriasis
Scalp lesions - red and scaly

Elbow lesions - red and scaly

Lesions in the lower back or the cleft of the buttocks

Pitted (tiny dents or holes), loosened, or thickened fingernails

Lesions on the knees

Pitted, loosened, or thickened toenails

• Joint pain/swelling/morning stiffness
• Finger/toe swelling
• Heel pain

Please note:
This checklist is not a formal diagnostic tool. It is meant to help you identify symptoms that could be caused by psoriasis. Only your health care provider can diagnose psoriasis. Other medical conditions can cause symptoms that are similar to those of psoriasis. Please talk with your doctor.
Getting a diagnosis is important

Like other autoimmune (when the immune system mistakenly attacks healthy tissue) diseases, psoriasis is a chronic condition.

You may experience intervals without symptoms but the disorder will not go away completely.

Knowing your diagnosis and getting proper treatment may help you and your doctor manage your symptoms and improve your quality of life. Without effective treatment, psoriasis may continue to have a negative impact on your quality of life.

According to a recent survey more than half of people suffering in Ireland believe the condition has had a serious life impact with a quarter saying the impact has been severe. There is a high incidence of depression and anxiety associated with psoriasis.
How is the impact of psoriasis evaluated?

To diagnose psoriasis, your doctor will ask you about your medical history and give you a physical examination, focusing on your skin, nails, and scalp. Your doctor may visually estimate the severity of your illness based on how much of your body is covered with plaques.

Measuring the impact of your condition

Doctors sometimes use a questionnaire called the Dermatology Life Quality Index (DLQI) for psoriasis patients. It measures, in 10 questions, how severely psoriasis has affected a person’s life physically, emotionally, socially, and sexually in the past week, and how much of an issue the treatment has been. Patients may be asked to complete the DLQI questionnaire during a visit to help their doctors measure how well they are feeling and how well their treatment is working. You should try to be as honest as you can when answering the questions.

In addition, a special severity score (called the PASI score) is also used by dermatologists to measure how severe psoriasis is.
Know which treatments can help

The sooner you are diagnosed, the sooner you can begin effective treatment. Your doctor may prescribe:

- **Topical treatments**  
  (creams applied directly to the skin)

- **Ultraviolet light therapy**  
  (also called phototherapy)

- **Systemic treatments (tablets or injection)**  
  (medicines that work inside your body)

- **Biologic treatments**  
  (by injection)

**Topical treatments**
Many GPs and dermatologists begin treatment with topical agents such as steroids or vitamin-based drugs. Topical treatments are typically initiated when psoriasis is mild to moderate.

**Phototherapy**
Phototherapy, a form of artificial ultraviolet light specially designed to treat psoriasis, may help improve skin lesions. PUVA is a combination of ultraviolet light and the drug psoralen. Sometimes phototherapy is combined with a systemic drug or topical treatment. These types of therapies are mostly provided in hospital Dermatology Day Care centres. The radiation they use is specifically designed for psoriasis. Commercial sunbeds are not recommended for psoriasis as they often contain more harmful wavelengths at doses that are more damaging to the skin. Commercial sunbeds have been shown to cause skin cancer.
**Systemic medications work inside your body**

Systemics — medications that work inside your body - may be used in the more severe forms of psoriasis. Some examples are ciclosporin, methotrexate, acitretin and fumaric acid esters. These drugs affect the underlying cause of psoriasis - a malfunctioning immune system that results in inflammation and increased skin cell growth.

Immune suppressants like ciclosporin, (which are also used to prevent rejection of transplanted organs), are generally reserved for people who have moderate-to-severe psoriasis and need stronger medication.

Methotrexate is a drug that also affects the immune system. It is used to treat moderate-to-severe psoriasis and psoriatic arthritis. Methotrexate and immune suppressants like ciclosporin can have significant side effects. They affect the body’s ability to fight some types of infections. In general they cannot be used in pregnancy. Talk to your doctor about the risks and benefits of any medication that you take.
Biologic response modifiers

Biologic response modifiers (medicines based on compounds made by living cells) offer another option for the treatment of psoriasis and psoriatic arthritis. These drugs target specific parts of the immune system that are responsible for causing inflammation in psoriasis and psoriatic arthritis. These drugs - adalimumab, etanercept, infliximab and ustekinumab - help restore balance to the immune system. They do however affect the body's ability to fight some types of infections. In general they cannot be used in pregnancy. Talk to your doctor about the risks and benefits of any medication that you take.

If you are taking a systemic medication and are not getting symptom relief, or if you are experiencing side effects, ask your doctor if biologic therapy is right for you. Biologics can be prescribed if other systemic medication has not worked.

Talk with your doctor to find a treatment regimen that works best for you. Your doctor can give you information about the benefits and side effects associated with all the different treatment options. Systemics and Biologics require blood tests before and during treatment, to monitor for side effects.

Share information with your doctor. Together, you can work toward achieving your goals

Questions to ask your doctor

- What treatments are available?
- Why have you chosen this particular treatment for my condition?
- Can I use other medications while I am taking this treatment?
- How long will it take to see results?
- How will you monitor my progress on this treatment?
- What will happen if I stop using this treatment?
- Does this treatment have any side effects?
- Can I take this medication if I am trying to get pregnant?
Suggestions for talking with your doctor

Be sure to talk with your doctor about your symptoms and progress. Only your doctor, working together with you, can choose the right treatment for your condition. By sharing information with your doctor, you will be able to work toward achieving your treatment goals.

Often, the time you spend with your doctor is limited. Please consider the following in preparation for your visit, so you are prepared to discuss the information when you get to the clinic:

- If you have any of the symptoms listed on pages 6 and 7, when did you first experience them?
- What medications or treatments are you taking to relieve the symptoms?
- Do you have a family history of psoriasis?
- Are you now unable to do a physical or social activity, because of psoriasis, that you were previously able to do? If so, list these activities.
- Is your psoriasis affecting you emotionally? Do you have symptoms of depression / anxiety?
- Are you having joint pain or morning stiffness, heel pain or sausage shaped swelling of fingers or toes?
Make the most of your visit with your doctor:

- Do not be embarrassed about asking your doctor questions. Make a list of questions beforehand so you don’t forget, and take them with you to your appointment.

- Acknowledge your feelings and emotions about your condition. Share these with your doctor. It will help ensure that you get the most out of your visit.

- If you feel your mood is very low, you have lost interest in things you used to enjoy, you have changes in sleep patterns or appetite, or feel like life is not worth living – these are symptoms of significant depression and you should talk to your doctor urgently about these. Your doctor can prescribe medication, talking therapy or a combination of both. Depression is very common in psoriasis and is very treatable.

- Similarly, anxiety can cause disrupted sleep, panicky feelings, palpitations, excessive worrying and a feeling of inability to cope with the day to day tasks of life. Depression and anxiety sometimes occur together in the same person. There are effective treatments available. Do not suffer in silence.

- Ask your GP and dermatologist about your risks for heart disease. Your GP is an expert in screening for these and treating them if necessary.

- If you have symptoms of arthritis ask for referral to a rheumatologist.

- Make sure you understand the information your doctor is giving you. It is acceptable to say, “I don’t understand.”

- Learn more about psoriasis. This will make it easier to have a conversation with your doctor about treatment options and your treatment progress.

- Keep a diary of your symptoms and how you feel, and note any times that you forgot to take your medication.
Living with psoriasis

Psoriasis is a lifelong condition. There are many things you can do to help maintain a healthy lifestyle.

Healthy living:

• Be sure to exercise regularly and get as much rest as you need. Exercise and rest help maintain your health and reduce stress. They also reduce the risk for heart disease (which is higher in those with psoriasis)

• Avoid excessive alcohol. As well as making psoriasis worse it can contribute to low mood, anxiety, obesity and heart disease.

• Eat a healthy diet. Obesity makes psoriasis worse and increases your risk of heart disease, high blood pressure and cholesterol. Recommended waist measurements are less than 32 inches (80cm) for women and less than 37 inches (94cm) for men. A lifelong healthy diet is important for everyone.

• Do not smoke. Smoking makes psoriasis worse and increases your risk of heart disease.

• Reduce your stress with relaxation techniques such as meditation and deep breathing and exercise.

• Keep a diary to pinpoint situations, places, or events that trigger your stress.

• Understanding your triggers can empower you and help make psoriasis more manageable.

• The websites below offer free CBT (cognitive behavioural therapy) and mindfulness-based tools to help with stress and anxiety

Psoriasis and Psoriatic Arthritis Alliance - www.papaa.org/self-help/etips
Beaumont Hospital website - www.beaumont.ie
(key in mindfulness in the search box to visit Beaumont’s virtual mindfulness centre)
Help others understand your psoriasis

Here are some tips to help you talk about your condition so that people around you can better understand what you are going through:

- Learn as much as you can. The more you know about psoriasis, the better you can explain it.

- Teach people the facts about your condition. For example, tell them it is not contagious and that there is no cure yet.

- Being open and honest will go a long way toward keeping your relationships healthy.

- Remember to laugh. A good sense of humour may help relieve stress.
Stay confident!

Dress for success and look your best.

Applying moisturiser daily may help make redness and scales less visible.

Wearing long sleeves, pants, hats, or scarves may help you hide the psoriasis lesions.

Cosmetics may help conceal redness and lesions, although sometimes they may exacerbate the condition.

Remember, your own feelings of comfort and confidence are very important
Tips for enjoying close relationships

- When your partner says he or she accepts your psoriasis, believe him or her.

- Communicate feelings about psoriasis - whether yours or your partner’s, openly and truthfully. It will help to strengthen your relationship.

- If worries about intimacy seem impossible to overcome, consider consulting a relationship therapist. Everyone has the power to change his or her behavior; so trust your potential to make positive changes.

- Erectile dysfunction (difficulty maintaining an erection sufficient for sex) may occur in men who have psoriasis. Sometimes this may be related to worry about the psoriasis itself, however if this is a problem for you it is important to discuss it with your GP as it may also be an early warning sign of heart disease. Your GP will be able to help you manage this common problem and screen you for other risks for heart disease. Sometimes medication for high blood pressure and depression can also cause erectile dysfunction. Talk to your doctor.
Build your self-esteem

• Making an effort to improve feelings of self-consciousness may give you a sense of freedom

• Meet others with psoriasis. Connecting with people who understand your condition and feelings can be comforting and useful

• Talking to people about psoriasis can help lessen your fear of what someone else is thinking about you

• If your psoriasis is visible to others, talk about it. Let people know that it is a common condition that is not contagious
You’ve been diagnosed with psoriasis. Now what?

You’ve taken the most important steps - getting diagnosed and beginning treatment. Now, use this guide to learn more about what to expect from treatment and to help you reach your treatment goals.

Living with psoriasis

Psoriasis is a lifelong condition that involves long-term treatment. There are many effective treatment options available. Choosing the right one for you can be challenging due to many factors, including how well it works, cost, time commitment, discomfort and safety profile.

Your doctor may try a number of different treatments for your psoriasis before finding the one that works best for you. This is usually done in a step-by-step process.

Remember, without proper treatment, psoriasis may continue to keep you from many of the activities you enjoy.

It takes commitment to reach your treatment goals - managing your symptoms and improving your quality of life.
Planning ahead for psoriasis

Knowledge is power:

Educating yourself will give you the confidence to talk with your doctor about your unique needs and concerns. The more you know, the more you can work with your doctor to help plan your treatment, evaluate your progress, monitor your condition, and make educated treatment decisions that make a difference.

Remember: *Psoriasis has its beginnings inside your body. An overactive immune system causes rapid skin-cell growth to occur*
Am I making progress with my current psoriasis treatment?

An important part of measuring your progress is talking with your doctor about how you are responding to your current treatment. Maintaining an ongoing dialogue is key. Use the questions below to help you establish useful talking points so that you and your doctor can work together toward reaching your treatment goals.

Compared to before you started treatment; please rate how psoriasis is affecting you on a scale from 0 to 10.

<table>
<thead>
<tr>
<th>How does your psoriasis affect you physically?</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How does your psoriasis affect you emotionally?</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall, to what extent does your psoriasis interfere with your daily activities?</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
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</table>

As you continue treatment, periodically repeat this exercise and share the results with your doctor. This will help you and your doctor decide if your goals are being met, and together you may adjust or modify your treatment plan accordingly.
Setting treatment goals

Being aware of how you are responding to treatment is a major step in taking control of your disease. Talk to your doctor about how you are feeling.

Together, you can create a treatment plan that includes specific and realistic goals such as spending more time with family and friends, being able to wear the clothing you want to wear, or feeling confident to start dating again.

Remember: a goal for your treatment may be to manage your symptoms and improve your quality of life.
# Topical treatments

## (Applied to the skin)

## Step 1 in psoriasis treatment

<table>
<thead>
<tr>
<th>Common topicals</th>
<th>Description</th>
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<tr>
<td><strong>Corticosteroids</strong></td>
<td>A class of drugs, also known as steroids, available in varying strengths. These can be effective but strong steroid creams have significant side effects including thinning of skin and rebound flaring of psoriasis. They are most effective when used alongside other topical treatments.</td>
</tr>
<tr>
<td><strong>Calcipotriol</strong></td>
<td>A topical form of synthetic vitamin D with efficacy similar to that of moderate strength corticosteroids, but with fewer side effects. It has no smell and is easy to use. It can be irritating at certain sites and is not recommended on the face.</td>
</tr>
<tr>
<td><strong>Tar</strong></td>
<td>Coal tar can be prescribed as various types of creams, ointments and lotions. It has a strong smell and some types may stain clothing.</td>
</tr>
<tr>
<td><strong>Dithranol</strong></td>
<td>Dithranol has been used for many years to treat plaque psoriasis. It is effective in suppressing the production of skin cells and has few side effects, but can burn the skin if it is too concentrated. It is typically used as a short-term treatment under hospital supervision as it stains everything it comes into contact with, including skin, clothes and bathroom fittings. It is applied to your skin (while wearing gloves) and left for between 10 and 60 minutes before being washed off. It is also available as lower strength creams for use at home.</td>
</tr>
</tbody>
</table>
Topical Combinations

Different types of topicals may be used in combination: e.g. topical corticosteroids may be used in combination with other topicals such as tar preparations or vitamin D analogues, with one applied in the morning and one in the evening. Products containing two topicals are also available: e.g. corticosteroid/tar mixtures, or the combination product betamethasone / calcipotriol (Dovobet) which contains both a potent (strong) corticosteroid and Vitamin D analogue and which has the advantage of once daily application.

All compounds containing potent corticosteroid preparations carry significant risks, which may rarely be life threatening. For this reason there are limits to the amounts that can be used on the skin and the length of time they can be used for. They should not be used in certain types of psoriasis (guttate, flexural, erythrodermic, pustular) or at certain body sites (face, body folds) and their use should be closely supervised by a doctor experienced in their use in psoriasis.

What you can expect from topical treatment

Many general practitioners and dermatologists begin treatment with topical agents. Topical treatments are typically used when psoriasis is mild to moderate. There are several treatment options to choose from. Ask your doctor which one is right for you.

Topical treatments work by slowing down rapid skin-cell growth, and some work by reducing inflammation associated with psoriasis. Some are used in combination with other therapies.

Although topical treatments may help improve symptoms associated with mild to moderate psoriasis, they may not be strong enough to help manage moderate to severe symptoms. Also, they may have side effects such as skin irritation, skin thinning, and easy bruising. Other challenges include application difficulties and skin and fabric staining.

Moisturisers have mild anti-inflammatory properties and help to reduce itch. They are important as they help remove scale so topical therapy can penetrate better. They should be applied twice daily.
Ultraviolet light B (UVB), which is also present in natural sunlight, penetrates the skin and slows rapid growth of cells associated with psoriasis. There are two types of UVB treatment: broadband and narrowband. Most hospitals now use narrowband as it is more effective. Narrowband exposes the skin to a more specific range of UV wavelength.

PUVA is an acronym for psoralen combined with ultraviolet light A (UVA). UVA, like UVB, is found in sunlight. UVA must be combined with a light - sensitizing medication such as psoralen to be effective. PUVA slows down the rapid cell growth of psoriasis.
What you can expect from phototherapy

If your psoriasis is moderate to severe and resistant to topicals, your dermatologist may recommend phototherapy. This process involves exposing the affected skin to artificial UV light for a set length of time on a regular schedule. Phototherapy can be used alone or in combination with other topical agents.

Typically, UVB therapy is given 3 times a week with on average 20 treatments. PUVA treatment typically consists of 25 sessions, given twice a week. Exposure time depends on the patient’s skin type, as well as on UVA or UVB light strength.

Your doctor will perform a complete skin examination before beginning treatment. People with a history of skin cancer or very fair skin that burns easily may not be suitable for phototherapy. Protective eye shields must be worn during treatment. For PUVA, patients must wear protective sunglasses for 12 hours following every treatment.

Although phototherapy may help to improve symptoms, it may cause side effects such as sunburn reaction, dry skin, blistering, eye damage, freckling and aging of the skin, and when many repeated courses are used, potential increased risk of skin cancers.

Phototherapy may be inconvenient and time consuming for some patients.

Use the Psoriasis Goal Guide at the end of this brochure to help determine whether your goals are being met. If they are not, talk to your doctor about your options, including a possible change in medication.
Systemic treatments
(Drugs given orally)

Step 3 in psoriasis treatment

<table>
<thead>
<tr>
<th>Systemics</th>
<th>Description</th>
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<tbody>
<tr>
<td>Methotrexate</td>
<td>An anti-proliferative drug which improves the abnormal activity of the immune system in the skin. It is also effective for psoriatic arthritis.</td>
</tr>
<tr>
<td>Ciclosporin</td>
<td>A drug that suppresses T-cells in the immune system, originally used to prevent organ rejection in kidney transplant patients.</td>
</tr>
<tr>
<td>Acitretin</td>
<td>A synthetic compound with biologic activity similar to that of Vitamin A. It helps normalise the abnormal growth of skin cells in psoriasis.</td>
</tr>
<tr>
<td>Fumaric Acid Esters</td>
<td>A drug that suppresses the immune system but to a lesser extent than (and therefore safer than) ciclosporin. It is not licensed in Ireland so is used “off label” here, however it has been used for many years in Germany and has an excellent safety profile. It can cause gastrointestinal side effects such as cramping.</td>
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What you can expect from systemic treatment

Your doctor may prescribe one of several systemic medications. Unlike topicals and phototherapy that affect only the skin, systemic treatments affect the underlying cause of psoriasis – an abnormal immune system response that results in inflammation and increased skin growth. Systemic treatments such as methotrexate, ciclosporin, fumaric acid esters and acitretin are used to treat moderate to severe psoriasis that is not responsive to topical or UV light treatment.

Methotrexate is taken once a week, either orally or by injection. Improvement may be seen within 2 or 3 months.

Ciclosporin is taken twice daily by mouth. Some patients may see improvement after 2 weeks of treatment; most patients taking ciclosporin see improvement within 3 to 4 months.

The retinoid acitretin may take up to 3 to 6 months to show improvement.

Systemic medications can cause side effects, some of which may be serious, however, regular blood tests are taken so as to avoid these side effects. Some affect the body’s ability to fight certain types of infections. In general they cannot be used in pregnancy. Talk to your doctor about the risks and benefits of any medication that you take.

Use the Psoriasis Goal Guide at the end of this brochure to help determine whether your goals are being met. If they are not, talk to your doctor about your options, including a possible change in medication.
Biologic treatments
(Injectable drugs)

Step 4 in psoriasis treatment

<table>
<thead>
<tr>
<th>Biologics</th>
<th>Description</th>
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<tbody>
<tr>
<td>Adalimumab</td>
<td>An anti-TNF monoclonal antibody (TNF-alpha is a molecule which increases immune activity in your skin)</td>
</tr>
<tr>
<td>Etanercept</td>
<td>A TNF-alpha receptor blocker</td>
</tr>
<tr>
<td>Infliximab</td>
<td>An anti-TNF monoclonal antibody given by infusion (“drip”)</td>
</tr>
<tr>
<td>Ustekinumab</td>
<td>A monoclonal antibody that blocks interleukins12/23 (These interleukins are involved in the abnormal immune responses in psoriasis)</td>
</tr>
</tbody>
</table>
What you can expect from biologic treatment

If you are taking a systemic medication and not getting symptom relief, or if you are experiencing side effects, your doctor may prescribe a biologic. Unlike systemic agents that act broadly on the immune system, biologics target specific parts of the immune system that are responsible for causing inflammation in psoriasis.

Biologics are given by injection under the skin or intravenously (IV), and they target and effectively improve psoriasis and psoriatic arthritis symptoms. The anti-TNF agents are more effective than ustekinumab for psoriatic arthritis. The treatment schedule varies from drug to drug.

Biologics can cause side effects, some of which may be serious. They decrease the body’s ability to fight some infections. In general they cannot be used in pregnancy. Talk to your doctor about the risks and benefits of any medication that you take.

Next steps

For psoriasis, the good news is that there are multiple treatments available. By making sure to communicate with your physician, you can help create a treatment plan that will help you reach your treatment goals and get back to doing some of the activities that you enjoy.

Use the Psoriasis Goal Guide at the end of this brochure to help to determine whether your treatment goals are being met. If they are not, talk to your doctor about your options, including a possible change in medication.
Psoriasis Goal Guide

Take an active role in your psoriasis treatment by taking time to set important goals. A good starting point is to write them down. Try to be as specific and realistic as you can. This process may help you and your doctor determine if your treatment is working.

Treatment goals
Start by creating treatment goals focusing on the physical symptoms of psoriasis. These may include: less itchy, sore or stinging patches.

My treatment goals

________________________________________________________________________

________________________________________________________________________

Personal goals
Next, create personal goals. Think of how psoriasis directly affects your life. Does it keep you from spending time with family and friends? Also, think about what you would like to achieve short-term versus long-term. Would you like to be able to wear fewer cosmetics to conceal your redness and patchiness? Would you like to be able to wear the clothing you want to wear?

Goal setting tips: Be realistic
Be specific
Be optimistic
Be committed
My short-term goals:
I want to be able to ________________________________
I want to be able to ________________________________
I want to be able to ________________________________

My long-term goals:
I want to be able to ________________________________
I want to be able to ________________________________
I want to be able to ________________________________

Be sure to talk with your doctor about the treatment goals and personal goals you’ve written here.

Don’t forget about family planning - this is especially important for women, whose fertility decreases significantly after the age of 35. Most systemics and biologics are not licensed to be used during pregnancy, whereas UVB phototherapy is safe in pregnancy.

Open and honest discussions along the way can help your doctor determine whether your goals are being met with your current treatment. If they are not, you can work together to revise your treatment plan.

Finally - it is important to keep your GP involved with managing your psoriasis as they will be able to help with many of the other problems that occur with psoriasis - especially depression, heart disease, diabetes, high blood pressure, high cholesterol and obesity. It is recommended that people with psoriasis should be screened annually for these risk factors for heart disease. Your GP will also be able to help with symptoms of depression, anxiety and with stress management.

Remember, a major goal of your treatment is to manage your symptoms and improve your quality of life.
Moving forward

While living with psoriasis is not easy, you should not lose your optimism about the future. You should realise that by knowing more about your condition and treatment options, you may be able to live your life more fully. There are options to relieve your symptoms.

Talk with your doctor to better manage your psoriasis
Be well informed

Learning as much as you can about your condition is another way to take an active role in living with psoriasis. Knowledge gives you confidence to talk with your health care providers about your needs and concerns. The organizations listed below can provide more information about psoriasis and psoriatic arthritis.

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<thead>
<tr>
<th>Organization</th>
<th>Website</th>
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<tr>
<td>Irish Skin Foundation</td>
<td><a href="http://www.irishskinfoundation.ie">www.irishskinfoundation.ie</a></td>
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<tr>
<td>Irish Association of Dermatologists</td>
<td><a href="http://www.irishdermatologists.ie">www.irishdermatologists.ie</a></td>
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<tr>
<td>British Association of Dermatologists</td>
<td><a href="http://www.bad.org.uk">www.bad.org.uk</a></td>
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<tr>
<td>Psoriasis and Psoriatic Arthritis Alliance</td>
<td><a href="http://www.papaa.org/self-help/etips">www.papaa.org/self-help/etips</a></td>
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<tr>
<td>National Psoriasis Foundation</td>
<td><a href="http://www.psoriasis.org">www.psoriasis.org</a></td>
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<tr>
<td>The International Federation of Psoriasis</td>
<td><a href="http://www.ifpa-pso.org">www.ifpa-pso.org</a></td>
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<td>World Psoriasis Day</td>
<td><a href="http://www.worldpsoriasisd.com">www.worldpsoriasisd.com</a></td>
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<tr>
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<tr>
<td>Psoriasense</td>
<td><a href="http://www.psoriasense.co.uk">www.psoriasense.co.uk</a></td>
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<td>Department of Health and Children</td>
<td><a href="http://www.dohc.ie">www.dohc.ie</a></td>
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<td><a href="http://www.hse.ie">www.hse.ie</a></td>
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What you need to know about:

Psoriasis

Brought to you by the

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