



What you **need to know** about your child's

PSORIASIS



The Irish Skin Foundation is a national charity with a mission to improve quality of life for people with skin conditions, promote skin health and the prevention of skin disease through support, advocacy and by raising awareness.

We hope you find this booklet about psoriasis helpful and informative. If you would like more information, visit our website www.irishskin.ie or call our Helpline on (01) 486-6280.

What you **need to know** about your child's **PSORIASIS**



Please note, the content of this booklet is presented for informational purposes only and is not intended as medical advice. It should not be relied upon as the basis for any decision or action in respect of your child's care. Always consult your doctor for medical advice.

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Welcome to your
guide to psoriasis
in children



This booklet has been prepared for anybody caring for a child with psoriasis, to help you:

- Better understand the condition
- Learn about available psoriasis treatments
- Understand the importance of a daily care routine
- Find useful tips to help your child

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

It can be very worrying when psoriasis patches first appear, so we have put together this booklet with the help of people with psoriasis, dermatology nurses and consultant dermatologists (skin specialists).

We explain what psoriasis is, how it affects children, how it can be treated, and how parents, teachers, and friends can help children to deal with everyday situations.

Finding out that your child has psoriasis

What should I do?

Getting a diagnosis is important. Sometimes psoriasis can be mistaken for other skin conditions, so it is important to visit your GP to establish a diagnosis and to receive appropriate treatment. Occasionally, onward referral to a dermatologist (skin specialist) may be necessary.

So your child has been diagnosed with psoriasis – what is it?

Psoriasis is a chronic inflammatory skin condition which affects approximately 2-3% of the world's population. It causes an increase in the rate at which skin cells are produced and shed from the skin. The extra skin cells build-up rapidly on the surface of the skin forming dry, red raised patches that are sometimes covered in thickened silvery scale. These are called plaques. Psoriasis often affects the scalp, elbows and knees but can affect any part of the body.

Is it contagious?

No, you cannot "catch" it from somebody and they cannot catch it from you.

What causes psoriasis?

The exact cause of psoriasis is still not known. It is a condition that tends to run in families. Several different genes have been identified but the exact way in which the disorder moves from generation to generation has not yet been established. What is known is that both the immune system and genetics are important in its development.

It can be triggered in children by a combination of factors including injury to the skin, a streptococcal sore throat or emotional upset. For some people, psoriasis may only occur once, but for others it may recur throughout their life. It is equally common in boys and girls.

"Where have these red patches come from? Why aren't they going away? Is it serious?"



Does psoriasis itch?

Although some people suggest that psoriasis does not itch, most people who have it, say that it does. Itch can be very distracting and uncomfortable for any person with psoriasis, especially a child. Moisturisers can help soothe the itch and can make the skin less dry. Ask your doctor, nurse or pharmacist to recommend products that are suitable for your child.

Can diet affect psoriasis?

There is no clear link between diet and the severity of psoriasis symptoms, but a nutritious balanced diet is very important for health and well-being. Talk to your doctor if you are worried about your child's diet.

Most common types of psoriasis

Guttate and plaque psoriasis are the most commonly occurring types of psoriasis in children.

- **Guttate psoriasis** appears as small drop like lesions, sometimes triggered by a sore throat caused by a streptococcal infection.
- **Plaque psoriasis** appears as round patches of different sizes that can occur anywhere on the body.



Is there a cure?

Although there is no cure yet for psoriasis, there are many effective treatments available. Your doctor may prescribe topical treatments which come in the form of creams, ointments, lotions or other preparations that are applied directly to the skin, and this may be all that is required for mild to moderate psoriasis. Try not to become disillusioned if one treatment does not work – there are a range of treatments available. Discuss progress and if necessary, alternative options with your doctor.

What can I do?

When your child is diagnosed with psoriasis, one of the best things to do is to educate him/her about the condition. Answer any questions or address any worries they may have, as they arise, for example dispelling incorrect fears that psoriasis might be contagious or the result of poor hygiene. Provide reassurance on a regular basis, take an interest in how they feel, and monitor their psoriasis in a discreet way, so as not to make a big issue of it. Encourage your child to talk openly about their condition and not to hide it.

Listen to what your child has to say about the treatments they are using. If a product stings, is too sticky or uncomfortable, or makes them itchy, they are unlikely to use it. It is important to discuss these issues with your doctor, so that alternative treatments can be prescribed.

The good news is that there is ongoing research, both to find a cure and to develop effective treatments that are easier to use and offer longer periods of remission.

Daily Care and Treatments for Psoriasis

Tell your doctor if it is difficult to make their recommendations a part of your everyday life. There may be other alternatives.

Psoriasis treatment usually involves applying ointments, creams or lotions regularly. If you are unsure how to do this or about the frequency of application, make sure to ask your doctor, nurse or pharmacist - there is no such thing as a stupid question.

While the treatment of psoriasis depends on its severity and location, the use of emollients (commonly known as moisturisers), and emollient wash products (which are used instead of soap and shower gel), form an important part of daily skin care.

Treatments can be divided into four main categories:

- **Topical treatments** come in the form of creams, ointments, lotions and gels which are applied directly to the skin.
- **Phototherapy** is a form of artificial ultraviolet light, delivered in hospital dermatology departments.
- **Systemic treatments** are drugs that work through-out the body. They may come in the form of a liquid, tablet or injection.
- **Biologic treatments** are targeted medicines used to inhibit part of the immune system that drives inflammation. These are mainly injections but some are now being developed in tablet form.



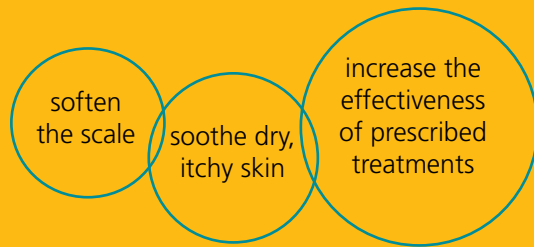
EMOLLIENT THERAPY

Essential Daily Care:

The importance of emollient therapy

Emollients are moisturisers which are used in two ways - applied directly to the skin as a leave-on moisturiser, and as a soap substitute instead of soap and shower gel.

Used every day, emollients help to:



Soap substitutes - emollient wash products

Avoid using ordinary soap, shower gel and bubble bath as they dry out the skin by stripping away its natural oils. Instead, choose emollient wash products when bathing or showering. These products cleanse but do not lather like ordinary soap.

A higher price doesn't necessarily indicate a better product - ask your healthcare professional for advice.

Using an emollient in the bath

Follow one of the following two options:

- Emollients, for example Silcock's Base or Emulsifying ointment, are usually sold in tubs and need to be diluted before use. Take two tablespoons of emollient out of the container using a clean spoon, NOT fingers (to prevent contamination), and transfer into a jug. Add hot water and whisk with a fork for five minutes before adding to the bath.
- A bath additive solution can simply be poured into the bath - ask your healthcare professional for an appropriate recommendation.

How to choose an emollient

The best emollients are those that you or your child prefer to use and will continue to use every day, so finding the right emollient for you may be a matter of trial and error. Your doctor, nurse or pharmacist will be able to advise you about the different emollient products available.

Aqueous cream

Aqueous cream was originally developed as a soap substitute. Until recently however, it was used as both a soap substitute and a moisturiser.

It is now known that when used as a moisturiser, aqueous cream can irritate the skin. For this reason, it is recommended that aqueous cream is used as a soap substitute only.

How to apply emollients to the skin

Emollients should be applied every day and are an essential part of your child's long-term skincare regime.

- Emollients should be applied in a smooth, downward motion, in the direction of hair growth, after a bath/shower and before going to bed.
- Emollients come as lotions, creams, and ointments. However, ointments work best when the skin is very dry. Sometimes, you may need to use more than one product. You may choose to use an ointment at night and cream or lotion during the day.
- Apply 30 minutes before application of topical treatments prescribed by your doctor.



TOPICAL TREATMENTS

(Applied to the skin)

Option 1 in psoriasis treatment

Topical treatments are typically used when psoriasis is mild to moderate. They work by slowing down the accelerated rate at which skin cells are produced, and/or by reducing the inflammation associated with psoriasis. Topical treatments may also be prescribed to be used alongside other therapies.

Topical corticosteroids

A class of drugs, also known as topical steroids, available in varying strengths - mildly potent, moderately potent, potent, very potent. These can be effective, but strong steroid creams can have significant side effects including thinning of the skin and rebound flaring of psoriasis. They are most effective when used alongside other topical treatments. It is important to use as directed by your doctor. They are not recommended for long term use.

- **Mild topical steroids:** e.g. 1% Hydrocortisone, are prescribed for sensitive areas such as the face, neck, underarms and genitalia.
- **Moderately potent steroids:** e.g. Eumovate or Betnovate RD, may be prescribed for the body, usually for a limited time.

Topical combinations

- In some cases a **combination of steroid with a tar based cream** e.g. 5% LPC in Betnovate RD, may be prescribed. This should be applied once daily usually at night time. Products containing tar have a distinctive smell and may stain bedclothes, so it is advisable to wear a pair of old pyjamas. It can be washed off in the morning with a soap substitute. If using this product, apply moisturisers in the morning and afternoon.
- A combination product e.g. Dovobet®, contains a potent steroid called betamethasone and calcipotriol (Vitamin D3). It can be used on the body but NOT on the face. This is a once daily application and will be prescribed for a limited time.

Topical non-steroid

- **Calcipotriol** - 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.
- **Tar** - Coal tar products may be prescribed for children with psoriasis and are especially useful for scalp psoriasis. However, they can have a strong smell, some types may stain clothing and children may dislike the odour.
- **Dithranol** - Dithranol preparations are sometimes prescribed for plaque psoriasis to be used as a 'short-contact' treatment; this means leaving it on the skin for a specified number of minutes, and then washing it off in the shower or bath. However, it can be tricky to use and must be applied to the affected areas while wearing gloves. It can burn the skin if too concentrated, and stains everything it comes into contact with, including skin, clothes and bathroom fittings. It is not suitable for the face or flexural areas.
- **Protopic® 0.03%** - Protopic contains the active ingredient tacrolimus, which is a type of medicine known as a topical immunomodulator, and works by decreasing skin inflammation. It is used for the face and flexural areas of the skin as an alternative to topical steroids. It may be prescribed for use once or twice daily.

How to use steroids

1. Steroids should be applied to the correct location, for the correct period of time, as directed by your doctor. Wash hands before and after use.
2. Apply enough steroid to cover the area of psoriasis, in a downward motion. Skin should be glistening in appearance after application.

TREATMENTS FOR SCALP PSORIASIS

Scalp psoriasis may appear as red, raised, scaly plaques which can extend to, or just beyond the hairline and commonly occurs behind the ears.

The combination of a medicated shampoo, coal tar preparation and a prescribed topical steroid, may help to relieve the itch and calm the flare up, when used as follows:

- **Tar based shampoos** are useful for treating the scale that is present in scalp psoriasis. To be effective, the lather should be left on the scalp for approximately 5 minutes to allow the active ingredients to work, and then rinsed off. Your doctor, nurse or pharmacist can recommend a suitable shampoo.
- A topical **coal tar preparation** e.g. Cociois scalp application, can be effective at softening and removing scale, and is available from your pharmacist without prescription. Starting at one side of the head, part the hair and apply to a scaly lesion, working your way around the whole of the head. For the first application, leave on for 2 hours and then wash out. If tolerated, it can be left in overnight for subsequent treatments. Tar can stain clothes and bedclothes so when leaving on overnight, we suggest using old pillowcases. Alternatively, a shower cap can be used to protect the bedclothes from staining. Cociois should be used daily initially and then according to need.
- Use a comb to **gently descale** and lift the dead skin cells from the scalp - this allows the prescription medication to get to work on the newer skin cells underneath. Be careful not to break the skin as this can make the psoriasis worse.
- **Apply prescription medication.** Prescribed medication from your doctor may be in the form of a lotion, mousse or gel. These products often contain steroids. Always follow the directions given by your doctor.



POSSIBLE SIDE EFFECTS OF TOPICAL TREATMENT

Like all medicines, topical treatments can have side effects so it is important to apply the prescribed treatment to the correct location, for the correct period of time, as directed by your doctor.

- A mild steroid is usually prescribed for the face, underarms and groin area. Avoid using steroids close to the eyes and try to prevent your child rubbing the eyes and eye area after application.
- Strong steroids are only usually prescribed for a limited time as they can cause skin thinning, increased growth of fine hair and in extreme cases, affect the growth of the child.
- Coccois ointment contains an active ingredient called salicylic acid which removes the scale. You can stop using the cocois ointment when the scale is gone as the salicylic acid can be harsh on the skin.
- Tar based creams can sometimes cause folliculitis (inflammation of the hair follicles), which appear as little red lumps on the skin and may be irritated or sore. Tar preparations can increase sensitivity to sunlight, so exposure of the skin to the sun is best avoided while using these products. Apply at night time and wash off in the morning.
- Protopic may cause some stinging on the first few applications. Apply at night time. Emollient can be applied either 2 hours before or after application.

Remember sun protection - use a broad spectrum sunscreen, factor 30+, with high UVA protection (4 or 5 stars) during the day, and avoid sun exposure where possible. Always inform your GP if your child is using Protopic as there are specific requirements in relation to vaccinations. It is recommended to wait at least 14 days between the last application and the vaccination. This is extended to 28 days in the case of live vaccines.

PHOTOTHERAPY

(UVB Treatment)

Option 2 in psoriasis treatment

This is a form of artificial ultraviolet light treatment, comprising of ultraviolet B (UVB) wavelengths of light. UVB, which is also present in sunlight, penetrates the skin and slows down the accelerated rate at which skin cells develop in psoriasis. It involves exposing the skin to light three times a week for several weeks in a hospital based dermatology department.

Although phototherapy may help to improve psoriasis symptoms, it can cause side effects such as a sunburn type reaction. Talk to your doctor about the the benefits and risks of treatment.



SYSTEMIC TREATMENTS

These medications work throughout the body to control the psoriasis. They may come in the form of a liquid, a tablet or an injection.

Option 3 in psoriasis treatment

- **Methotrexate** - a drug which inhibits the rapid development of skin cells caused by the abnormal activity of the immune system.
- **Ciclosporin** - a drug that suppresses T-cells in the immune system, originally used to prevent organ rejection in kidney transplant patients.
- **Acitretin** - a synthetic compound with biologic activity similar to that of vitamin A. It helps normalise the abnormal, accelerated development of skin cells in psoriasis.

What to expect from systemic treatment

Systemic medication may be prescribed in circumstances where topical treatments and phototherapy have not worked, or are contraindicated. Unlike topicals and phototherapy, that affect only the skin, systemic treatments affect the underlying cause of psoriasis – an abnormal immune system response that causes inflammation, and an increase in the rate at which skin cells are produced and shed from the skin.

Systemic medications can cause side effects, some of which may be serious. However, patients are reviewed regularly to monitor for, and avoid potential side effects. Some medications affect the body's ability to fight certain types of infections. Talk to your doctor about the benefits and risks of any medication that is prescribed.

Please see the British Association of Dermatologists' Immunisation recommendations for children and adult patients treated with immune-suppressing medicines: <http://www.bad.org.uk/for-the-public/patient-information-leaflets/immunisation>



BIOLOGIC TREATMENTS

Biologic drugs are designed to target and inhibit specific parts of the immune system that drive inflammation. The drugs mentioned below are all given by injection.

Option 4 in psoriasis treatment

- **Adalimumab** – an anti-TNF monoclonal antibody (TNF-alpha is a molecule which increases immune activity in the skin)

Licensed for the treatment of severe chronic plaque psoriasis in children and adolescents from four years of age who have not adequately responded to, or are not suitable candidates for, topical treatments and phototherapy.

- **Etanercept** – a TNF-alpha receptor blocker

Licensed for patients from the age of six years with long-term severe plaque psoriasis, who have not responded to, or cannot receive other treatments for this disease.

- **Ustekinumab** – a monoclonal antibody that blocks interleukin 12/23 (These interleukins are involved in the abnormal immune responses in psoriasis)

Licensed for the treatment of moderate-to-severe plaque psoriasis in adolescents from the age of 12 years and older, who are inadequately controlled by, or cannot use other systemic therapies or phototherapies.



What to expect from biologic treatment

In circumstances where other treatments are not suitable, have not provided symptom relief, or if your child is experiencing side effects, the 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, and target and effectively improve psoriasis symptoms. The treatment schedule varies from drug to drug.

Biologics can cause side effects, some of which may be serious. However, patients are reviewed regularly to monitor for, and avoid potential side effects. Some medications affect the body's ability to fight certain types of infections. Talk to your doctor about the benefits and risks of any medication that is prescribed.

Next steps

The good news is that there is ongoing research, both to find a cure for psoriasis, and to develop newer and more effective treatments.

Please see the British Association of Dermatologists' Immunisation recommendations for children and adult patients treated with immune-suppressing medicines: <http://www.bad.org.uk/for-the-public/patient-information-leaflets/immunisation>



What is the best clothing to wear?

Loose fitting cotton clothing is probably the most comfortable, especially during the summer months. If your child would like to wear synthetic clothing such as a football top, this could be worn over a cotton vest, for example. It is sometimes best to be guided by your child, and how their skin feels during a flare-up.

Some topical treatments are messy to use, while others can stain. Always read product/patient instruction leaflets before use, and consider setting aside some old clothing and bed linen to use if required. Choose cotton pyjamas and clothing whenever possible.

Other useful tips

When your child's skin is itchy we suggest that you:

1 Apply moisturisers frequently

2 Keep the skin cool – keep heating at a low temperature

What you can do to help your child

Your child's needs are important. Be there to listen to them. While you may wish to protect your child from potentially uncomfortable situations, try not to inadvertently make your child self-conscious, by encouraging them to cover up their psoriasis. For example, let them wear shorts or a t-shirt if they choose. Sometimes other people's reactions can be hard to deal with, and occasionally can even be hurtful.

Take the initiative

People may react in the way that they do because they don't really understand what psoriasis is. The best way to stop negativity can be to anticipate questions or to encourage them. You may not be able to stop the curious looks that the symptoms create, but you can explain and provide reassurance. You could say

"I can see that you are curious about my child's skin so let me explain what the patches are".

Similarly, your child may find having a conversation with his/her friends about psoriasis helps to create a better understanding.

School and sports

The school environment can often be a source of anxiety for children with psoriasis, as well as those who care for them. There may be comments from other children. You want your child to feel comfortable and thrive, but may worry about protecting them from hurtful remarks.

The teacher will play an important role in your child's life as he/she will be spending many hours at school each day. You may like to give information to the school so that teachers can explain what psoriasis is to your child's classmates, using simple terms, and answer questions should they arise.

Psoriasis need not stop children from taking part in sport, but have a word with the staff in advance so that they understand what psoriasis is, and are equipped in the case of questions or comments. Remember, sunburn must be avoided at all times. Make sure to apply a broad spectrum sunscreen factor 30+, which offers protection against both UVA and UVB.



Will the sun help my child's psoriasis?

Many people who have psoriasis find that sunlight can help their skin to clear. However, being sensible in the sun is important and sunburn must be avoided at all times. While sunburn is a risk for skin cancer, it can also bring about the Koebner phenomenon - this is where psoriasis can develop at the site of an injury, such as a sunburn.

Sun protection is important for everyone, with or without psoriasis. In Ireland, protect your child (and yourself) from March – September, when the intensity of sunburn producing UV radiation is greatest. Avoid sun exposure between the hours of 11am and 3pm when the sun is at its strongest. Apply a broad spectrum factor 30+ sunscreen, which offers protection against both UVA and UVB, in addition to protective clothing and shade. Sunscreen should be applied liberally and evenly 15-30 minutes before sun exposure to allow it time to dry, and again shortly after going outdoors to ensure that all areas are covered. Reapply frequently, at least every two hours and after perspiring, sport, swimming, or friction (such as towel drying).

No sunscreen can provide 100% sun protection. Remember the five 'Ss' of sun safety – Slip on a t-shirt, Slop on (broad-spectrum) sunscreen factor 30+, Slap on a hat, Slide on sunglasses, Seek shade.

Good sun-safe habits will give you the reassurance that your child is protected whilst having fun.



Teach your child the importance of good sun-safe habits.

Some things to remember

1. You are not alone – psoriasis is more common than you might think! It affects approximately 2-3% of the world's population. Men and women, and boys and girls of all races get psoriasis.
2. It is not contagious – you cannot spread it to other people and it cannot be transferred from one part of the body to another.
3. Psoriasis can be controlled - there are many different treatments available. Your doctor may prescribe a number different treatments before finding one that works for you.
4. Using an emollient to moisturise the skin at least twice a day can help alleviate dryness, scaling, soreness and itch. An emollient bath prepares the skin before the application of prescribed topical treatments.
5. Never stick your fingers into a tub of emollient. Always use a clean spoon or spatula.
6. If you would like more information or support please contact us.

Irish Skin Foundation

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www.irishskin.ie



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This booklet has been prepared by the Irish Skin Foundation in consultation with people with psoriasis, dermatology nurses and consultant dermatologists.



**IRISH SKIN
FOUNDATION**

Supporting people with skin disorders

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