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A QUESTION OF HEALTH

## What can I do about my psoriasis?

Four specialists offer their advice in treating the skin condition

Elisabeth Perlman

Thursday November 11 2021, 12:01am, The Times

Health



Psoriasis is a common inflammatory skin condition  
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### Lifestyle modifications and over-the-counter treatments

There is no cure for psoriasis, but lifestyle modifications and over-the-counter treatments can help to control the disease. Protecting skin from injury, cold weather and dryness and reducing stress, alcohol consumption and smoking/exposure to second-hand smoke can help to mitigate psoriasis flare-ups. Certain alternative therapies have been reported to help alleviate itching and burning associated with psoriasis (although scientific data is lacking), including aloe vera gel, fish oil supplements, dead sea salts and Oregon grape.

Emollients are a mainstay of psoriasis treatment; keeping the skin well moisturised with a fragrance-free cream or ointment can help to soften and prevent scaly patches. Ingredients available over the counter such as coal tar, salicylic acid, lactic acid and urea work to remove scales and dry skin. For mild psoriasis topical hydrocortisone is available without prescription to reduce itch and inflammation. For more extensive psoriasis dermatologists may prescribe a number of topical treatments, including prescription steroid and immunomodulator creams.

UVB and PUVA are specialised forms of light therapy that can be administered in the office or with an at-home device under the care of a healthcare professional. For the most severe forms of psoriasis a range of systemic medications are available and can be tailored to an individual's specific needs.

**Dr Alexis Granite, consultant dermatologist**

### Medicated creams, phototherapy and injectable biological treatments

Topical treatments for psoriasis include emollients and medicated creams (containing vitamin D analogues, salicylic acid, coal tar, steroid). Typically, medicated creams need to be applied once or twice a day. If applied as directed by a dermatologist, side effects can be minimised. Another option is phototherapy, a course of monitored treatment as an outpatient with ultraviolet light. Patients need to attend two or three times a week. Common oral treatments include acitretin, which is an oral retinoid but is not suitable for women of child-bearing age. Methotrexate reduces cell turnover and inflammation in psoriasis, and ciclosporin affects the immune pathway to treat severe psoriasis.

Meanwhile, injectable biologic treatments block immune cells or proteins involved in developing psoriasis. However, to qualify for injectable treatment in the UK, an individual needs to have a certain level of severity of psoriasis, along with a recognised impact on quality of life.

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People with psoriasis are at higher risk of other medical conditions (eg heart disease, high blood pressure, stroke, high cholesterol, diabetes), so it is important to discuss these with your doctor. It is also important to disclose the effect that skin is having on sleep, exercise, relationships, clothing choices and work/study. Lifestyle factors also play an important role, so try to reduce alcohol intake, stop smoking, consider healthier food choices and increase exercise.

**Dr Alia Ahmed, consultant dermatologist**

### Use moisturisers to alleviate dry skin

Psoriasis is a common inflammatory skin condition that results in increased skin cell turnover. This results in visible redness and scaling of the skin, commonly affecting the elbows, knees, buttocks and scalp. For many people the condition can come and go over the years and severity can vary from person to person.

Those who suffer with psoriasis may find that their skin becomes more dry and flaky, especially in the winter months as the weather becomes cold. Using moisturisers to alleviate dry skin with ingredients such as glycerin, petrolatum, shea butter and ceramides can be of benefit in preventing further water loss from the skin surface and soothing patches of dry skin. It is not a good idea to use heavy make-up on areas of inflamed skin, partly because the make-up is unlikely to sit properly on the flaky patches and partly because it can be difficult to remove, which can result in further irritation. Make-up is not an issue in itself and many people with inflammatory skin conditions may find that they prefer to use mineral-based products, eg foundations and sunscreens.

**Dr Anjali Mahto, consultant dermatologist**

### Take care of the psychological impact alongside physical symptoms

Avoid soaps and shower gels and instead use "soap substitutes", products such as Dermol 500 lotion or emollients. Mild cases of psoriasis usually respond well to topical treatments (creams, ointments, gels applied to the skin), which deliver various medicines such as steroids, vitamin D analogues and coal tar. Phototherapy is a very effective treatment that involves giving controlled doses of ultraviolet light within a specialised dermatology unit usually two or three times a week for several weeks.

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For psoriasis that is moderate to severe there's a range of treatments, including tablet treatments and newer injection treatments, that work to modify the immune system and reduce inflammation. While most people with mild psoriasis will be managed by their GP, those with more severe psoriasis needing tablet or injection treatment will usually be referred to a dermatologist. We know that psoriasis of any severity can have a big emotional impact, including low self-esteem and mental health issues such as anxiety and depression, so it's important for healthcare professionals to assess the psychological impact of psoriasis alongside the physical symptoms of the condition.

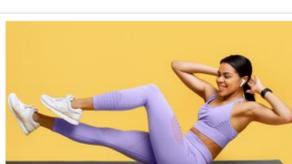
**Jason Thomson, consultant dermatologist**

**Patient support groups and psoriasis charities can be a valuable source of information and help (see [papaa.org](http://papaa.org) and [psoriasis-association.org.uk](http://psoriasis-association.org.uk)).**

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