Psoriasis

Malta Medical Student Association

Psoriasis is a chronic, persistent, life-long inflammatory disease. Psoriasis is an inflammatory disease presenting with red scales on the skin, most commonly at the elbows and knees. At the moment there is no complete cure for this disease but there are a wide range of therapies which can control it, and the patients can live a normal life. However this brings on the patients an economic burden, which increases in proportion with the severity of the disease.

Management

This disease can be managed efficiently by a large variety of therapies. Studies have shown that there is a low adherence (around 40%) to treatment in this subpopulation. Factors such as efficacy and duration of the treatment are important in the adherence to treatment. Localised psoriasis at the knees and elbows are usually treated with topical corticosteroids or Vitamin D analogues. On the other hand, more severe and extensive psoriasis can be better managed by systemic therapies such as methotrexate or acritretin and/or phototherapy.

Complications

Psoriasis may result in psychosocial disability that is similar to that of patients suffering from diabetes, depression and other chronic illness. Patients may also have a low self-esteem due to shame and embarrassment about their body image and stigmatization.4 In a survey carried out by Ramsay and O'Reagan⁶ about the social and psychological effects of psoriasis, it was found out that most of the patients with psoriasis avoid social activities such as swimming and sports. Half of the patients participating in this survey felt that their sexual relationships where inhibited by this condition and 11% said they were not going to have any children to avoid the risk of their offspring developing this disorder as well.

Conclusion

Due to the complexity of this skin condition and the several effects it has on the patient's health, psoriasis patients should receive regular health assessments to increase the





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awareness of the condition which would in turn lead to an improvement in their own overall health. This is important as patients with psoriasis have an increased risk of death at a younger age.⁷

References

- Naldi L. Inflammatory skin diseases IV: Psoriasis. In: The Challenge of Dermato-Epidemiology. Boca Raton Florida: CRC Press. 1997:175-90.
- Fairhurst DA, Ashcroft DM, Griffiths CEM.
 Optimal management of severe plaque form of psoriasis. Am J Clin Dermatol 2005; 6:283-294.
- Feldman SR, Fleischer AB, Reboussin DM, Rapp SR, Bradhaam DD, Exum ML. The economic impact of psoriasis increases with psoriasis severity. J Am Acad Dermatol 1997; 37:564-9.
- Seston EM, Ashcroft DM, Griffiths CEM. Balancing the benefits and risks of drug treatment. Arch Dermatol 2007; 143:1175-9.
- Carroll CL, Clarke J, Camacho F, Balkrishnan R, Feldman SR. Topical tacrolimus ointment combined with 6% salicylic acid gel for plaque psoriasis treatment. Arch Dermatol 2005; 141: 43-6.
- Ramsay B, O'Reagan M. A survey of the social and psychological effects of psoriasis. Br J Dermatol 1988; 118:195-201.
- Gelfand JM, Troxel AB, Lewis JD et al. The risk of mortality in patients with psoriasis. Arch Dermatol 2007: 143:1493-9.

