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Home Illnesses and conditions Skin, hair and nails Psoriasis Psoriasis is a skin condition that causes red, flaky, crusty patches of skin covered with silvery scales. These patches normally appear on your elbows, knees, scalp and lower back, but can appear anywhere on your body. Most people are only affected with small patches. In some cases, the patches can be itchy or sore. Psoriasis affects around 2% of people in the UK. It can start at any age, but most often develops in adults under 35 years old. The condition affects men and women equally. The severity of psoriasis varies greatly from person to person. For some people it’s just a minor irritation, but for others it can have a major impact on their quality of life. Psoriasis is a long-lasting (chronic) disease that usually involves periods when you have no symptoms or mild symptoms, followed by periods when symptoms are more severe. Read more about the symptoms of psoriasis. People with psoriasis have an increased production of skin cells. Skin cells are normally made and replaced every 3 to 4 weeks, but in psoriasis this process only lasts about 3 to 7 days. The resulting build-up of skin cells is what creates the patches associated with psoriasis. Although the process isn’t fully understood, it’s thought to be related to a problem with the immune system. The immune system is your body’s defence against disease and infection, but for people with psoriasis, it attacks healthy skin cells by mistake. Psoriasis can run in families, although the exact role that genetics plays in causing psoriasis is unclear. Many people’s psoriasis symptoms start or become worse because of a certain event, known as a “trigger”. Possible triggers of psoriasis include an injury to your skin, throat infections and using certain medicines. The condition isn’t contagious, so it can’t be spread from person to person. Read more about the causes of psoriasis. A GP can often diagnose psoriasis based on the appearance of your skin. In rare cases, a small sample of skin, called a biopsy, will be sent to the laboratory for examination under a microscope. This determines the exact type of psoriasis and rules out other skin disorders, such as seborrhoeic dermatitis, lichen planus, lichen simplex and pityriasis rosea. You may be referred to a dermatologist (a specialist in diagnosing and treating skin conditions) if your doctor is uncertain about your diagnosis, or if your condition is severe. If your doctor suspects you have psoriatic arthritis, which is sometimes a complication of psoriasis, you may be referred to a rheumatologist (a doctor who specialises in arthritis). You may have blood tests to rule out other conditions, such as rheumatoid arthritis, and X-rays of the affected joints may be taken. There’s no cure for psoriasis, but a range of treatments can improve symptoms and the appearance of skin patches.