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Psoriasis for the primary care practitioner

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Psoriasis for the primary care practitioner

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Introduction

Overview of psoriasis as an immune-mediated disorder

Psoriasis was once thought to be nothing more than a benign, albeit uncomfortable skin disorder without serious complications. However, when it was observed that the immunosuppressant cyclosporine was associated with clearance of psoriatic skin lesions several decades ago, the scientific community took note and began to actively study the association between psoriasis and immune system dysregulation (Johnson-Huang, Lowes, & Krueger, 2012; National Psoriasis Foundation, "Immune system and

Abstract

Primary care practitioners (PCPs) are playing an increasingly important role in the management and care of psoriasis. Thus, it is important for PCPs to be knowledgeable about the disease and to be able to differentiate between common myths and facts related to diagnosis and treatment. By building relationships with their patients and working collaboratively with dermatology health professionals and other specialists, PCPs can facilitate communication about the patient's treatment preferences and expectations for symptom relief, and they may be better able to work with the patient to optimize treatment adherence. This review aims to provide PCPs with a primer on psoriasis, its associated comorbidities, and its impact on patients' quality of life. Discussion topics include psoriasis epidemiology, triggering factors, clinical presentation, differential diagnosis, comorbidities, and approaches to treatment. This review also highlights the importance of staying abreast of advances in the understanding of psoriasis pathogenesis as well as emerging therapeutic treatment options, because these advances may change the treatment landscape and increase patients' expectations for skin clearance.

psoriasis"). Since then, extensive research programs have confirmed that psoriasis is indeed a chronic, immune-mediated systemic disease that can be associated with significant morbidity and impaired patient quality of life (Johnson-Huang et al., 2012; Menter et al., 2011).

The immunopathogenic mechanisms of psoriasis involve interactions between the innate and adaptive immune systems, which lead to changes in the skin and vasculature (Menter et al., 2011; Nestle, Kaplan, & Barker, 2009; Nickoloff & Nestle, 2004). As illustrated in Figure 1, psoriasis occurs when the immune system "misfires" and causes excess growth and inflammation of skin cells (Ainsworth, 2012). Specifically, naïve T cells in the skin differentiate

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