

## **Psoriasis – Disease Background**

**Chronic Immune-Mediated Nature of the Disease** Psoriasis is a chronic, immune-mediated skin disorder with genetic (PSORS1 locus) and environmental triggers (streptococcal infection, stress). T-cell driven: IL-17/23/22 cytokines promote keratinocyte hyperproliferation, incomplete cornification.

### **Typical Skin and Nail Manifestations**

- **Skin:** Erythematous plaques with silver scales (plaque 80-90%); guttate (droplet-like post-infection), pustular, erythrodermic rare.
- **Nails:** Pitting, onycholysis, oil-drop discoloration (50% with skin involvement). Scalp, flexural areas common.

**Impact on Quality of Life and Mental Health** PASI scores correlate with itch/pain; severe disease doubles depression risk (stigma, isolation). 30% report suicidal ideation; impairs work/relationships.

### **Comorbidities**

- **Psoriatic arthritis (30%).**
- **Metabolic:** Obesity, T2D, dyslipidemia (2x risk).
- **CV:** MI/stroke elevated 50%; monitor Framingham risk.

### **References**

- Armstrong AW, et al. AAD-NPF Psoriasis Guidelines, 2021 (reaffirmed 2024).
- Griffiths CEM, et al. Lancet. 2021.