



## UNDERSTANDING PSORIASIS

Psoriasis (suh-rye-uh-sis) is a chronic inflammatory disease that manifests in the skin, joints, and other organs as associated conditions. It is more than a “skin” disease. It is thought to be a chronic inflammatory disease with an autoimmune component.

In psoriasis, the immune system is “over-reactive”, resulting in inflammation. The chronic inflammation affects the skin so that skin cells reproduce at a rate 4-7 times faster than normal. Inflammation in the joints can also lead to swollen and painful joints.

Psoriasis can greatly affect a person’s quality of life and can often be emotionally disabling. It can develop at any age, though onset is typically between the ages of 15 and 35.

While there is no cure for psoriasis, there is a wide variety of treatment options to control the disease and prevent flare-ups.

There are five major forms of psoriasis: plaque, guttate, pustular, inverse, and erythrodermic. Most people living with psoriasis will experience one type, but some may be affected by more than one at a time, or during different stages throughout their life.



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## FORMS OF PSORIASIS

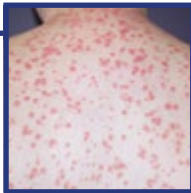
### PLAQUE

Plaque psoriasis is the most common form of psoriasis, affecting approximately 90% of patients. Plaque psoriasis has the appearance of plaques of inflamed red skin covered by a flaky white buildup called scale. The top scales flake off easily and often, but those beneath the surface of the skin clump together. Removing these scales exposes tender skin, which bleeds and causes the plaques to grow. Plaque psoriasis can develop on any part of the body, but most often occurs on the elbows, knees, scalp, and trunk. One in every two people who has any form of psoriasis has scalp psoriasis.



### GUTTATE

Named for the Latin word gutta, which means a "drop". Guttate psoriasis is characterized by small, red, drop-like dots that enlarge rapidly and may be somewhat scaly. It is often found on the arms, legs, and trunk and sometimes on the scalp. Guttate psoriasis can clear up without treatment or disappear and resurface in the form of plaque psoriasis. Guttate psoriasis often develops suddenly after an infection (such as strep throat).



### PUSTULAR

Pustular psoriasis usually occurs in adults. It is characterized by blister-like lesions filled with non-infectious pus and surrounded by reddened skin and most commonly affects the hands and the feet. Widespread, acutely painful plaques of inflamed skin develop suddenly. Pustules appear within a few hours, then dry and peel within two days. Pustular psoriasis may be limited to one part of the body (localized) or can be widespread. Pustular psoriasis may be the first symptom of psoriasis, or it may develop in a patient already affected by chronic plaque psoriasis.



## ASSOCIATED CONDITIONS

Most cases of psoriasis can be controlled, and most people who have psoriasis can live regular lives. Sometimes, having a chronic illness may increase the risk of developing other chronic conditions. Psoriasis, for example, has been associated with a higher risk of developing other conditions, such as cardiovascular disease, digestive problems, depression and psoriatic arthritis. It is important to let your family physician, nurse practitioner or specialist know about any concerns you may have and to be sure to discuss prevention and screening for associated conditions with them.

### INVERSE

Inverse psoriasis occurs in the armpits and groin, under the breasts, and in other areas where the skin flexes or folds. It is characterized by smooth, inflamed lesions and can be debilitating.



### ERYTHRODERMIC

Erythrodermic psoriasis is characterized by severe scaling, itching, and pain that affects most of the body. Erythrodermic psoriasis disrupts the body's chemical balance and can cause severe illness. This particularly inflammatory form of psoriasis can be the first sign of the disease, but often develops in patients with a history of pre-existing plaque psoriasis. While erythrodermic psoriasis is rare, it is important to consult a physician immediately if it does occur.



## PSORIATIC ARTHRITIS

Psoriatic arthritis is a chronic type of inflammatory arthritis often diagnosed in people with psoriasis. Together, these conditions are commonly known as psoriatic disease.



- Studies show that 10% – 30% of people with psoriasis will develop psoriatic arthritis; however having psoriasis does not necessarily mean that a person will develop psoriatic arthritis.
- It is possible to develop psoriatic arthritis without having psoriasis however, this is far less common.
- Anyone with psoriasis should be alert to the signs and symptoms of psoriatic arthritis because early detection and treatment are key to preventing long-term damage to one's joints. Talk to your doctor or dermatologist about a referral to a rheumatologist (arthritis specialist) if needed.

## ABOUT SEVERITY

Psoriasis can be mild, moderate, or severe, depending on how much body surface area (BSA) it covers. The size of your palm represents 1% of BSA.

The severity of psoriasis is also measured by the impact psoriasis can have on a person's quality of life. Psoriasis can have a big impact even if it involves a small percentage of BSA. Psoriasis tends to wax and wane. Various things can cause psoriasis to worsen, but this varies from person to person.

While there is no cure for psoriasis, there are treatment options. It is important for people living with psoriasis to consult a dermatologist and to ask about the best options available. Options for treatment may include topical therapies like creams or ointments, photo/light therapies, systemic drugs or biologics. If you or someone you know is suffering with psoriasis, ask your family doctor for a referral to a dermatologist who can help.