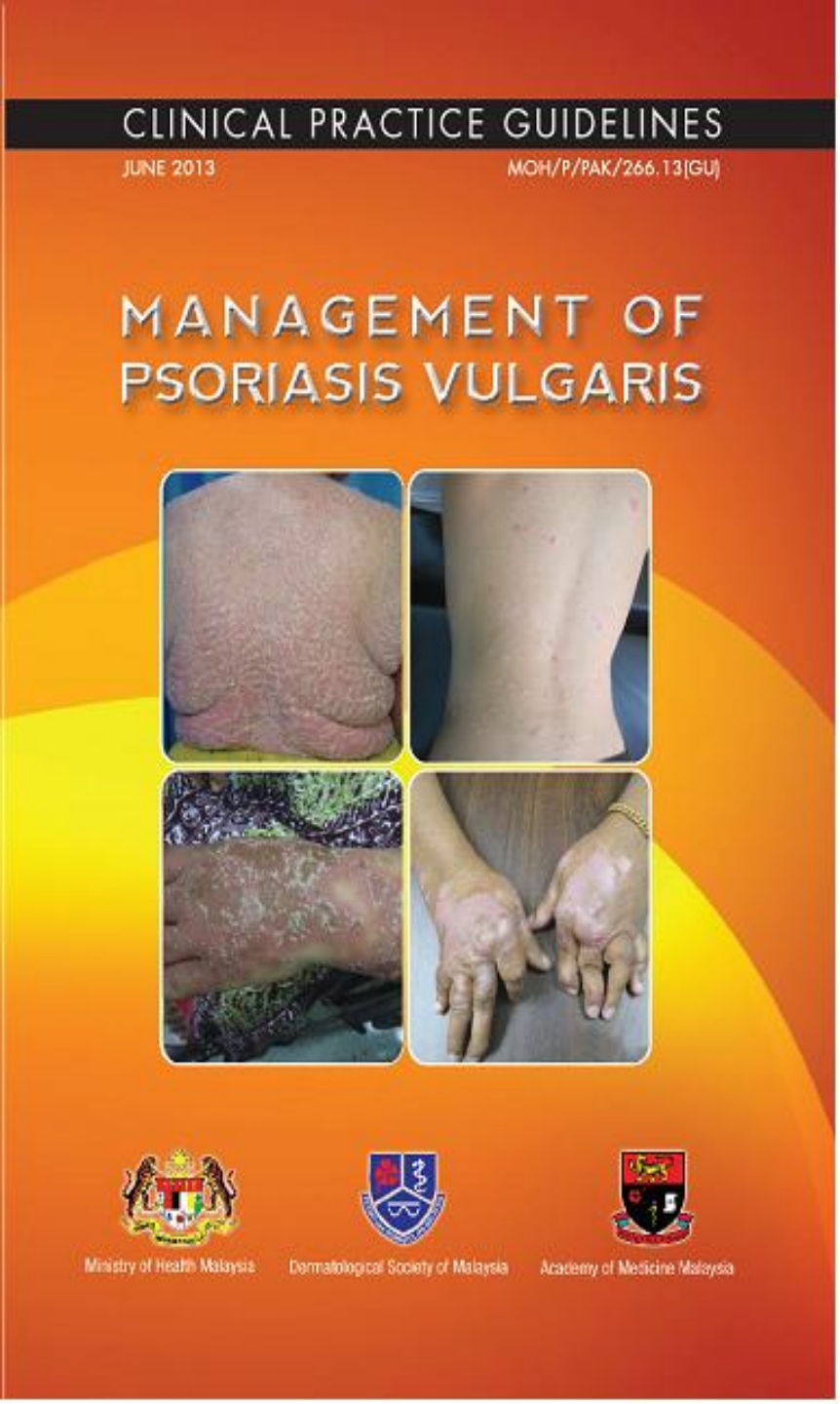


Psoriasis Patients Education & Counselling

Clinical Practice Guidelines Management of Psoriasis Development Group

Case 4

Mr T, a 35 year old man, developed scaly erythematous plaques over his scalp, body, limbs. It was associated with joints pain involving only his 2nd & 3rd PIP joints of his left hand.

He seek treatment at his regular GP clinics and was given topical therapy, analgesia and anti-histamine. His condition worsen and he was depressed. He actually closed his used-car business and stayed at home.

Finally his wife manage to persuade him to seek treatment at the skin clinic

He was found to have Psoriasis with Psoriatic arthritis with a BSA 10% & DLQI 20

Given topical therapy and started on oral Methotrexate weekly after reviewing the blood investigations. He was also referred to the rheumatology colleague for co-management

How would you counsel him of his disease and management?

Counseling can be done with patient alone or in the present of relative or guardian

Explain about disease

- What is Psoriasis?
- How do Psoriasis present?
- What causes Psoriasis?
- Who will get Psoriasis?
- Can my children have psoriasis?
- What condition are associated with Psoriasis?

Explain how Psoriasis can be managed

- What are the treatment available?
- What are the do & don’ts in Psoriaisis?
- Tips for taking care of Psoriasis
- Counseling and supportive
- What is the prognosis

Give patient the opportunity to ask question

What is Psoriasis??

•Psoriasis is a chronic recurrent, immune-mediated, non-infectious, inflammatory skin disorder

•Present as red patches and plaques with thick silvery scales

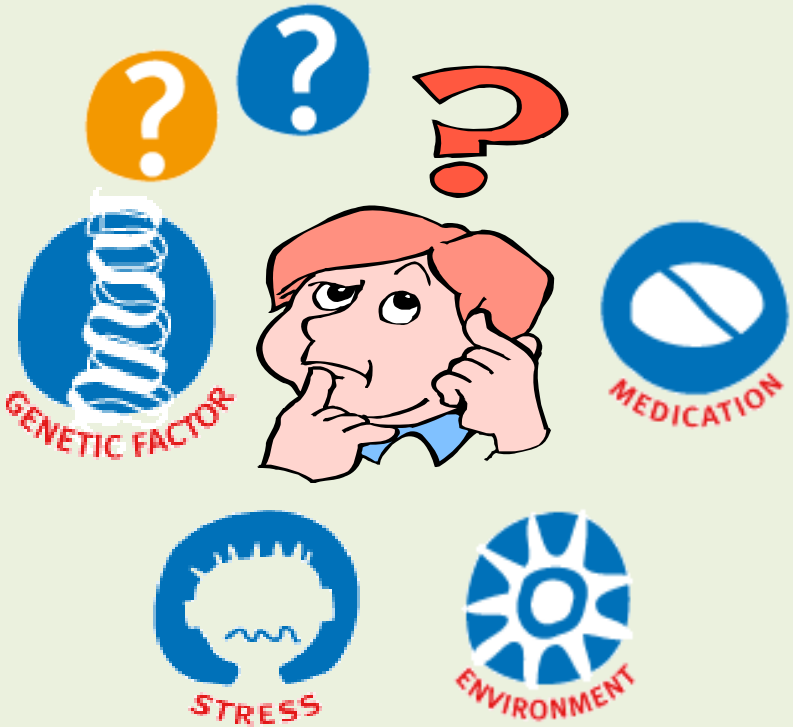
•It is mainly due to rapid turnover of skin cells (4 days instead of 28 days)

How do Psoriasis present?

- Plaques (most common),guttate, flexural, pustular or erythrodermic
- Can affect nails and joints

What causes Psoriasis??

- ?? The exact cause
- Interaction between genetic & environment
- Psoriasis associated gene loci : PSORS1(50%)- PSORS 9 & others



Psoriasis

Not infectious

Not an allergy problem

Not a cancer

Who gets Psoriasis??

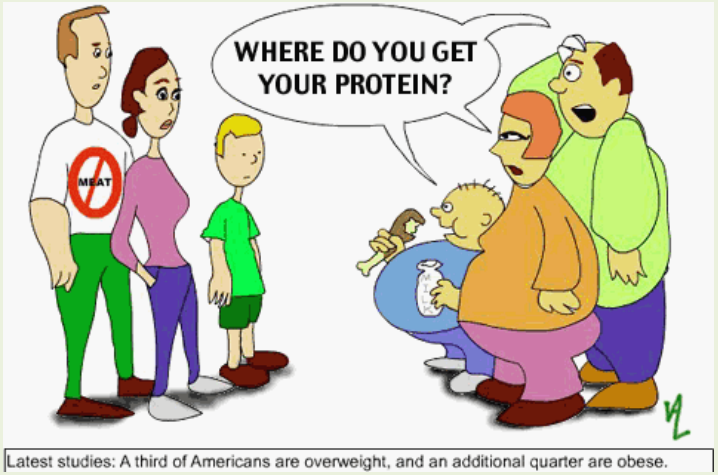
- Psoriasis affects about 1-3 % of population
- In Malaysia (28 million), about ½ million of people has Psoriasis
- Usually Psoriasis first appears during adult but it can also occur in children

Can my children have psoriasis??

- Genetic influence
- Some increase risk as compared to normal population
- 30-36%% of Psoriasis patient have positive family history

Increase risk for metabolic syndrome!!

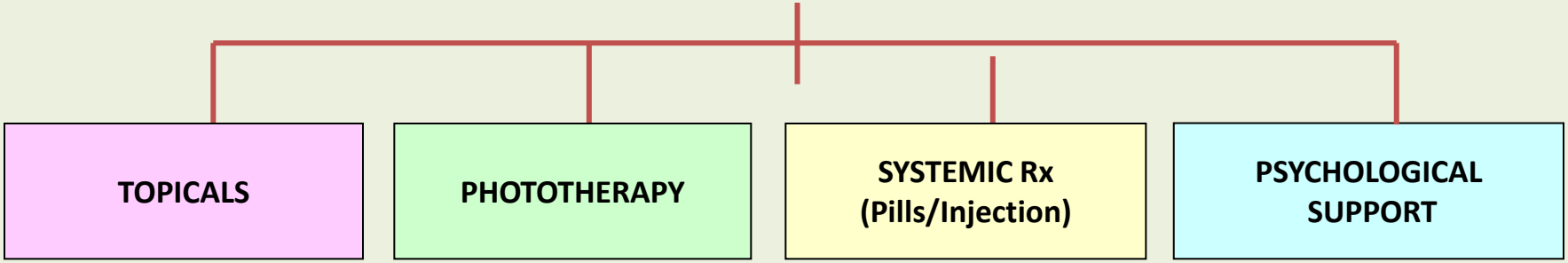
2-3 x increase risk of



- Diabetes mellitus
- Hypertension
- Ischemic heart disease
- Abdominal obesity
- Dyslipidemia

! Need to treat Psoriasis effectively
! To screen & treat early for any metabolic risk factors
Regular exercise & weight control

What are the treatments available?



Counseling
Patient education
Support Group

Topical emollients

- Restore normal skin hydration, minimizes symptoms of itching & tenderness
- As many times as possible ~ 2-4x
- Apply gently, do not rub vigorously
- **Cream & ointment**

Topical Steroids

1-2x per day. Save, if use judiciously

!! Right potency at the right site

Examples

Mild – hydrocortisone 1%, 3%

Moderate – Clobetasone butyrate (Eumovate), Betamethasone valerate (Betnovate) 1:2, 1:4, 1:10

Potent – Betnovate 0.1%

Very potent – Clobetasol propionate (Dermovate) < 30gm/week

Tar-Based Products

1. Tar shampoo
2. Ung cocois Co 4-8 hrs scalp
3. Liquor picis carbonis (LPC) 3-6%
4. Dithranol (0.5%-1)
5. 20% coal tar bath

Limtation: Irritation, staining, smells. Do not apply on inflamed lesions, flexures or face

Vit D analogues

Calcipotriol ointment

Calcipotrial +Betamethasone dipropionate

(ointment /gel)

Effective but costly

Min irritation

< 100gm /week

Phototherapy

2 types

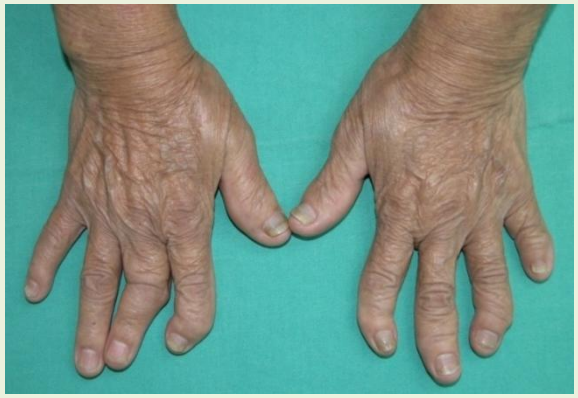
- Narrow band UVB
- Psolaren UVA, PUVA
  (Meladinine tab 2hrs before treatment)

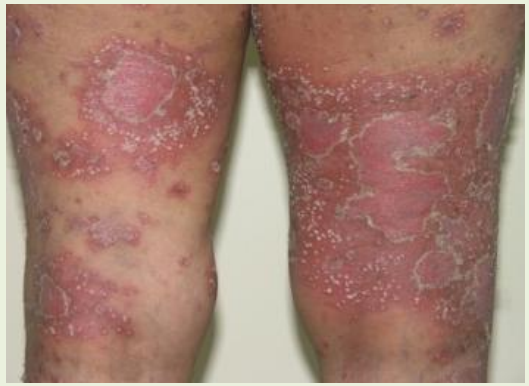
2-3x /week

Systemic treatments (1)

Indicated when

1. Fail topical therapy
2. Repeated hospital admissions
3. Generalised pustular or erythrodermic psoriasis
4. Severe psoriatic arthropathy
5. Extensive chronic plaque psoriasis





Systemic treatments

Easy

But not without side effects, need close monitoring

1. Methotrexate (MTX)
2. Cyclosporine
3. Acitretin
4. Biologics

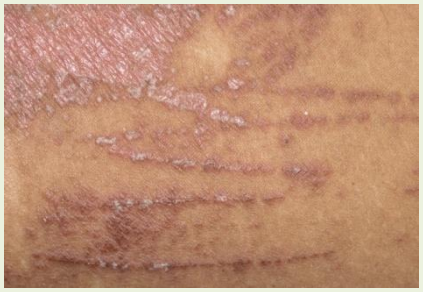
✖ Systemic steroids

(Short term relieve, rebound phenomenon)

Do’s in Psoriasis

- Compliance to treatment
- Practice healthy lifestyles, balance –diet
- Maintain good weight
- Regular exercises
- Stress reduction

Don’ts in Psoriasis



Koebner

Physical trauma

Trigger psoriatic lesions at sites of injury (Koebner’s phenomenon)

Drug-induced flares

β-blockers, lithium, chloroquine, systemic steroids, NSAIDS

Alcohol

Smoking

Stress (onset & exacerbation)

Infection (Streptococcal, HIV)

Devrimci-Ozguven H et al. JEADV. 2000; 14:267–271. 3. Kimball AB et al. Am J Clin Dermatol. 2005;6:383–392.

Tips for Taking Care of Psoriasis??

- ✓ Do not scratch or traumatise lesions (Koebner phenomenon)
- ✓ If itch++, take anti-histamine
- ✓ Keep finger nails short
- ✓ Do not stop treatment on your own, consult doctor first
- ✓ Do not start new drug on your, esp. if you do not know the side effects. ! Drug interaction

Counseling & Support Group

Visibility: Embrassement
Lifestyle restriction
Frustration with treatments require time & patience

Counseling

- Sessions

Support group

- Psoriasis Association
- Family support
- Friends support

What is the PROGNOSIS ??

- No cure
- With appropriate treatment Psoriasis can be controlled to minimal
- Patients can live a normal and good quality life