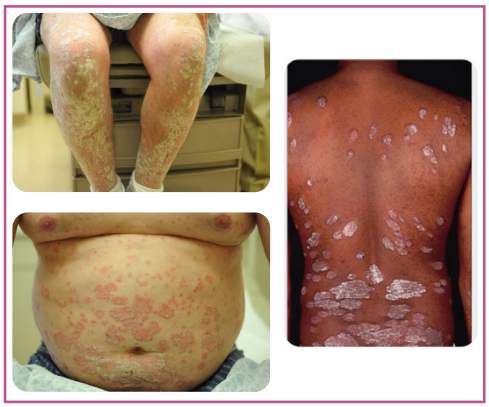
Be sure to complete your evaluation at:
https://www.impactedu.net/psoriasis-advancements/

Psoriasis: An Immune-Mediated Chronic Relapsing Multisystem Inflammatory Disease

- Occurs in >3% of the US population
- Can affect multiple areas of the body
- Accompanied by significant lifelong clinical, social, and economic burden
- Associated with psoriatic arthritis and other comorbidities resulting in a need for multidisciplinary care
- Comprehensive and collaborative care required for early diagnosis and appropriate treatment



About Psoriasis. National Psoriasis Foundation Web site. Updated February 22, 2023. Accessed August 2023. https://www.psoriasis.org/about-psoriasis/

TRANSCRIPT

This transcription is as accurate and complete as possible. Learners should refer to the original audio recording as the primary source for this information.

HEATHER WOOLERY-LLOYD, MD, FAAD: Psoriasis is a condition that luckily, recently is getting more attention. But I trained 20 years ago, and 20 years ago, we didn't have as many treatment options as we have right now. So, I really consider a lot of different things. And I'll talk a little bit about psoriasis to give you an idea of how I approach a patient with psoriasis because it really is a very multifaceted disease.

So, it occurs in over 3% of the US population, and it can affect any part of the body. It's lifelong. And in thinking about things like, how does it affect the patient? It's not something that you give the person one treatment and they're cured. It's something that you're going to have for the rest of your life. So, we have to take that into consideration when we're treating our patients.

It also has a strong social and economic burden because anything that's lifelong, obviously economically, can be expensive because there are copays and doctor's visits and purchasing products and so forth.

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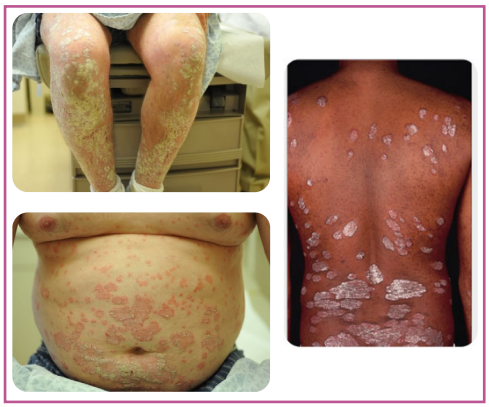

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So, it can be expensive. And it has a great social impact on our patients. So, patients with psoriasis describe, and, also I see it tremendously impacts their quality of life. It also can be associated with arthritis and other comorbidities. And so, we really need this comprehensive approach when we're looking at our patients with psoriasis.

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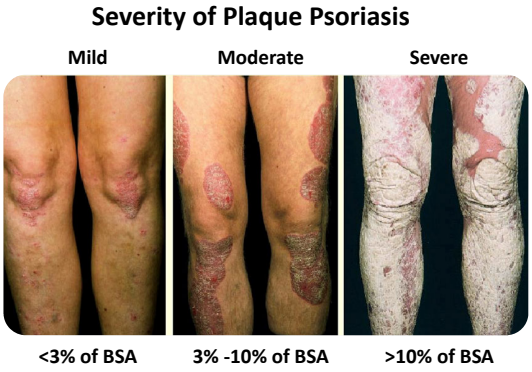
Plaque Psoriasis is the Most Common of the Five Recognized Variants

- **Plaque:** scaly, erythematous patches, and plaques; can be pruritic; most common affecting ~80% of patients)
- **Inverse/flexural:** lesions located in skin folds (intertriginous areas)
- **Guttate:** small papules with fine scale
- **Erythrodermic:** erythema covering nearly the entire body surface area; varying degrees of scaling present
- **Pustular:** clinically apparent pustules
- **Other:** scalp, inverse



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TRANSCRIPT

So, with psoriasis, the typical psoriasis that all of you probably are familiar with is plaque psoriasis, which is scaly, typically red, but in darker skin types, it can be like brown or even purple or violaceous. And there are plaques on the body. They can be itchy. And patients really don't like the physical appearance and they really don't like the discomfort of the itch. And this is a type of psoriasis — plaque psoriasis — is the one that's most common. Around 80% of patients have plaque psoriasis.

But there's also inverse or flexural psoriasis. So, that would be psoriasis in the underarms and the groin. And that can be very challenging, can tremendously impact quality of life, also, because that area has burning and stinging, and it's very difficult to find topical treatments that work well for inverse psoriasis. There are some new treatments that are really effective. And so that's really helpful for me as a clinician because inverse psoriasis can be a big challenge.

Guttate psoriasis is actually like small little papules. “Gutta” means “drop” in Latin. So, it'd be like if I dipped my hands in water and splattered it on the patient. You see little specs of psoriasis covering the body. And sometimes we see this after a strep infection. It's not that common, but when you see it, it's pretty dramatic because it's little drops of psoriasis covering the whole body.

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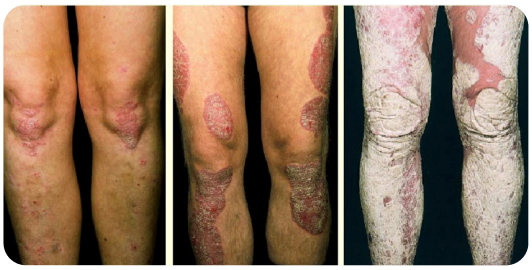
Severity of Plaque Psoriasis



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TRANSCRIPT

And then erythrodermic psoriasis is really a serious medical condition. Oftentimes these patients are hospitalized because our skin is what regulates our body temperature. It regulates our hydration. So, when your entire body is erythrodermic, people become very dehydrated very quickly. They can't control their temperature, and typically those patients can be admitted to the hospital.

And then pustular psoriasis is something that I don't see that often, but it presents with pustules, usually on the hands and feet.

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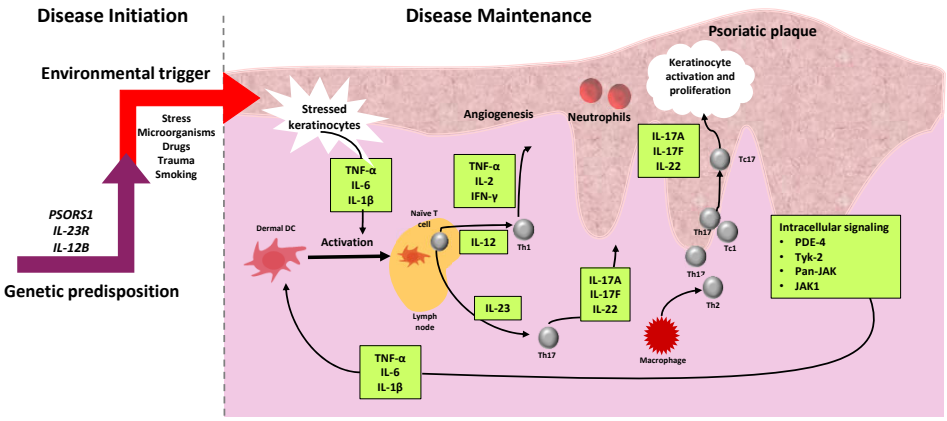
Immunopathogenesis of Chronic Plaque Psoriasis



DC=dendritic cell; PSORS1=psoriasis susceptibility 1; IL=interleukin; TNF=tumor necrosis factor; JAK=Janus kinase; Tyk=Tyrosine kinase; PDE=phosphodiesterase.
Rendon A, Schakel K. *Int J Mol Sci*. 2019;20:1475; Griffiths CEM, et al. *Lancet*. 2021;397:1301-13:15.

TRANSCRIPT

So, this is the pathogenesis of psoriasis. This is an overwhelming slide, but I'll tell you what I usually tell my patients. So, psoriasis tends to be genetic; it is an autoimmune genetic condition. So, people have a genetic predisposition to having psoriasis. So, it usually happens in patients who have a family history of autoimmune disease. So, sometimes patients might have a history of vitiligo or alopecia areata, or they might have a history of autoimmune thyroid disease. And when patients have that genetic predisposition, something can turn on their immune system and cause their psoriasis to either flare or cause them to develop psoriasis.

So, whatever that thing could be. It could be stress. All skin diseases get worse with stress. Any inflammatory skin disease gets worse with stress. It could be microorganisms. Like I mentioned strep can cause that guttate psoriasis that I talked about. Medications can cause psoriasis. Trauma, so, people who get a scratch, they can get a little bit of psoriasis in their skin. And, also, lifestyle factors.

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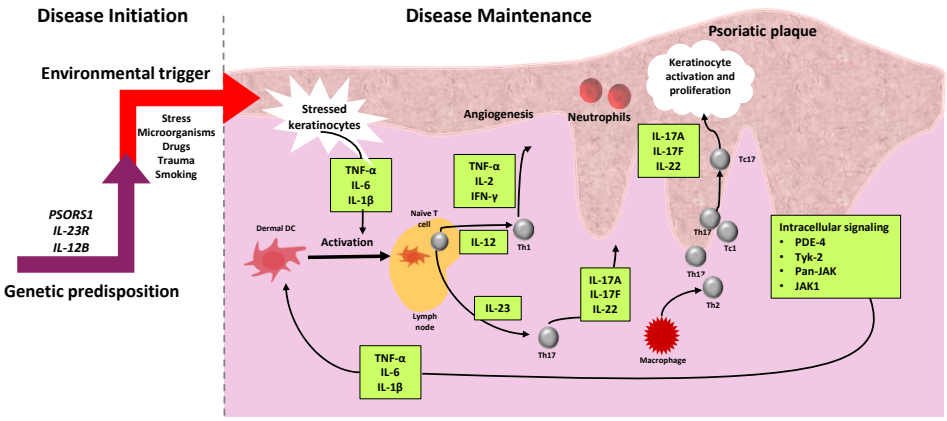

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TRANSCRIPT

So, we're going to talk a little bit about lifestyle later, but smoking is one of those things that can really aggravate psoriasis. So, once you have that genetic predisposition and some environmental trigger, and we might not see an actual trigger, then you see this cascade of inflammatory chemicals or chemokines in the skin. And that's when we see that red scaly flaky plaque on the skin. So, there are a lot of cytokines on this slide that are involved in psoriasis: TNF-alpha and IL 17 and IL 23, and there are these intracellular signaling. All of those contribute. And a lot of our therapies target these cytokines or these intracellular signaling pathways to help us treat psoriasis. And it stops that process, the keratinocyte activation and proliferation.

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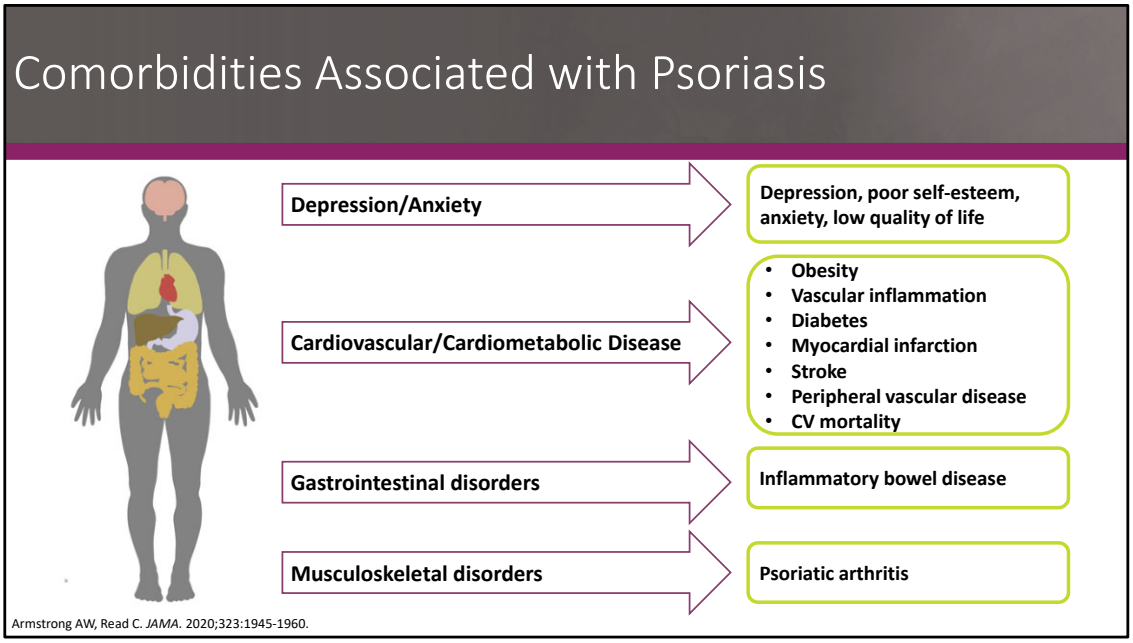

TRANSCRIPT

So, when we talk about comorbidities, there are a lot of comorbidities associated with psoriasis. So, one of the biggest ones is mood disorders. So, depression and anxiety. And psoriasis has a tremendous impact on quality of life. So, when we think about severe skin diseases, studies show that they have a greater impact on quality of life than diseases like insulin-dependent diabetes or even certain types of cancer. And the reason why that is, is because psoriasis is on the skin, and everyone can see it. Everyone. You go to the grocery store, and you're going to pay for your food, the cashier doesn't want you to hand her the money and says, “lay it down on the counter,” because they think maybe the psoriasis is contagious.

I practice in Miami, in a very sunny climate, and I have teenagers and young adults with psoriasis who will wear long sleeves and long pants in the middle of summer because they don't want anyone to see their skin disease, even though it's 95 degrees outside. So, it really affects quality of life because everyone around you knows that you have this condition and people are constantly volunteering: try this, or drink this, or eat this food. And it really, it's hard to escape severe skin disease.

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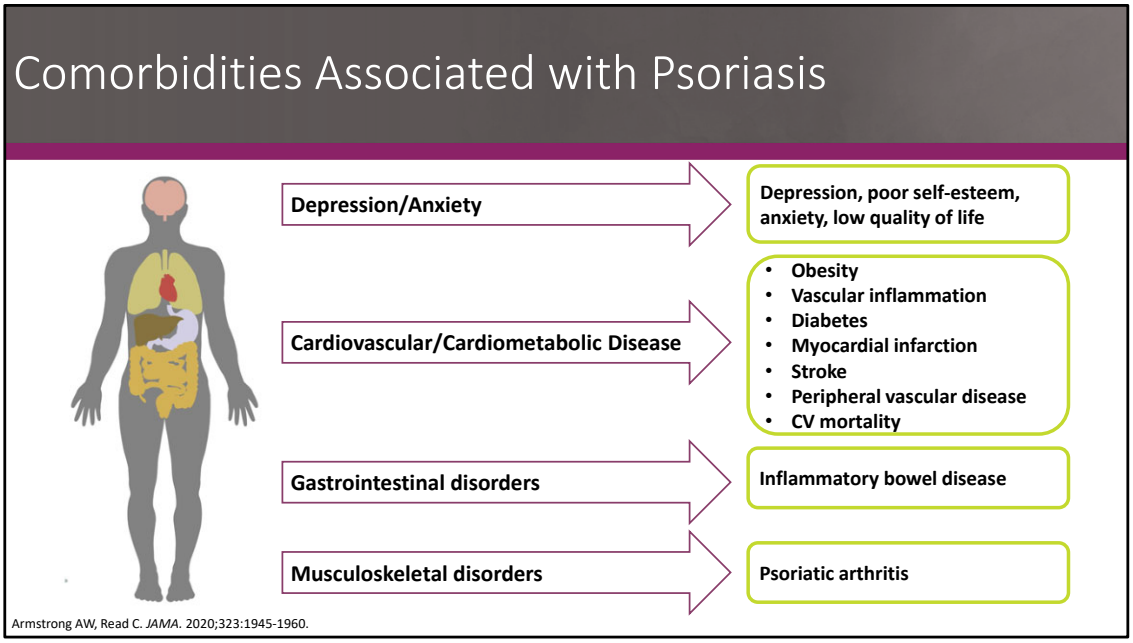

TRANSCRIPT

So, I think that's one of the biggest comorbidities is the impact on mood and quality of life. But other comorbidities are cardiovascular. So, patients with psoriasis have higher rates of coronary artery disease, so they're more likely to have heart attacks and strokes and vascular complications because the inflammation that you see in the skin is also going on inside of the body.

So, that's something that you might not think of. “Oh, it's just a skin disease.” But it really isn't. It really can cause inflammation everywhere in the body. And patients with psoriasis have higher rates of heart disease. Also, inflammatory bowel disease. That's because psoriasis is an autoimmune condition, so it is associated with other autoimmune conditions like Crohn's and ulcerative colitis. And then finally, psoriatic arthritis is a big one that really can affect quality of life because people wake up in pain. So, we think about all of these things when we treat our patients with psoriasis.