

Psoriasis

CATEGORY:

Autoimmune / Autoinflammatory

LOOKS LIKE:

Red, purple, or dark patches (plaques) with well-defined edges (most common type); rashes in skin folds; or nail changes

FEELS LIKE:

Plaques are scaly, thickened, itchy

OUTLOOK:

Long-term (chronic); treatable; symptoms may fluctuate between flare-ups and calm periods

LOCATION:

Anywhere; plaques commonly affect the scalp and the outside of elbows and knees



WHAT IT LOOKS LIKE -



Silvery scaly patches (plaques) – the most common type of psoriasis



Psoriasis plaques on the knees



Psoriasis on the scalp and behind the ear



Close-up of a plaque of psoriasis



Flexural (skin fold) psoriasis in the armpit



Psoriasis affecting the nails

What is it?

Psoriasis is a common skin condition that most often causes scaly patches (plaques) on the skin, although there are several types.

Overall, it is more common in people with pale skin, and frequently first appears in young adults and in 50–60 year olds. However, it can develop at any age and in all ethnicities.

It is neither cancerous nor contagious (cannot spread between people).

Psoriasis

CAUSES -

Both environmental and inherited (genetic) factors may play a role in developing psoriasis, including an **overactive immune system**. Psoriasis can run in families, with about a third of patients having relatives with the condition.

Triggers that may worsen psoriasis include:

- Infections and skin injuries
- Medications (eg, beta blockers, lithium, or malaria treatments)
- Pregnancy
- Obesity
- Alcohol, smoking, and stress
- Sun exposure (too little or too much).

SYMPTOMS -

There are **several types** of psoriasis. The most common type causes **scaly patches called plaques** with the following features:

- Small or large
- Well-defined edges
- Can occur anywhere on the skin although often affect the elbows, knees, and scalp
- Often red with a silvery scale; can also be violet or dark in colour.

Other symptoms of psoriasis include:

- Itching & scratching, leading to bleeding, skin cracking, & thickened skin over time
- Sore rashes where skin rubs together eg, the groin, armpits, or under the breasts
- Nail changes eg, yellow colour, nail dents or ridges, or lifting/coming loose.

Less commonly, psoriasis can affect the palms of the hands and soles of the feet. Rarely, psoriasis can cause pus-filled blisters or a severe, full-body, peeling rash.

COMPLICATIONS -

- · Skin infections.
- · Sleep difficulty due to itching.
- Anxiety, low mood, and reduced self-esteem.
- Areas of pale (hypopigmented) or dark (hyperpigmented) skin.

People with psoriasis also have a higher chance of getting some other medical conditions, such as inflamed joints (arthritis) or eyes (uveitis), inflammatory bowel disease (IBD), diabetes, high blood pressure, or heart disease.

DIAGNOSIS -

Psoriasis is usually diagnosed by a healthcare professional **assessing your skin, scalp, nails, and joints**. A skin sample (biopsy) is often not needed, but is sometimes done if the diagnosis is unclear. If there are concerns for severe disease or other health conditions, you might need other tests (eg, scans or blood tests), or referral to a specialist.

TREATMENT AND PREVENTION -

Depending on the type of psoriasis and how bad it is, treatment options may include:

- Moisturisers to reduce dryness and scaling
- Anti-inflammatory products applied to the skin or scalp — eg, coal tar, Vitamin D products (such as calcipotriol), or steroids
- Ultraviolet light therapy (phototherapy)
- Vitamin A-related medication (retinoids)
- Pills, injections, or intravenous (IV) infusions to calm down the immune system, such as methotrexate, ciclosporin, or infliximab.

Lifestyle changes such as weight loss, cutting down on alcohol, reducing stress, and quitting smoking can also help improve symptoms.

OUTCOME -

Psoriasis is generally a **chronic** disease, meaning it is not curable, but symptoms can usually be managed with treatment. Without treatment, skin plaques may last for a long time. People with psoriasis often have periods where symptoms settle (remission), or flare up (relapse).





https://dermnetnz.org/topics/ psoriasis

Last reviewed in 2025 by Dermatologists from DermNet. © DermNet