

## Treatment of Psoriasis <sup>4, 13</sup>

The first step on the road to treatment is to see a doctor who can diagnose psoriasis. Once you have been diagnosed, you and your doctor can work together to develop a treatment plan.

Though there is no known cure for psoriasis, there are many treatment options that can reduce the symptoms associated with the disease. It is helpful to remember that no single treatment works for everyone. The approach to psoriasis treatment depends on the type, location and severity of your condition, as well as your age and medical history.

Together, you and your doctor can find a treatment that works for you. It's important to stick to the regimen you and your doctor have chosen to get the best results from treatment.

### Who treats psoriasis?

Many people with psoriasis can be treated by a doctor (GP). However, your doctor may refer you to a dermatologist (skin specialist) if symptoms are severe or have not responded well to previous treatments.

### How is psoriasis diagnosed?<sup>4</sup>

In order to diagnose psoriasis, a health care provider simply examines the affected skin. He/she can also examine a piece of skin under the microscope (a procedure called a biopsy), but this is not usually necessary. Your doctor will be able to assess the severity of your disease and help you determine a treatment plan.

### What treatments are available for psoriasis?

Current treatment options fall into three broad categories. Click to find out more about each category:

- [Topical agents](#)
- [Phototherapy](#)
- [Systemic therapy](#)

Many patients complement conventional treatments with alternative therapies<sup>20</sup>.

As more people have become active partners in the treatment of their psoriasis, interest has grown in practices and products that may not be considered part of contemporary allopathic medicine. There are several options available:

- Nutrition (Vitamins, supplements)
- Herbal medicine
- Acupuncture
- Massage
- Biofeedback

- Yoga, or stress reduction techniques.

Check with your doctor before beginning any new treatment. Always make sure your doctor is aware of any natural or herbal product (including vitamins and supplements) you are using, as some may interact with prescription medications.

## Topical Agents 14,15,16

Topical treatments are applied directly to the skin and are usually the first line of defense for treating psoriasis. Topical agents slow down or normalise excessive cellreproduction and reduce the inflammation associated with psoriasis.

Treatments include corticosteroids, vitamin D3 and coal tar.

- **Corticosteroids:** routinely used to treat psoriasis; potency varies from mild to very strong; they work by reducing the swelling and redness of lesions
- **Calcipotriene Calcipotriol (vitamin D3) :** slows rate of skin cell growth, flattens and removes scales in psoriasis. It also can be used to treat psoriasis on the scalp and nails.
- **Combined Calcipotriol& Betamethasone Product:** slows skin cell growth, flattens lesions, removes scale and reduces itch and inflammation.
- **Tazarotene:** derivative of vitamin A (retinoid); tazarotene is a water-based emollient that slows the rapid growth of skin cells found in psoriasis
- **Tar:** can help slow the rapid growth of skin cells and restore the skin's appearance. In addition, it can help reduce the inflammation, itching and scaling of psoriasis.
- **Salicylic acid:** is considered as a keratolytic, or peeling agent, and works by causing the outer layer of skin to shed. It acts as a scale lifter, helping to soften and remove psoriasis scales.

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## Phototherapy <sup>17</sup>

Phototherapy or light therapy, involves exposing the skin to ultraviolet light on a regular basis and under medical supervision. The key to success with light therapy is consistency.

There are several options:

- **Ultraviolet B (UVB) Phototherapy:** Present in natural sunlight, ultraviolet light B (UVB) is an effective treatment for psoriasis. UVB penetrates the skin and slows the rapid growth of skin cells associated with psoriasis. Treatment involves exposing the skin to an artificial UVB light source for a set length of time on a regular schedule.
- **Psoralen & Ultraviolet A Phototherapy (PUVA):** Like UVB, ultraviolet light A (UVA) is present in sunlight. Unlike UVB, UVA is relatively ineffective unless used with a light-sensitising medication such as psoralen. This process, called PUVA, slows down the excessive cell growth of psoriasis and can clear symptoms for varying periods of time.
- **Lasers:** They are used for treating chronic, localised plaque lesions. Individual response to the treatment varies.

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## Systemic Therapy <sup>18</sup>

Systemic medications work from within the body and are usually reserved for patients with moderate-to-severe psoriasis disease or patients who are not responsive to, or ineligible for, conventional topical medications or UV light treatments. Systemic medications are administered orally or by injection.

- **Methotrexate:** Methotrexate binds to and inhibits an enzyme involved in the rapid growth of cells. In individuals with psoriasis, the drug slows down the rate of skin cell growth.
- **Cyclosporin:** capsule taken daily; it suppresses the immune system in an effort to slow skin cell growth.
- **Acitretin:** a retinoid (vitamin A analog) that is taken orally; works by slowing down the rapid production of skin cells and allows shedding to produce normal skin.
- **Biologics:** newest treatment option; biologics act by blocking the action of certain immune cells or chemical messengers that play a role in psoriasis and psoriatic arthritis.

Doctors often take what is commonly known as a "1-2-3 approach". This approach begins with topical therapy, then moves to phototherapy and, eventually, systemic therapy, which includes biologics. The "1-2-3 approach" evolved because treatments that work well at first may lose their effectiveness over time. Also, a treatment that works very well in one person may have little effect in another. Thus, doctors often use a trial-and-error approach to find a treatment that works, and they may switch treatments periodically (for example, every 12 to 24 months) if a treatment does not work or if adverse reactions occur. <sup>19</sup>

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