

Psoriasis

Psoriasis is a Chronic inflammatory skin disease characterized by reddish, scaly lesions. It is not contagious. Flare-ups can occur throughout life. There is a genetic predisposition to psoriasis. It affects **2.3%** of the population, and both sexes **equally**. It is a **benign process**, but in its moderate and severe forms it can **decrease** the quality of life of the people who suffer from it with **negative** psychological repercussions. **People with psoriasis**, especially moderate and severe forms, may present **with** an increased risk of **cardiovascular diseases, metabolic syndrome** (diabetes, hypertension, cholesterol, elevated triglycerides, obesity), **inflammatory intestinal disease, depression.**

It can be controlled **with treatment.**

What factors affect psoriasis?

Trauma, infections, stress, anxiety, **smoking**, alcohol, obesity and some drugs (such as lithium, beta-blockers, antimalarials, anti-inflammatories and suppression of systemic corticosteroids) **can trigger an outbreak or make it worse.** It does not affect sexual activity.



How is it treated?

Avoid Triggering factors. **Use moisturizer every day** to improve **skin** elasticity and topical treatments according to medical prescription.

A Mediterranean diet and maintaining a healthy weight are recommended. Psychological support or a psycho-emotional approach **may be necessary.**

What are the different topical treatment options and how important are they?



In mild to moderate psoriasis, topical treatment is the pillar of **psoriasis management.** Following **your doctor's instructions is essential** for treatment **efficacy.** In the topical treatment of psoriasis, both the medication and the texture or dosage form are taken into account. A suitable **formulation provides** greater comfort and satisfaction with the treatment.

- **Hydrophobic gels or lipogels: simple to use, easy to apply** and quick absorption. They are not visible on the skin and do not stain clothes. They do not need to be rinsed with water. **Can be applied** both to the body and scalp.
- **Ointments and creams: longer to apply and not as pleasant,** they leave a residue. They are not useful **to treat** hairy areas such as the scalp.
- **Lotions and foams: Easy to apply, although they can be irritating if they contain alcohol.**
- **Shampoos: For hair and scalp. There are shampoos that contain active ingredients specifically designed for this area.**

The choice of formulation is made on the basis of the **location of the lesions:**

- **Scalp:** Gels, shampoos, foams, lotions
- **Face:** Creams, lotions, gels
- **Thick skin:** Gels, ointments, salves
- **Folds:** Creams, powders, pastes

Association of psoriasis patients:
www.accionpsoriasis.com