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THE LATEST ON

Psoriasis

8 MILLION
Number of Americans who have psoriasis.
SOURCE: National Psoriasis Foundation

METABOLIC
CONNECTION

Metabolic syndrome—a cluster of health issues including high blood pressure, cholesterol, and blood sugar—raises your chance for diabetes, heart disease, and stroke. In general, about one in four women have metabolic syndrome. But, according to a study of 3,723 adults, about one in three women with psoriasis have it. Psoriasis doesn’t seem to have the same effect on men. Although psoriasis has no cure, you can reduce your odds for these other chronic diseases. Talk to your doctor about your individual case.

SOURCE: Journal of the European Academy of Dermatology and Venereology

A SUPPLEMENT TO REDUCE INFLAMMATION?

Doctors often say there’s little or no evidence to prove the benefits of herbal remedies. But, curcumin for psoriasis may be an exception. Bright orange curcumin is the main component in the spice turmeric. Clinical trials suggest that curcumin supplements reduce inflammation in people with psoriasis or psoriatic arthritis. A new experiment offers a possible explanation. Researchers studied the effects of curcumin on the cells of people with and without psoriatic diseases. In both groups, the plant-derived chemical reduced production of two inflammatory substances in cells. The findings may bolster the case for curcumin supplements in people who have psoriasis. Talk to your doctor first, though, before trying this or any other supplement.

SOURCE: Nutrition Research

10% TO 30%
Percentage of people with psoriasis who eventually develop psoriatic arthritis.
SOURCE: National Psoriasis Foundation

ITCHING AFFECTS MENTAL HEALTH

Itching can really bring you down. People who live with ongoing itch, including those who have psoriasis, are between two and three times more likely to be depressed than people who don’t itch, according to a study of 4,530 people, both with and without skin conditions that involve itch. Thoughts about suicide are more likely in people with skin conditions that cause itching. However, depression and suicidal thoughts are not always symptoms of psoriasis; if you have thoughts about suicide or think you might be depressed, seek help. Call the National Suicide Prevention Lifeline at 800-273-TALK (8255). Treatment works.

SOURCE: Journal of Investigative Dermatology

For more information and exclusive videos, visit WebMD.com/psoriasisnowfuture
Certain regular habits may keep psoriasis flares at bay. For advice on staying healthy this summer, Linda Lee, MD, assistant professor of dermatology at Froedtert and the Medical College of Wisconsin, offers information to help you better deal with this condition.

GET OUT INTO THE SUN, BUT CAREFULLY
“Interestingly, most patient’s skin improves to some degree in summer because of a very narrow, limited wavelength of ultraviolet light, UVB, that is known to decrease inflammation in the skin,” Lee explains. This isn’t permission to sunbathe with abandon, she cautions; too much sun can trigger flares, and increase skin cancer risk. Stay indoors between 10 a.m. and 3 p.m., when sunlight is strongest.

While outside at other times, wear a hat, sunglasses that block UVA and UVB light, and sun-protective clothing. Protect any exposed skin with sunscreens of at least 30 SPF. Lee recommends her patients use products that contain zinc oxide or titanium dioxide.

MINIMIZE TRAUMA AND FRICTION
Research shows that trauma to the skin—from injuries such as cuts or scrapes—can trigger psoriasis in that spot. “Trauma avoidance is important, especially when the weather is nice and people are more active,” Lee says. She recommends protecting your skin when you can; for example, consider protective gear such as knee- and elbow-pads when you strap on rollerblades.

Friction can also damage the skin and cause psoriasis to flare, particularly in the armpits, groin area, and under the breasts. Avoid tight-fitting clothes, and consider carrying an extra outfit on hot days so you can switch out damp items that may chafe. When wiping away sweat, be gentle. Never scrub aggressively, Lee says.

WASH YOUR HANDS FAITHFULLY
Strep infections are a common psoriasis trigger, and the best defense against strep is careful handwashing, Lee says. Adopt a thorough hand-washing routine, using warm running water and soap, and scrubbing your hands for at least 20 seconds. Rinse and then dry with a clean towel.

Wash your hands before and after preparing food, before eating, after using the bathroom, and anytime you cough or sneeze. Don’t share cups or utensils with others.

MANAGE STRESS
Multiple research studies link stress to psoriasis flares. “If patients are more aware of that, they can try to modulate their stress level,” Lee says. Get to know the healthy habits that ease stress for you, such as taking walks, calling a friend, or listening to music.

MAINTAIN A GOOD RELATIONSHIP WITH YOUR DOCTOR
Communicating with your dermatologist could help keep flares at bay. If your psoriasis flares often, you may need a different treatment regimen. Talk to your doctor if you’re having trouble. “Some treatments work for a patient for decades and then all of a sudden the treatment modality poops out and you need something different,” Lee says.

“We have a very, well-stocked, multiteried kind of toolbox to help patients with psoriasis safely.”
I have **moderate to severe plaque psoriasis**

**THE OPPORTUNITY FOR NOTHING ON MY SKIN MEANS EVERYTHING TO ME**

**NOTHING IS EVERYTHING**

KEEP YOUR SKIN CLEARER **WITH 4 DOSES A YEAR**

**AFTER 2 STARTER DOES**

**OF THOSE, NEARLY**

**9 OUT OF 10 PEOPLE SUSTAINED IT**

**THROUGH 1 YEAR**

**AT 1 YEAR, NEARLY**

**9 OUT OF 10 PEOPLE ACHIEVED**

**100% CLEAR SKIN**

**SKYRIZI USE**

SKYRIZI® is a prescription medicine used to treat adults with moderate to severe plaque psoriasis who benefit from taking injections or pills (systemic therapy) or treatments using ultraviolet or UV light (phototherapy)

**IMPORTANT SAFETY INFORMATION**

What is the most important information I should know about SKYRIZI® (risankizumab-rzaa)?

SKYRIZI® may cause serious side effects, including infections. SKYRIZI® is a prescription medicine that may lower the ability of your immune system to fight infections and may increase your risk of infections. Your healthcare provider should check you for infections and tuberculosis (TB) before starting treatment with SKYRIZI® and may treat you for TB before you begin treatment with SKYRIZI® if you have a history of TB or have active TB. Your healthcare provider should watch you closely for signs and symptoms of TB during and after treatment with SKYRIZI®.

Tell your healthcare provider right away if you have any of the conditions or symptoms listed in the section “What are the possible side effects of SKYRIZI®?”

**ASK YOUR DERMATOLOGIST ABOUT SKYRIZI**

**SEE MORE AT SKYRIZI.COM**

**USE SKYRIZI exactly as your healthcare provider tells you to use it.**

**What are the possible side effects of SKYRIZI®?**

SKYRIZI® may cause serious side effects. See “What is the most important information I should know about SKYRIZI®?”

The most common side effects of SKYRIZI® include upper respiratory infections, fungal skin infections, headache, feeling tired, and injection site reactions. These are not all the possible side effects of SKYRIZI®. Call your doctor for medical advice about side effects.

Use SKYRIZI® exactly as your healthcare provider tells you to use it.

**Please see the following page for important product information for patients.**

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit AbbVie.com/myAbbVieAssist to learn more.
SKYRIZI® (sky-RIZZ-ee)
(risankizumab-rzaa)
injection, for subcutaneous use

**What is SKYRIZI?**

SKYRIZI is a prescription medicine used to treat adults with moderate to severe plaque psoriasis who may benefit from taking injections or pills (systemic therapy) or treatment using ultraviolet or UV light (phototherapy).

It is not known if SKYRIZI is safe and effective in children under 18 years of age.

Before using SKYRIZI, tell your healthcare provider about all of your medical conditions, including if you:
- have any of the conditions or symptoms listed in the section “What is the most important information I should know about SKYRIZI?”
- have an infection that does not go away or that keeps coming back.
- have TB or have been in close contact with someone with TB.
- have recently received or are scheduled to receive an immunization (vaccine). You should avoid receiving live vaccines during treatment with SKYRIZI.
- are pregnant or plan to become pregnant. It is not known if SKYRIZI can harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if SKYRIZI passes into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

**How should I use SKYRIZI?**

See the detailed “Instructions for Use” that comes with SKYRIZI for information on how to prepare and inject a dose of SKYRIZI, and how to properly throw away (dispose of) used SKYRIZI prefilled syringes.

- Use SKYRIZI exactly as your healthcare provider tells you to use it.
- If you miss your SKYRIZI dose, inject a dose as soon as you remember. Then, take your next dose at your regular scheduled time. Call your healthcare provider if you are not sure what to do.
- If you inject more SKYRIZI than prescribed, call your healthcare provider right away.

**What are the possible side effects of SKYRIZI?**

SKYRIZI may cause serious side effects. See “What is the most important information I should know about SKYRIZI?”

The most common side effects of SKYRIZI include:
- upper respiratory infections
- feeling tired
- fungal skin infection
- injection site reactions
- headache

These are not all of the possible side effects of SKYRIZI. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**How should I store SKYRIZI?**

- Store SKYRIZI in the refrigerator between 36°F to 46°F (2°C to 8°C).
- Do not freeze SKYRIZI.
- Do not shake SKYRIZI.
- Keep SKYRIZI in the original carton to protect it from light.
- SKYRIZI is not made with natural rubber latex.

Keep SKYRIZI and all medicines out of the reach of children.

**General information about the safe and effective use of SKYRIZI**

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use SKYRIZI for a condition for which it was not prescribed. Do not give SKYRIZI to other people, even if they have the same symptoms that you have. It may harm them. You can ask your healthcare provider or pharmacist for information about SKYRIZI that is written for health professionals.

**What are the ingredients in SKYRIZI?**

Active ingredient: risankizumab-rzaa

Inactive ingredients: disodium succinate hexahydrate, polysorbate 20, sorbitol, succinic acid, and Water for Injection, USP.

This is a brief summary of the most important information about SKYRIZI. If you would like more information, talk with your pharmacist or doctor.
PSORIASIS
TIPS TO PREVENT AND RELIEVE SYMPTOMS
By Matt McMillen
Reviewed by Michael W. Smith, MD, WebMD Chief Medical Editor

1 COOL OFF
Take a cold shower or use cold packs to help relieve itching.

2 TALK ABOUT IT
Ease your emotional burden by discussing your psoriasis with friends and family.

3 MAKE A PLAN
In a new relationship? Decide when and how to discuss your psoriasis.

4 KNOW YOUR TRIGGERS
Control your psoriasis by learning and avoiding your triggers.

5 GO OUTSIDE
Expose your affected skin to the sun for five minutes a day.

6 PROTECT YOURSELF
Avoid sunburns, which can make psoriasis worse.

7 FIND FRIENDS
Join a support group so you don’t face psoriasis alone.

8 BRUSH UP
Improve your dental hygiene to potentially improve your psoriasis.

9 IMBIBE LESS
Alcohol can trigger flares, so reduce the amount you drink.

10 GET HELP
Talk with your doctor about depression, which often accompanies psoriasis.

EXPERT TIPS

Benjamin Kaffenberger, MD
dermatologist, The Ohio State University Wexner Medical Center

“If you are overweight or obese, you may see improvements to your psoriasis if you lose weight. If possible, see a nutritionist to develop an effective weight loss plan. In general, this plan would include decreasing or stopping sugary drinks and empty calories, while increasing natural foods such as vegetables, fruits, and nuts.”

Michele S. Green, MD
dermatologist, Lenox Hill Hospital, NYC

“Dry skin can make psoriasis painful and uncomfortable, so apply moisturizer as needed to hydrate your skin. Use a thick moisturizer rich in ceramides, hyaluronic acid, and glycerin. Moisturize your skin while it’s damp to lock in moisture and keep your skin hydrated.”

Kyle Cheng MD, MS
dermatologist, assistant clinical professor, UCLA Division of Dermatology, and director of the UCLA Psoriasis Specialty Clinic

“Stress plays a huge role in psoriasis. Consider doing activities to alleviate stress such as meditation, yoga, or tai chi. Lack of sleep also produces higher levels of stress hormones. Try to practice good sleep hygiene such as no screen time 30 minutes prior to bed and avoiding caffeine, alcohol, or nicotine.”
Psoriasis is an inflammatory disorder usually triggered by a combination of factors, says Jessica Kaffenberger, MD, a dermatologist and principal investigator of psoriasis clinical trials at The Ohio State University Wexner Medical Center. For starters, the disease often runs in families. Scientists have identified dozens of genetic variants that make someone susceptible to psoriasis. “While genetics plays a big part, it’s not the sole reason people develop psoriasis,” Kaffenberger explains. In addition to genetics, here are other common triggers that can start or worsen the disease.

**INFECTIONS**
Streptococcus infections (the culprit in strep throat) can trigger a type of psoriasis known as guttate psoriasis, which causes small lesions on the trunk and arms and is most common in children and young adults. In some cases, this develops into chronic psoriasis.

**MEDICATIONS**
Some medicines can trigger psoriasis or make it worse. Common ones include beta blockers, typically prescribed for high blood pressure and other heart problems; antimalarial drugs used to treat RA, lupus, and malaria; and lithium, a psychiatric medicine often used for bipolar disorder.

If your symptoms appear after starting one of these medications, talk to your doctor about trying alternative medicines. Halting the problematic medication (with your medical team’s help) should cause psoriasis symptoms to improve. But in some cases the disease will remain, Kaffenberger says.

**STRESS**
Kaffenberger says many patients report that their psoriasis symptoms first develop after a stressful event. Although researchers are not sure why stress is a psoriasis trigger, it might be that the body responds to stress with inflammation, and psoriasis may be the result of an overabundance of inflammatory chemicals.

**DRINKING AND SMOKING**
Cigarette smoking and heavy alcohol consumption (beyond a drink or two per day) can both trigger psoriasis. If you need help quitting cigarettes or alcohol, talk to your doctor, who can offer tools to help you quit.

**SKIN INJURIES**
Some people develop patches of psoriasis on their skin at the site of an injury such as a cut or surgical wound, due to a malfunction in the skin as the wound heals. Talk to your dermatologist if you notice red, raised patches of skin forming after an injury.

**TOO MUCH WEIGHT**
A high body mass index (BMI), or carrying too much weight, can increase your risk for psoriasis, Kaffenberger says. Fatty tissue is associated with inflammatory cytokines in play with psoriasis. Studies suggest that eating a balanced, low-calorie diet may ease psoriasis symptoms by helping with weight loss, Kaffenberger says. She adds that patients who undergo bariatric surgery often see an improvement in psoriasis symptoms.
MY LIFE WITH PSORIASIS

LEARNING TO MANAGE AND TAKE CONTROL

By Ashley Dillahunty
Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor

One summer morning, about 16 years ago, I woke up and found my stomach covered with tiny red spots. By the next day, my stomach, thighs, and the front and back of my legs were all covered. I saw an internist who suggested I had picked up a contagious rash, followed by an allergist who didn’t think I was having an allergic reaction but wasn’t sure what was wrong.

By the time I saw a dermatologist, I was freaking out. I was in my mid-20s and living in Los Angeles, the land of beaches and bikinis. Although she quickly diagnosed guttate psoriasis, a form that causes reddish teardrop-shaped spots, I was only partially relieved. Would my skin always look so gross? How could I go on dates or spend time with friends outdoors while covered with spots?

When I reflect back, I’m a bit ashamed because my initial reaction seems so shallow. One of my best friends has cancer now; psoriasis isn’t life-threatening. But I know that it can make people who are newly diagnosed—especially young people—feel like their life is ruined. I want to assure you that it is not, and that you can take proactive steps to control your condition so it doesn’t control you.

MANAGING MY DISEASE

The dermatologist who diagnosed me prescribed a steroid cream, and despite her warnings that my skin might not clear up, all the spots disappeared within a week. I didn’t have another flare for more than a decade, but in the past few years, I’ve had several. Whenever I see those familiar spots reemerge, I start using the steroid cream, but I also stop and think about what I might have been doing that could have led to a flare.

My sister has psoriasis, too (she has plaque psoriasis), and I know that triggers are different for everyone. For me, stress is major. Whenever I’ve had a flare, I’ve been very busy at work and not exercising enough. Alcohol and caffeine seem to be triggers for me as well, so I’ve cut back on both. I also figured out that it is really important for me to keep my skin moisturized, so I started applying tons of lotion and drinking more water.

Meanwhile, I’ve learned to open up to others about my condition. I used to be so embarrassed, but talking about it with friends helps to end the stigma. Connecting with others who have it helps, too. I’ve even gotten some tips from Kim Kardashian thanks to social media; she also has psoriasis and often posts about it. I’ve used some of her advice to cover spots on my body with makeup when I’ve had to go out during a flare. It is a quick fix that helps me relax because I’m not seeing the spots or worried that others are staring at them. If I can stop focusing on my psoriasis, even for a little while, I feel a lot better.
WHAT TO KNOW

YOU CAN LIVE WELL WITH PSORIASIS, THANKS TO THE MANY EFFECTIVE TREATMENTS NOW AVAILABLE

By Erin O’Donnell
Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor

If you’ve been diagnosed with psoriasis, dermatologists have a growing array of options to treat this inflammatory disease. “The biggest problem is deciding which medications to use, which is a good problem to have,” says Adam Friedman, MD, FAAD, professor of dermatology at the George Washington University School of Medicine & Health Sciences. And with the right treatment, some people see their symptoms clear entirely, he says.

TREATMENTS APPLIED TO THE SKIN

These medications usually are offered to people with just a few spots of psoriasis on their skin (also called “plaques”), or used in combination with other medications to treat more severe cases. In mild cases, your dermatologist may prescribe a steroid cream, which penetrates the skin, going directly to skin cells to control inflammation and itching. He or she may also recommend a vitamin D analog cream, such as calcipotriene or calcitriol, which makes the steroid cream more effective and slows the rapid turnover of skin cells that triggers plaques. Another option is to use a lotion that contains two retinoids, halobetasol and tazarotene, which can ease the skin irritation some patients experience with a single retinoid, Friedman says.

LIGHT THERAPY

Mild cases of skin psoriasis may respond well to a specific type of ultraviolet radiation, narrow-band UVB. “We’re not 100% sure how it works, but two possible mechanisms are that it’s anti-inflammatory, and it slows skin turnover,” Friedman says. You need frequent, short treatments with a UVB lamp at your dermatologist’s clinic—about three times a week—so it works best if you live nearby. Home lamps (covered by some insurance plans) are also available.

ENZYME INHIBITORS

If you have plaques and psoriatic arthritis, your dermatologist may prescribe a systemic medication to treat your disease from the inside out. An oral medication known as apremilast blocks an enzyme known as PDE-4, disrupting the inflammatory response.

IMMUNOSUPPRESSANTS

Another type of medication often taken by mouth, immunosuppressants dampen the immune response and slow the growth of skin cells, which increase too rapidly in patients with psoriasis. These drugs include cyclosporin and methotrexate. They are not recommended for women who are pregnant or nursing, and may cause side effects such as liver damage.

BIOLOGICS

These newer medications, including TNF blockers and interleukin blockers, are useful for moderate to severe psoriasis. They target parts of the immune system that play a role in psoriasis, such as cytokines and T cells. These medications are injected or given as intravenous (IV infusions), so patients must give themselves shots or visit a dermatologist regularly for treatment.
**STATS & FACTS**

**12 to 25**
Most common age range at diagnosis, although psoriasis can develop at any age.

**1 in 3**
Number of people who have psoriasis who also have a relative with the condition.

**125 million**
Number of people who have psoriasis worldwide.

**10%**
Chance that a child will develop psoriasis if one parent has it, and 50% if both parents have it.

**2 x**
Number of white Americans who have psoriasis compared with African Americans.

**60%**
Percentage of people with psoriasis who say it is a big problem in their daily life.

**3% to 10%**
Percentage of your body’s surface that moderate psoriasis affects. (Your hand is about 1% of your body’s surface.)

**Sources:** National Psoriasis Foundation, American Academy of Dermatology
SKIN SMARTS

HOW MUCH DO YOU KNOW ABOUT WHAT CAUSES PSORIASIS AND HOW TO CONTROL IT? TAKE THIS QUIZ TO FIND OUT.

By Barbara Brody
Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor

1. Psoriasis is contagious.
   ○ True ○ False

2. Psoriasis only affects your skin.
   ○ True ○ False

3. Stress increases the risk of a flare-up.
   ○ True ○ False

4. People with psoriasis should avoid the sun.
   ○ True ○ False

5. All psoriasis treatments are applied to your skin.
   ○ True ○ False

ANSWERS:

1. False. This is a common misconception. The truth is that psoriasis is an immune dysfunction disorder; it is not something you can catch by touching someone who has it.

2. False. People with psoriasis have an immune system that is too active. The same overactive immune response that causes skin cells to pile up can also cause inflammation throughout the rest of the body. People with psoriasis are more likely to also have cardiovascular disease, diabetes, and an inflammatory joint condition called psoriatic arthritis.

3. True. Stress is a common trigger for many people with psoriasis. When you are stressed, your body releases more inflammatory chemicals. That inflammation, in turn, may lead to a flare-up in people who have psoriasis.

4. False. Many people with psoriasis find their symptoms improve when they get some sun. The catch is that too much sun raises your chances for skin cancer, so ask your doctor how much exposure you can safely get. Your doctor might recommend ultraviolet (UV) light therapy, which produces a set amount of UV light.

5. False. Most people with psoriasis use treatments that are applied to the skin, like medicated lotions, but there are also a number of oral and injectable medications available. These drugs, which suppress an overactive immune response, are most often used when symptoms are severe and aren’t well-controlled with creams and lotions.