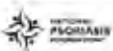


Psoriasis isn't contagious, but awareness is.



Learn more at www.psoriasis.org

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See attached materials for Great Information & Word Find Puzzle!

COMMUNITY RESOURCE BULLETIN

August is Psoriasis Awareness Month

7.5 Million People in the U.S. Have Psoriasis

Non-contagious autoimmune condition

August is Psoriasis Awareness Month. Psoriasis is an autoimmune disease which affects 7.5 million people in the U.S. and mostly appears in adults. About 150,000 new cases are reported each year. It's a serious medical condition which has no known cure. Psoriasis typically occurs on the knees, scalp, elbows, hands, and feet. In severe cases, skin will be itchy, dry, and scaly.

While there's no cure for psoriasis, the disease is not contagious and is treatable. Treatments range from over-the-counter lotions and ointments for less severe to biologic drugs for severe cases. Plaque psoriasis is the most common form of psoriasis and appears with raised red patches on the skin with a scaly, itchy buildup.

Psoriatic arthritis leads to pain and swelling in the joints, along with psoriasis on the skin. Treatments for psoriatic arthritis include exercise, biologic drugs, steroids, and NSAIDS.

Having psoriasis can take an emotional toll on those who have the condition; stress may cause flare ups. It's important to control stress and try to maintain a positive attitude to avoid making the condition worse.



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Psoriasis

Psoriasis is a chronic, autoimmune disease that appears on the skin. It occurs when the immune system sends out faulty signals that speed up the growth cycle of skin cells. Psoriasis is not contagious and affects as many as 7.5 million Americans. Up to 30 percent of individuals with psoriasis also develop psoriatic arthritis, which causes pain, stiffness and swelling of the joints.

Psoriasis can occur on any part of the body and is associated with other serious health conditions, such as diabetes, heart disease and depression. Psoriasis can be triggered by internal or external factors which vary from person to person.

Types of psoriasis

There are five types of psoriasis:

Plaque psoriasis is the most common form of the disease and appears as raised, red patches covered with a silvery white buildup of dead skin cells or scale. These patches or plaques most often appear on the scalp, knees, elbows, and lower back. They are often itchy and painful, and they can crack and bleed.

Guttate [GUH-tate] psoriasis often starts in childhood or young adulthood and comes on suddenly. This form of psoriasis appears as small, red, individual spots on the skin—usually on the trunk and limbs. A variety of conditions can trigger guttate psoriasis, including upper respiratory infections, strep throat, tonsillitis, stress, injury to the skin and certain drugs including antimalarials and some blood pressure medications. This is the second most common type of psoriasis, after plaque psoriasis. About 10 percent of people who get psoriasis develop guttate psoriasis.

Inverse psoriasis is found in the armpits, groin, under the breasts, and in other skin folds around the genitals and the buttocks. This type of psoriasis appears as bright-red lesions that are smooth and shiny. Inverse psoriasis is subject to irritation from rubbing and sweating because of its location in skin folds and tender areas. Many people have another type of psoriasis elsewhere on the body at the same time.

Pustular [PUHS-choo-lar] psoriasis is primarily seen in adults and is characterized by white blisters of noninfectious pus (consisting of white blood cells) surrounded by red skin. Pustular psoriasis may appear only on certain areas of the body, such as the hands and feet, or cover most of the body. It begins with reddening of the skin followed by formation of pustules and scaling. Pustular psoriasis may be triggered by internal medications, irritating topical agents, overexposure to UV light, pregnancy, systemic steroids, infections, stress and sudden withdrawal of systemic medications or potent topical steroids.

Erythrodermic [eh-REETH-ro-der-mik] psoriasis is a particularly inflammatory and dangerous form of psoriasis that affects most of the body surface. It is characterized by periodic, widespread, fiery redness of the skin and the shedding of scales in sheets, rather than smaller flakes. The reddening and shedding of the skin is often accompanied by severe itching and pain, increased heart rate, and fluctuating body temperature. It is a rare type of psoriasis, occurring once or more during the lifetime of 3 percent of people who have psoriasis. It generally appears on people who have unstable plaque psoriasis. This means the lesions are not clearly defined. If you have this form of psoriasis, see a physician immediately.



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Treatment information

Treatments listed below may be used alone or in combination with other treatments.

Topical treatments with and without steroids usually are the first line of defense in treating psoriasis. Topicals slow down or normalize excessive cell reproduction and reduce psoriasis inflammation. There are several effective topical treatments for psoriasis. While many can be purchased over the counter (OTC), others are available by prescription only.

Phototherapy, also known as light therapy, involves exposing the skin to ultraviolet light on a regular basis and under medical supervision. Treatments are done in a health care provider's office or at home with a phototherapy unit. The key to success with light therapy is consistency.

Systemic medications are prescription drugs that work throughout the body. They are used for individuals with psoriatic arthritis and those with moderate to severe psoriasis whose symptoms are unresponsive to other treatments. Systemic medications are taken orally, by injection or infusion and fall into two categories—traditional systemics and biologics.

A biologic is a protein-based drug that targets specific parts of the immune system to treat psoriatic disease.

Complementary and alternative medicine (CAM) is a group of diverse medical and health care systems, practices and products that are not presently considered to be part of conventional, or Western, medicine. CAM therapies include diet and nutrition, herbal remedies, and more.

Keep in mind—No single psoriasis treatment works for everyone. Working closely with a dermatologist is key to bringing psoriasis into remission.

Emotional impact

People with psoriasis or psoriatic arthritis change physically and emotionally. Relationships, careers, and self-worth can be strained if your emotions are not addressed. Do you have feelings of stress, anxiety, anger, loneliness or sadness?



It is important to learn how to treat the physical symptoms of psoriatic disease. But learning to recognize and manage your feelings about having psoriasis or psoriatic arthritis is just as important. Your family members, friends and health care providers also need to understand the emotional side of having psoriatic disease and see it as a major part of living with the disease.

Cope with stress

Stress can cause your psoriatic disease to flare for the first time. If you already have psoriatic disease, stress can irritate your current symptoms. If your symptoms flare, that can cause more stress. Stress can negatively affect treatments – slow them down or make them less effective.

Relaxation and stress reduction techniques may help prevent stress from making psoriatic disease symptoms worse. Although decreasing stress may not stop a flare, it may lessen its harmful effects.

Long-term, chronic stress can have damaging results. It can cause an increase in unhealthy behaviors including eating too much or too little, excessive drinking or smoking, sleeping more than necessary or less, and not following treatments. Chronic stress can also increase anxiety and negative thinking that can then cause more stress and more unhealthy behaviors. Because stress can be continuous, it is important to identify your stressors and break the cycle of unhealthy behaviors.

Ways to reduce stress:

- Take part in activities that you enjoy
- Take care of yourself by changing unhealthy lifestyle habits
- Say "No" to new responsibilities that may cause stress
- Try meditation and/or relaxation methods
- Try exercise, yoga or tai chi

Stop negative thoughts

Negative thinking can lower your self-esteem and affect your daily life and relationships. Learn to identify negative thoughts and stop them. Negative thought patterns include:

- **Overgeneralizing** is making too much of an unpleasant event that only happened once. An example is if you once heard rude comments about your psoriasis while eating out, and now you think that this will happen every time you go to a restaurant.
- **Catastrophic thinking** is always thinking of the worst-case scenario. An example is believing if you go to the hairdresser, they will refuse to cut your hair because they think you look disgusting.
- **Personalizing** is feeling upset about something that never happened. An example is feeling upset because no one sat next to you on the bus due to psoriasis on your skin.

- **Ignoring the positive** is focusing only on the negative aspects of a situation or your appearance. An example is if someone pays you a compliment but you think they are only feeling sorry for you.

Recognize the signs of depression

Depression can have an impact on your overall quality of life. It affects your body, mood and thoughts. Symptoms of anxiety and depression can change from day to day. Some symptoms of depression include:

- Weakness, fatigue or lack of energy
- Eating more or eating less
- Sleeping more or sleeping less
- Feelings of sadness, loneliness or isolation
- Anxiety
- Hopelessness or helplessness
- Thoughts of suicide

If you are struggling to take control of your psoriatic disease or have symptoms of depression, reach out to someone you trust. This can be a friend, family member or mentor. Or consider making an appointment with a mental health care provider.

Regain your self-esteem and live your healthiest life

Although living with psoriatic disease can be challenging, using coping strategies and effectively managing your stress can help improve your quality of life.

Ways to cope:

- Find and work with a health care provider you trust
- Follow your treatment regimen or seek better options
- Learn about psoriatic disease and treatments
- Accept your feelings
- Identify and reduce stressors
- Manage your expectations
- Turn negative thoughts into positive thoughts
- Talk with friends, family or a mentor for support
- Find a mental health care provider

Tips and resources

There are positive ways to respond if people stare or say something rude:

- Nod or smile at the person to show that you are aware of them.
- Make quick effective comments, such as, "I have psoriasis. Don't worry. It isn't contagious."
- Try to bring in humor to relax both yourself and others.

For more information

To locate a mental health care provider:

- American Psychological Association: www.apa.org
- American Institute of Stress: www.stress.org

To connect with someone else who has experienced psoriatic disease for support and encouragement:

- Psoriasis One-to-One peer support program: www.psoriasis.org/one-to-one



FACT SHEET

Tips for Controlling Triggers

Although at least 10 percent of the general population inherit one or more genes for psoriasis, only 2 to 3 percent of the population actually develop the disease due to what scientists believe is a combination of triggers. Psoriasis triggers can be internal or external factors, and vary from person to person. Learn to recognize what triggers your psoriasis to help keep flares under control or in remission.

Stress

Stress can cause the onset of psoriasis or aggravate existing symptoms. This may be due to changes in both the immune system and hormone levels in the body. Productive ways to control stress include mind body programs or learned techniques offered by community colleges, hospitals and recreation centers. Stress management methods include meditation, yoga, exercise and effective communication skills. Sleep also plays an important role in stress management, so be sure to get a restful night's sleep.

Smoking, drinking and other drug use

Smoking, drinking, drug use and anti-anxiety medication also can trigger psoriasis symptoms. Heavy drinking may interfere with treatment causing a delay in remission of your psoriasis.

Injury to the skin (Koebner phenomenon)

Minor skin traumas can trigger a flare. This is called the Koebner phenomenon, which causes psoriasis plaques to form at the site of a skin injury. Vaccinations, sunburns, bruises and scrapes, poison ivy, poison oak or bug bites can trigger a psoriasis flare. The Koebner phenomenon also can be caused by constant pressure and rubbing, skin blemishes from acne, chicken pox, herpes or tattoo needles. To avoid the Koebner phenomenon, be careful when your psoriasis is already active. Wear long sleeves and pants when hiking or gardening to avoid scrapes, and exposure to poison ivy or poison oak. Use sunscreen to avoid sunburn. If injured, treat the injury quickly to minimize inflammation or infection. Don't pick or scratch at scabs or bug bites. Talk with your dermatologist before getting an immunization or vaccine.

Strep infection

Streptococcus is known to trigger guttate psoriasis. One-third to one-half of all young people with psoriasis may experience a flare-up two to six weeks after an earache, strep throat, bronchitis, tonsillitis or a respiratory infection. By treating the infection, the psoriasis may go into remission. Discuss therapy options with your health care provider.

Medications

Starting or stopping any medication, including those used to treat psoriasis, may trigger either a flare or a remission of psoriasis symptoms. Talk with your health care provider if you suspect the medications you take are triggering a flare. Your health care provider may prescribe other medications that are less likely to produce a flare. There also are some classes of medications that seem to trigger flares more often than others. Such medications include:

- **Lithium**—used to treat depression and other psychiatric disorders. It aggravates psoriasis in about half of those who take it.
- **Antimalarials**—such as Plaquenil, Quinacrine, chloroquine and hydroxychloroquine may cause a flare of psoriasis, usually two to three weeks after the drug is taken. Hydroxychloroquine has the lowest incidence of side effects.

- **Quinidine**—a heart medication that has been reported to worsen some cases of psoriasis.
- **Blood pressure medications**—such as beta-blockers (like Inderal), angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs), and calcium channel blockers can induce or exacerbate psoriasis.
- **Indomethacin**—a nonsteroidal anti-inflammatory drug (NSAID) used to treat arthritis can make psoriasis symptoms worse. Other anti-inflammatories usually can be substituted. Indomethacin's negative effects usually are minimal when taken properly.

Other triggers

Some people with psoriasis and/or psoriatic arthritis suspect allergies, diet and cold weather trigger their psoriasis.

Diet—For some people, eliminating gluten (a complex protein found in common cereal grains such as wheat, barley, rye and all of their derivatives) from their diet helps reduce psoriasis symptoms, but only if they have gluten sensitivities or celiac disease (another autoimmune disease that damages the small intestine). Others have noticed improvement after eliminating other pro-inflammatory foods such as dairy, sugar, corn or soy. Talk with your health care provider or a registered dietitian (R.D.) if you suspect a food-related sensitivity may be affecting your psoriasis.

Weather—A combination of dry air, decreased exposure to sunlight and colder temperatures can contribute to psoriasis flares during the winter months. Frequent moisturizing and use of a home humidifier can help alleviate some of the symptoms. Discuss with your health care provider possible treatments to control your psoriasis in the winter.

Managing Itch

The word "psoriasis" originates from the Greek word "psora", meaning "to itch". The itch of psoriasis may have a bigger impact on quality of life than the visible effect of the disease. However, treating psoriasis also can profoundly improve the symptoms and your ability to cope with psoriasis on a day-to-day basis.

Itching explained

Psoriatic itch is different than that of other skin disorders. Some people have described it as burning, biting, stinging, or tingling. Itch affects up to 90 percent of people with psoriasis, and is the most troublesome symptom, according to a study by the National Psoriasis Foundation.



People with psoriasis can have itch even in places without lesions. Itch typically occurs when something external touches the skin, irritating itch receptors. Those receptors transmit a signal to the brain via the spinal cord, which triggers the desire to scratch. Scratching provides temporary relief by interrupting the itch signal. But for people with psoriasis, scratching tends to only make the problem worse in the long run. Scratching can over-activate nerve fibers, amplifying itch and intensifying the urge to scratch. Scratching can trigger the Koebner phenomenon, in which new plaques form on healthy skin as a response to skin trauma.

Stop itching before it starts

The goal in treating psoriatic itch is to inhibit the itch-scratch cycle and alleviate the itch, even before the clearance of visible lesions. Biologic drugs approved for the treatment of psoriasis, such as Enbrel (etanercept), Humira (adalimumab), Remicade (infliximab), and Stelara (ustekinumab), can be effective and work faster than topical treatments because they have a central effect in the brain that reduces itch activation and improves mood. Health care providers must tailor treatment to each individual's response and according to the intensity of itch and the area of the body involved. Individuals can also become resistant to medications after repeated use and, for many, the best treatment strategy for itch may involve combining two or more therapies.

Proven methods that can reduce stress and improve emotional wellbeing can also be utilized as treatment strategies for itch. These include relaxation exercises, yoga, cognitive behavioral therapy, and mindfulness meditation. Posters on the National Psoriasis Foundation Facebook page testify that distractions also can help. Many say that activities such as drawing, painting, or dancing help take their minds off the itch.

At-home remedies

The following are ways people with psoriasis help relieve itch and pain:

- **Keep skin moisturized.** This is the first step in controlling itch because it reduces redness and itching and helps the skin heal. Dermatologists recommend heavy creams and ointments to lock water into the skin. Cooking oils and even shortening can be economical substitutes for commercial moisturizers.
- **Minimize scale and flaking.** Apply a scale softening (keratolytic) product to reduce excess skin and prevent psoriasis plaques from cracking and flaking.
- **Cold showers and cold packs also can offer relief.** Avoid bathing in very warm water and try to limit showers to 10 minutes or less. Hot water can exacerbate skin irritation and dryness. Apply lotion after washing to lock in moisture. Cooling lotions in the refrigerator prior to use can help increase relief from itch.

Psoriasis Awareness Month Wordsearch

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DEPRESSION
DERMATOLOGIST
DISEASE

EMOTIONAL
ERYthrodermic
Guttate
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