

# PSO NEWSWORTHY

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## Welcome!

Welcome to the electronic newsletter of the Canadian Association of Psoriasis Patients (CAPP), a patient organization dedicated to helping psoriasis patients and their families. This bulletin brings together the best of emerging psoriasis news, research results, and key information that can truly make a difference in how you live your life. Check out our website at [www.canadianpsoriasis.ca](http://www.canadianpsoriasis.ca), [visit us on Facebook](#); and don't forget to [sign up for our newsletter](#).



## Myth Buster

**Myth** -- If I don't get psoriasis by the time I am 40, I won't get it.

**Fact** -- Psoriasis can develop at any time, although most people start to show symptoms between the ages of 15 and 30. It is possible for psoriasis to appear when you're older, especially between 50 and 60 years old.

## What's Your Type?

In most people, the body naturally develops new skin cells every month to replace the skin that sheds or flakes off. In patients with psoriasis this process speeds up and therefore a build up of rough dead skin accumulates on the surface and causes raised red plaques covered with white scales to appear. Psoriasis typically occurs on the knees, elbows, and scalp but can also affect the torso, hand and feet.

The symptoms of psoriasis vary depending on which of the 5 types you have.

1. **Plaque Psoriasis** – Plaque psoriasis is the most common type of psoriasis and can be identified by the dry, raised red skin lesions (or plaques) that are covered with silvery scales. The plaques can be painful and itchy and can occur anywhere on your body. Patients may have just a few plaques or they can have many.
2. **Guttate Psoriasis** – Guttate psoriasis forms as small, dot-like sores that are mainly on the trunk arms and legs. It is more common in children and young adults and is usually triggered by bacterial infection such as strep throat. Guttate Psoriasis can come as a single outbreak that goes away or you may have repeated episodes
3. **Inverse Psoriasis** – Inverse Psoriasis usually shows up as very red, inflamed skin in the folds of the skin, such as the armpits, under the breasts and in the groin

area. Most people who have inverse psoriasis also have a different type of psoriasis elsewhere on their body.

4. **Pustular Psoriasis** – Pustular psoriasis is identified by the white pus-filled blister, known as pustules, surrounded by red skin. These pustules can occur anywhere on the skin but are most common on the hands and feet. It is important to note that it is not an infection nor is it contagious – in fact, none of the 5 types of psoriasis are.
5. **Erythrodermic Psoriasis** – This is the rarest type of psoriasis and looks like a severe burn. It can cover a large area of the body and causes the skin to come off in sheets rather than smaller flakes. This type of psoriasis is extremely painful and is often developed from poorly controlled plaque psoriasis. Patients having an erythrodermic psoriasis flare up should seek medical attention immediately.

While there is still no cure for psoriasis, there are many treatment options out there depending on the type that you have. Getting a clear diagnosis from a dermatologist is the first step in establishing an effective treatment plan.

Sources:  
Mayo Clinic  
National Psoriasis Foundation  
Healthline

# Adherence

## What is it and why should I care?

While there is no cure for psoriasis, there are many treatment options out there that have proven to be effective in treating the symptoms associated with it. In fact, studies have shown that up to 40% of patients with psoriasis do not comply with their recommended treatment plan. This is known as Medication Adherence which refers to whether or not a patient is taking their medication as prescribed as well as whether they continue to take the prescribed medication.

One of the main reasons that psoriasis treatments fail is that psoriasis patients simply do not take them. Psoriasis can be difficult to treat and becomes even more difficult when patients do not maintain (or in some cases even start) their treatment plan.

There are many factors that contribute to whether or not a patient continues to use their medications:

- Does the patient have a good relationship with their doctor? If the patient has trust in their doctor, and the doctor has taken the time to listen to the patient about their concerns then it is more likely that they will come up with a treatment approach that the patient is willing to adhere to.
- How severe is the psoriasis? If a patient's psoriasis is mild,

they may not be particularly bothered by it, therefore they are not motivated to treat it.

- Is the treatment easy? If the treatment is too complicated, too inconvenient or too messy then a patient will be less likely to continue to do it
- Is it expensive? Many psoriasis treatments can be costly and can be the reason that patients stop taking them.
- Are you afraid of side effects? Psoriasis treatments, like many medications, can come with a list of potential side effects. Patients may be willing to live with their skin condition rather than risk the potential side effects of the proposed treatment.

It is important to remember that medications only work if you take them! If you are having trouble with your psoriasis, ask yourself if you have been taking your medication the way it was prescribed. If you aren't, it is important to speak to your dermatologist about why you have stopped taking it, and then work together to come up with an option that you can live with.

Source: [Pubmed.gov](http://pubmed.gov)

## We Need You!



The Canadian Association of Psoriasis Patients depends on volunteers to be able to do the work that we do. Did you know that our board of directors is made up of all volunteers who are either psoriasis patients themselves, or are family members of psoriasis patients?

We are currently in the process of recruiting new members to join our Board of Directors, particularly those with experience in the marketing, finance, and legal fields. If you are interested in joining our board, please email [info@canadianpsoriasis.ca](mailto:info@canadianpsoriasis.ca).

Is joining our board, a bit more than you were looking for? We still need your help. We are currently looking to build a database of psoriasis patients across the country that we can reach out to when the need arises. It is very important to us to always include the patient voice, so we often reach out to patients to participate in various activities such as advisory panels, news story enhancement, and patient input on drug submissions. If you would like to be added to this database, please contact Helen at [helen@canadianpsoriasis.ca](mailto:helen@canadianpsoriasis.ca) for more information.

## CAPP In Action

CAPP staff and board members have been busy. We continued co-hosting psoriasis information nights in conjunction with the Canadian Psoriasis Network and sponsored by Janssen. Sessions were held in Montreal, as well as Grand Falls and we participated in a live webcast of the sessions in Winnipeg on November 17. If we didn't make it to your home town, but you would like to attend a session, let us know so that we can plan for future sessions.

CAPP held its AGM in December of 2015 and are pleased to have Eva Borkenhagen returning as Chair of the Board of Directors for another term, and Brooks Harvey as the Vice-Chair.

In January 2016, the staff and Board of CAPP along with several psoriasis patients participated in a Patient Advisory Board to provide input into the design of a phase 3 clinical trial. This pilot project was an innovative way to include the patient voice early on in the innovation cycle.



*CAPP is grateful to the following sponsors for supporting this newsletter.  
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