

# 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](#).

## Pediatric Psoriasis

Psoriasis affects about 3% of the population. For 33% of these patients, psoriasis first presents itself in the first 20 years of life, and it is estimated that 10% of these patients develop psoriasis before the age of 10.

We still don't know what causes psoriasis, but evidence does suggest that there is a genetic link. In fact, 72% of children with psoriasis have at least one immediate relative with the condition. Other factors that can worsen psoriasis in children include respiratory infections, emotional stress, and injury to the skin. Strep infections are also common causes of guttate psoriasis in children which may clear up within 3-4 months, although a significant number of cases result in chronic plaque psoriasis.

While psoriasis in adults often appears as deep red plaques with silver scales, it can present differently in children, making a diagnosis of psoriasis more difficult. Dermatologists will look at the skin and what happens when a scale is removed, as well as changes to the nails to confirm a pediatric psoriasis diagnosis.

Where it shows up on the body can also differ in children than adults. It is more common to appear on the face and joints (for example, elbows, knees) in children, and there is a prevalence of lesions in the diaper area during infancy. Plaque psoriasis is the most common type of psoriasis in children, however the lesions are smaller, thinner and tend to be less scaly than for adults. The plaques can also affect the scalp and cause temporary hair loss and psoriatic alopecia. Psoriatic diaper rash is also common in very young chil-

dren and differs from conventional diaper rash by its appearance (bright red, glazed rash that is followed by widespread psoriasis-like lesions) as well as poor response to traditional treatments for diaper rash. The other types of psoriasis such as pustular and erythrodermic are rare in children.



Treating children with psoriasis involves educating both the patient and the parents about the disease and the importance of adhering to the treatment plan. Given that there is no cure, the goal for treatment is to control the disease and reach long periods between flare ups. The majority of pediatric psoriasis patients have a mild form of the disease and can be successfully treated with topical agents. Systemic treatments (oral medications) are usually reserved for the more severe cases that are resistant to other treatment. Biologics are not often used to treat children with psoriasis, however we are working towards that, and currently there is one biologic approved in Canada to treat adolescents with psoriasis.

Having a chronic visible disease like psoriasis can also have a significant impact on a child's psychosocial development, which is often caused by negative reactions of their peers. Be sure to check out our website at [www.canadianpsoriasis.ca](http://www.canadianpsoriasis.ca) at the end of June to see a video all about pediatric psoriasis and the psychological impact it can have on children. If you suspect that your child has pediatric psoriasis, visit a dermatologist for proper diagnosis and to discuss the best treatment plan.

Source: Medscape.com

# Understanding Phototherapy

By Suzanne Borton

Phototherapy is the use of very specific wavelengths of ultraviolet light to treat various skin diseases, including psoriasis. Narrowband UVB (311nm) is the most commonly used type of ultraviolet light because it is easy to administer, is very effective, and has few, easily managed side effects. Phototherapy treatments can be administered in a hospital, clinic or even in the patients' home.

One might ask, is home phototherapy safe? The answer to this question is, yes! There have been numerous clinical studies (like the PLUTO study of 196 psoriasis patients) that confirm home phototherapy to be both safe and effective. The PLUTO<sup>1</sup> study demonstrates that 82% of the studied psoriasis patients had a 50% reduction in Psoriasis Area and Severity Index (PASI) by using phototherapy at home. This study also concluded home phototherapy to be the equivalent in safety and efficacy to clinical phototherapy conducted in a hospital. Per the American Academy of Dermatology's medical guidelines of care, narrowband UVB phototherapy even provides an option for patients who are pregnant, nursing, or are children, as well as for those

<sup>1</sup> Koek, et al. Home versus outpatient ultraviolet B phototherapy for mild to severe psoriasis: pragmatic multicentre randomised controlled non-inferiority trial (PLUTO study) BMJ 2009;338:b1542

who have medical contraindications to systemic drug therapy.

A typical treatment regimen is three exposures per week. In the beginning, treatment times with Narrowband UVB light may be just seconds and will gradually increase in length. A typical psoriasis patient will require a course of 20 to 30 treatments over several weeks to clear his or her skin. Different conditions and skin types can require different protocols. Once a patient's skin is cleared, this clearance can often be maintained with less frequent treatments.

Phototherapy is perfect for patients who want a long term, effective, non-drug solution for their skin condition.

## Treatment Tips:

1. Using clear mineral oil will help maximize light penetration during phototherapy
2. Topical products containing salicylates like salicylic acid, block UVB light significantly. Therefore patients using phototherapy should avoid using products containing salicylates for approximately 24 hours before treatments.

## Follow us!

Have you checked us out on Facebook? How about Twitter? Be sure to like and follow us on these platforms stay up to date on our activities as well as learn about advances in research, new treatment options, and tips to cope with your psoriasis and psoriatic arthritis. We encourage everyone to share their experiences and seek support and advice from others that are living with psoriasis. Have something you want to share? Send it to us and we can post it to share with others.

## Myth Buster

**Myth** –Psoriasis is **only** a skin condition.

**Fact** – Psoriasis is an auto-immune disorder that can affect your whole body. It can also affect your mental health and people with psoriasis are at double the risk for depression and anxiety. Emotional stress can also be a major trigger for a psoriasis flare-up, and you should do your best to manage your emotions with plenty of support and you should seek the advice of a psychologist if you are having feelings of depression and anxiety.

## CAPP In Action

CAPP staff and Board Members have been busy in the last little while. We hosted another Psoriasis Information Session in Brandon, Manitoba sponsored by Janssen. This was our best attended session to date and it was followed up with a free walk in clinic hosted by Dr. Jason Sneath. The Information Session was also streamed through a live webcast. Plans are in the works to bring these great sessions, along with other free walk in clinics to other communities in Canada. Check out the events page on our website and this newsletter for information on planned events.

CAPP also hosted a Psoriasis Support Group in Winnipeg,

Manitoba at the end of April. It was very well attended and the group that attended plans to meet on a regular basis. If you are in the Winnipeg area and would like to attend the next session, email psoriasis.mb@gmail.com. If you are interested in our help in setting up a support group in your community, let us know. Send us an email to info@canadianpsoriasis.ca

Staff will be attending the World Psoriasis Day training session in Lisbon, Portugal in June. Watch this space in our next newsletter for information on this conference as well as plans for World Psoriasis Day 2016.



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