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Interesting facts about pediatric psoriasis

Psoriasis is a chronic skin disease that is highly prevalent, affecting two to three per cent of the population. By the time children "graduate" from pediatric age, the incidence of psoriasis is comparable with that of adults. One third of adults with psoriasis present their first symptoms in childhood, and some will have been misdiagnosed. It is important to understand what psoriasis looks like and how

it can present differently in children compared with adults. This way it will be recognized sooner, allowing patients to receive adequate care and preventing long-term complications.



Who gets pediatric psoriasis?

Anyone can develop psoriasis. Children are more likely to develop the condition if they have a family history of psoriasis, but external factors such as skin trauma, stress and infections can also play a role. Infection with streptococcal bacteria is particularly associated with the onset of pediatric psoriasis. Apart from these external factors, we know that the immune system produces substances that lead to inflammation and the build-up of skin layers, leading to psoriatic plaques.

How does psoriasis present?

The most common type of psoriasis seen in children is plaque psoriasis. Typically, psoriatic plaques appear red (this is the way inflammation looks in the skin) and scaly (usually a white/silvery scale). Sometimes these areas can build up and become very thick. Children can also complain of itchiness or tenderness. Guttate psoriasis presents with small round or oval (drop-like) plaques throughout the body.

In addition, psoriasis in children can present as isolated diaper rash, and this is frequently confused with other rashes in the diaper area. Some patients might also present only with scalp psoriasis, which can be confused with dandruff, or with nail involvement, which can be confused with fungal infections or other nail disorders.

Treatment options

Pediatric psoriasis is treated differently to the adult condition. If limited areas of the skin are affected then topical medications are considered the first-line treatment. These topical medications can include steroids, calcineurin inhibitors, vitamin D derivatives and coal tar, among others. For severe and extensive psoriasis, topical medications alone are often not enough and, as a result, phototherapy, oral medications or biologics need to be considered.

Since there is no cure for psoriasis, these treatments try to control the symptoms. Apart from medications, moisturizing the skin is considered part of the management of psoriasis.

Why treat psoriasis?

As we learn more about psoriasis, we are realizing that it is not just a skin disease. We have evidence that ongoing inflammation can be associated with co-morbidities (i.e., the presence of other conditions). Psoriasis can also affect the joints (psoriatic arthritis), and lots of studies have shown a risk of cardiovascular disease, diabetes, obesity, lipid abnormalities and depression, among others, in patients with psoriasis. These associations are not exclusive to adults. Apart from these medical concerns, we know that psoriasis has a negative effect on quality of life in children, comparable with or even greater than that of other chronic diseases. Psoriasis can also lead to isolation, which impacts on a child's social development.

Psoriasis is a common, chronic disease that not only affects the skin. Making this diagnosis as soon as symptoms present and controlling inflammation are important to prevent long-term concerns.

Irene Lara-Corrales, MD, MSc, FRCPC, is an assistant professor at the University of Toronto and a staff physician in Paediatric Dermatology at the Hospital for Sick Children.

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Coping strategies if your child is living with psoriasis

By Priya Dhir

Psoriasis can have profound psychosocial effects and negatively impact many aspects of quality of life. Children with this condition often suffer stigmatization, bullying, anxiety and depression, and are often reluctant to join in with leisure activities. Here are some strategies to help your child cope with their psoriasis.

Become an expert—Parents of younger children with psoriasis should first educate their child about the condition, answer any questions they have and address any concerns that arise. Parents should reassure their children on a regular basis and monitor their psoriasis in a discrete way. The more information children have, the better they are able to respond to anyone who stares or makes rude comments. Educating others about the disease can reduce stigma—if they know what psoriasis is and understand that it is not contagious then they won't be afraid.

Find support online—Teenagers can join an online support community to learn more about their condition and its symptoms. Support groups can be particularly helpful for kids because they often need to see that they're not alone. Ask your doctor for suggestions on suitable support groups.

Michelle's Story

Children diagnosed with pediatric psoriasis often worry about fitting in with their friends, and may be embarrassed, angry or sad. It is important for a child's peers to know that psoriasis is not contagious. Last year CAPP developed an animation video geared towards children, to help young psoriasis patients and their families cope with the diagnosis and provide an easy to understand tool. Our hope is that the video will help a child explain what psoriasis is and that it is not contagious. (Click the image to play)



<https://www.youtube.com/watch?v=x1GnjE6OpDQ&t=88s>

Talk to educators—It is important for parents to speak to their child's teachers, coaches and other educators so that they are not teased in school or during recreational sports. It is important that their teachers know the essential facts about psoriasis.

Seek professional help—Be honest with your child's dermatologist. If you notice that your child is becoming depressed or if they have expressed thoughts about self-harm then you must seek professional help. Cognitive behavioural therapy has been reported to significantly decrease psoriasis severity, self-reported disability and distress. Effective treatment for psoriasis often involves a multidimensional approach that integrates psychosocial well-being and patients' perceptions of their disease.

Priya Dhir holds a Bachelor of Science in Honours Biology and Psychology from the University of Waterloo. Her research projects have focused on the effects of psychological and social factors on human behaviour.

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Myth Buster

Myth: Pediatric psoriasis is the same as psoriasis in adults

Fact: While pediatric psoriasis and adult psoriasis share symptoms such as thick, red patches, scaling and itching, pediatric psoriasis plaques tend to be smaller, thinner and less scaly, and are often on the face and the skin folds area.

2017 Studentship Winners

CAPP was proud to award 5 studentships in psoriatic research to some very deserving students. You can find out more about the [winners of the awards here](#) and learning about their research projects. We would like to thank our sponsors CIHR-IMHA, and Janssen for their support in this initiative.

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Canadian Association of Psoriasis Patients
15 Capella Court, Unit 109 • Ottawa • ON • K2E 7X1
www.canadianpsoriasis.ca • 613-224-4266 • info@canadianpsoriasis.ca