improve the inflammation of psoriasis by suppressing the over-active immune system. The level of white blood cells, liver and kidney functions will be checked regularly while on methotrexate or cyclosporine. Blood pressure should also be measured regularly in patients receiving cyclosporine. Treatment duration of oral medications normally last between 6 months to 2 years. You should follow doctor's advices to ensure treatment response and safety.

Biologics

Advances in medical research have shed light on the disease mechanism of psoriasis. Many of the inflammatory factors (contains in blood or skin tissue) responsible for the inflammation in psoriasis have already been identified. Apart from conventional oral medications, biologics are promising new therapy in the treatment of psoriasis. Given in either subcutaneous or intravenous route, biologics neutralise specific inflammatory factors associated with psoriasis, (e.g. TNF, IL-23, IL-17, etc.) and hence reduce the active ongoing inflammation in skin without excessive suppression of the immune system. The effectiveness and safety of the treatments are well established in medical researches. Doctors will ensure no underlying active or latent infections or immune disorders prior to treatment with biologics. In general, biologics can be used safely under cautious monitoring.

Phototherapy

Phototherapy employs UV light to treat severe inflammatory skin conditions such as psoriasis. It suppresses the over-active immune system of the skin. Ultraviolet A (UV-A) or ultraviolet B (UV-B) are effective in controlling symptoms in moderate-to-severe psoriasis among suitable patients. Pregnant women, young children, patients with systemic lupus erythematosus or dermatomyositis are not suitable for phototherapy. Two sessions of phototherapy per week are required for stable disease control. The duration of a standard course of phototherapy is around four months. Doctors will determine the starting dose of light energy for your skin and will gradually increase the energy levels. As compared to oral medications, phototherapy has a more favourable side effect profile in general. Patients are advised to comply with the regimen for satisfactory clinical response.

ACNE
暗瘡

CONTACT DERMATITIS
接觸性皮膚炎

ECZEMA
濕疹

PSORIASIS
銀屑病

ROSACEA
玫瑰痤瘡

STEROIDS
類固醇

WARTS
疣

HKSH Dermatology Centre
養和皮膚科中心

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Monday to Friday 9:30am – 5:30pm
Saturday 9:00am – 1:00pm

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Consultation by Appointment

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PSORIASIS

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What is Psoriasis?

Psoriasis is estimated to affect 0.3% of the Hong Kong population. Medical research has shown that psoriasis is caused by both hereditary and environmental factors. To date, more than 10 genes have been identified to be associated with psoriasis. Although genetics plays important roles in the disease, patients may not have positive family history. Other factors that may trigger psoriasis include: smoking, alcohol, obesity, skin injury and some common medications (e.g. non-steroidal anti-inflammatory, anti-hypertensive and antifungal drugs).

There are two peaks of disease onset in psoriasis, with the first being at 20-30 years and the second at 50-60 years. Most people suffer from psoriasis during their prime periods in life, when the disease often causes significant impacts on their careers, relationships as well as social well-beings.

Symptoms of Psoriasis

Patients typically present with red, thickened patches covered with flaky silvery scales. The skin surface often appears dry and roughened. Psoriasis patches differ from eczema by the presence of clearly-defined borders. The affected areas are usually symmetrical in distribution. Lesions commonly involve the hands, elbows, knees, back and those friction-prone areas.

Scalp is another commonly affected area. Psoriasis can lead to raised, red patches and excessive dandruffs over scalp. At early stage, scalp psoriasis can be easily confused with seborrhoeic dermatitis. A definitive diagnosis could be made by assessing other body parts and nails, as well as presence of positive family medical history.

Psoriasis may alter the way your nails look: there may be 'pittings' (i.e. punctate depressions) on the nail surfaces. Nail plates may loosen or even detach from the nail bed. In severe cases, the nail may become thickened and deformed, which may be confused with fungal infection.

Psoriatic Arthritis

Around 50% of psoriasis patients are affected by arthritis of different severity. Joint pain, swelling and redness are the main symptoms of psoriatic arthritis. Patients may present with typical early morning stiffness i.e. joint pain or stiffness on waking or after prolonged rest. It differs from mechanical (degenerative) type of arthritis, of which the pain typically worsens after exercise and subsides after rest. Psoriasis may also lead to tenosynovitis, causing pain in the foot and affecting one's mobility. Psoriatic arthritis should be treated as early as possible, as uncontrolled inflammation of joint can cause permanent deformities rapidly and reduces mobility through life.

Other Impacts of Psoriasis

Research has shown that psoriasis increases the risk of cardiovascular or cerebrovascular diseases in long run. Patients with moderate-to-severe psoriasis are more prone to develop myocardial infarction, heart failure or stroke. Psoriasis patients are also at higher risks of other immune disorders such as uveitis and inflammatory bowel diseases. Patients should be aware that psoriasis affects not only the skin. Local research has shown that about a quarter of psoriasis patients might suffer from different levels of depression.

Treatment of Psoriasis

Non-Pharmacological Approach

Management of psoriasis begins with changes in lifestyle and avoidance of possible triggers. Apply moisturisers onto the skin at least twice a day. Common emollients include aqueous cream or vaseline. Vaseline-based emollients have good moisturising effects, but some patients may feel uncomfortable with the greasy nature.

Triggers like cigarette-smoking and alcohol consumption should be avoided. You are also advised to maintain a well-balanced diet and exercise regularly. Stay positive and keep good management of stress and emotions. Do not take over-the-counter drugs without doctor's advice. Inform your family doctor of the diagnosis of psoriasis during consultation to make sure that the prescribed medications do not exacerbate psoriasis.

Pharmacological Approach

Localised Treatment

Topical steroids are usually prescribed for mild or moderate cases. In general, topical steroids with low potency or diluted preparations are for mild lesions or application over large areas; while strong steroids are prescribed for short-term use over severe areas only. Most patients with severe psoriasis can be treated safely under doctor's instructions.

Topical tacrolimus is non-steroidal and often used over lesions on the face or areas with thinner skin. Medicated ointments contain vitamin D, salicylic acid and coal tar are also effective in treating psoriasis. Nowadays, there are topical preparations with combined ingredients that can be used with convenience and achieve better treatment outcome.

Systemic Treatment

Oral medications may be prescribed for moderate or severe cases. They include oral vitamin A and immune-suppressants (methotrexate and cyclosporine). Vitamin A is effective for thickened skin plaques caused by psoriasis. Pregnancy is not advised during treatment with vitamin A. Liver function and blood lipids level should also be checked on a regular basis while on the drug. Methotrexate and cyclosporine