Psoriasis: More than a skin thing

Your pocket guide to other conditions that may be associated with your psoriasis.
Psoriasis is not a condition that is only limited to the skin.¹⁻⁵

Some people with more severe cases of psoriasis may be at greater risk of developing other additional health conditions also known as ‘comorbid diseases’ or ‘comorbidities’. These may include psoriatic arthritis, cardiovascular disease, anxiety, depression, diabetes (see later in this booklet for more detail) and other immune-related conditions.¹⁻⁵

Not everyone with psoriasis will develop coexisting health conditions.

Psoriasis is a common complex inflammatory disease. The chronic inflammation associated with psoriasis has the potential to exacerbate or worsen other health conditions.²⁻³

It is important that you are aware of the symptoms of these coexisting health conditions so that you can discuss your concerns with your healthcare professional and receive the correct diagnosis and appropriate treatment to best manage your psoriasis.

If you have severe psoriasis, your doctor should carry out some measurements and tests each year to monitor your health. Tests may include monitoring your blood pressure, cholesterol and blood sugar levels, as well as measuring your height and weight.⁵

This booklet contains a brief overview of some of the conditions that you may be predisposed to because of your psoriasis and what you can do about it.

The most important thing is not to be overwhelmed. Help is available for all associated conditions.
Psoriatic arthritis (PsA)

What is PsA?
PsA is a type of arthritis associated with psoriasis.6

If left untreated, a proportion of people with PsA may develop persistent inflammation with progressive joint damage that may lead to severe physical limitations and disability. Because PsA can be a very severe condition, early diagnosis is critical.6

Who is at risk for PsA?
• The prevalence of PsA in people with severe psoriasis is about 56%.1
• Most people have psoriasis for approximately 12 years before developing any joint symptoms.6
• PsA can develop at any time including childhood, but for most it appears between the ages of 30 and 50 years.6
• PsA affects men and women equally.6
• There are trigger factors which may result in people developing psoriasis and PsA. An example would be an infection, as the body’s immune system has been stimulated.9

What are the different types of PsA?
Your healthcare professional may diagnose one of five different types of PsA, but in reality there is considerable overlap between these groups.6–7 For more information on the different types of PsA contact Arthritis Australia or talk to your healthcare professional.

What should I do about it?
Not everyone with psoriasis will develop PsA. If you have any concerns, you should note down any of the signs and symptoms listed above in your psoriasis diary and let your healthcare professional know as soon as possible.

If PsA is diagnosed, you will be given treatment to alleviate the signs and symptoms of PsA, manage progression of the disease and maximise your quality of life.6 People with psoriatic arthritis may be co-managed by a rheumatologist and a dermatologist, particularly in the early stages of diagnosis. Your healthcare professional will determine the best course of action for you.

Additional support and information are available from Arthritis Australia: www.arthritisaustralia.com.au

FAST FACTS:*
• Nearly half of surveyed Australians with psoriasis reported to suffer from some type of joint pain.
• 28% of surveyed Australians with psoriasis are reported to also have PsA.

*From Psoriasis Uncovered 2011 – a survey of 330 Australians with psoriasis8

What are the possible signs and symptoms of PsA?6–7
• Discomfort, stiffness, pain, throbbing, swelling, or tenderness in one or more joints.
• Joint stiffness that lasts more than 30 to 45 minutes in the morning or after long periods of inactivity such as sleep, car trips or air travel.
• Nail abnormalities occur frequently in people with psoriatic arthritis.

• Existing psoriasis, a personal history of psoriasis or a family history of psoriasis.
• Fatigue.
• Inflammation often affects the lower back, wrists, knees, or ankles, or swelling in the small joints in the fingers and toes closest to the nail, giving these joints a sausage-like appearance.

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What is CV risk?
CV risk is the likelihood of developing a disease or experiencing an event that involves the heart or blood vessels, such as blocked arteries or a heart attack. It is important to remember that CV problems in people with psoriasis are not common and not everyone with psoriasis will be at risk of developing CV problems.

What factors contribute to CV risk?
People with severe psoriasis have an increased CV risk than those without the condition.10–13 This may be due to several lifestyle factors that can be triggered by the psychosocial burden of psoriasis, including:5,10–13

- Being overweight.
- High blood pressure.
- Smoking.
- Alcohol consumption.

In addition, recent studies have shown that, independent of these lifestyle factors, psoriasis itself may be a risk factor for cardiovascular disease.5,10–11,14 Age is not necessarily an accurate predictor of CV risk, it is more reflective of the duration of time that you have had psoriasis. There may be an increased CV risk the longer your psoriasis is left uncontrolled.15

What is the underlying link between psoriasis and CV risk?
Although the connection has not yet been fully established, long-term inflammation – integral to the development and progression of psoriasis – is also known to contribute to the development of blocked arteries and heart attacks.5 This may also be the case with rheumatoid arthritis, which is also associated with an increased CV risk.5

What should I do about it?
It is important to remember that not everyone with psoriasis will necessarily be at risk of developing CV problems. If you have any concerns, it is important that you speak with your healthcare professional about CV risk assessments and prevention plan.11 They will be able to give you advice on maintaining a healthy diet and exercise regime, and if you are a smoker, they can give you support to help you quit. Your healthcare professional can also prescribe relevant medication if needed.

Your GP or dermatologist may refer you to a cardiologist.

Additional support and information are available from the Heart Foundation: www.heartfoundation.org.au
Anxiety and depression

The impact of psoriasis goes beyond the physical symptoms and can impact personal relationships, social interactions and lifestyle, spending and employment. Psoriasis can have a profound emotional, social and psychological affect on a person’s life.

People living with psoriasis can suffer from considerable emotional distress, decreased self-esteem, social isolation and an increased incidence of mood disorders, such as depression and anxiety.16

What are anxiety and depression?

Anxiety is a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome.17

Clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or longer.18 The prevalence of depression in people with psoriasis may be as high as 60%.10,16

What are the signs and symptoms of depression?18

• Agitation, restlessness and irritability.
• Dramatic change in appetite, often with weight gain or loss.
• Difficulty in concentrating.
• Fatigue and lack of energy.
• Feelings of hopelessness and helplessness.
• Feelings of worthlessness, self-hate and guilt.
• Becoming withdrawn or isolated.
• Loss of interest or pleasure in activities that were once enjoyed.
• Thoughts of death or suicide.
• Trouble sleeping or excessive sleeping.

Depression can change or distort the way you see yourself, your life, and those around you. People who have depression usually see everything with a more negative attitude, unable to imagine that any problem or situation can be solved in a positive way.18

What should I do about it?

Talk to your doctor immediately if you ever have any signs of anxiety, depression or suicidal thoughts. They will be able to help and may refer you to a psychiatrist, psychologist or counsellor.

Download the Psoriasis Australia PSORIASIS LIVED booklet for information and advice on tackling the emotional effects of your psoriasis and coping with the impact it has on your relationships, daily activities and work.

Additional support and information are available from Beyond Blue: www.beyondblue.org.au and the Black Dog Institute: www.blackdoginstitute.org.au
Diabetes

What is diabetes?
Diabetes is a disease in which a person has high blood sugar levels, either because their body does not produce enough insulin or because cells do not respond to the insulin that is produced.

There has been a dramatic increase in the prevalence of Type 2 diabetes mellitus worldwide over the past few decades.\(^{19}\)

There are two types of diabetes. Type 1 diabetes mellitus onset typically occurs before the age of 20 years and is unpreventable. Type 2 diabetes mellitus, the most common type of diabetes, is typically diagnosed at +40 years and can be prevented in a large number of people through lifestyle, a healthy diet and physical activity.

Several studies have shown that people with psoriasis have an increased risk of developing Type 2 diabetes mellitus.\(^1\)

FAST FACT:* 8% of surveyed Australians with psoriasis reported having diabetes.

*From Psoriasis Uncovered 2011 – a survey of 330 Australians with psoriasis\(^6\)

Why is there a potential link between psoriasis and diabetes?
Diabetes in people with psoriasis is rare and the association may in part be related to:\(^1\)
- Genetic background.
- Multiple use of very potent topical steroids.
- Patients with psoriasis are more insulin resistant, and may be more prone to develop impaired glucose tolerance.

Weight gain

What is the link between being overweight and psoriasis?
Research has established that people with psoriasis are at an increased risk of putting on weight.

People with psoriasis who have a higher body mass index tend to have more severe psoriasis, with weight loss associated with improvements in severity.\(^{1,3,5}\)

In a vicious cycle, psoriasis itself may lead to weight gain.\(^{2,20}\) This may be because psoriasis affects a person’s appearance and can make them feel socially uncomfortable, which can in turn affect their morale and confidence and lead to comfort eating.

FAST FACT:* Nearly half of surveyed Australians with psoriasis reported having weight management problems.

*From Psoriasis Uncovered 2011 – a survey of 330 Australians with psoriasis\(^8\)

What should I do about it?
If you have psoriasis it does not necessarily mean you will develop diabetes. If you have any concerns, ask your healthcare professional about screening for diabetes.

It is recommended that you talk to your healthcare professional for advice on maintaining a healthy diet and exercise regime.

If diabetes is diagnosed, your GP or dermatologist may refer you to an endocrinologist.

Additional support and information are available from Diabetes Australia: www.diabetesaustralia.com.au

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What is the link between alcohol intake, smoking and psoriasis?

Some patients with psoriasis may have a predisposition to increased alcohol intake and smoking.\(^1\)

High daily alcohol intake may make people with psoriasis unresponsive to treatment.\(^1\)

The intensity of smoking correlates with more severe disease – smoking more than 20 cigarettes per day more than doubles the severity of psoriasis.\(^1\)

What should I do about it?

Any improvement in your mood with alcohol, smoking or other drugs will be temporary and may lead to or worsen your depression, psoriasis symptoms and associated conditions, such as an increased CV risk.\(^1,16\)

Talk to your healthcare professional immediately if you feel you may be consuming more alcohol or increasing your smoking habit because of your psoriasis. Quit smoking programmes are available and your doctor will be able to point you in the direction of support.

Behavioural therapy, support groups, and in some cases, medications may be helpful.\(^5\)

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**It is also important to:**\(^21\)

- Choose reduced-fat varieties, where possible.
- Drink plenty of water.
- Limit saturated fat and moderate total fat intake.
- Choose foods low in salt.
- Limit your alcohol intake if you choose to drink.
- Consume only moderate amounts of sugars and foods containing added sugars, such as cakes, biscuits, hot chips and sugary drinks.
- Eat according to your energy needs.
- Be physically active.

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**FAST FACT:**

- One in three surveyed Australians with psoriasis reported drinking more alcohol.
- 22% of surveyed Australians with psoriasis reported smoking – more than the national average.

*From Psoriasis Uncovered 2010 – a survey of 363 Australians with psoriasis\(^22\),

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**OTHER LIFESTYLE FACTORS**
In addition to the conditions discussed above, psoriasis is also very rarely – associated with other health disorders, including:

**Crohn’s disease**

A form of inflammatory bowel disease that can cause pain and cramping in the belly, fever, loss of appetite and diarrhoea, amongst other symptoms.²³

The high prevalence of psoriasis in people with Crohn’s disease suggests that these diseases are linked.²⁴ People with Crohn’s disease have a 7-fold risk of developing psoriasis; there is up to a 3-fold risk for Crohn’s disease in people with psoriasis.¹

If your GP or dermatologist suspects you might have Crohn’s disease, they may refer you to a gastroenterologist.

Additional support and information are available from Crohn’s and Colitis Australia: www.acca.net.au

**Metabolic disease**

A group of diseases and disorders that cause the liver to function improperly or stop functioning. Abdominal pain and yellowing of the skin or eyes (jaundice) are signs of liver disease.²⁵

Non-alcoholic liver disease affects nearly half of people with chronic plaque psoriasis and is strongly associated with psoriasis severity.²⁶

If your GP or dermatologist suspects you may have liver disease, they may refer you to a hepatologist.

Additional support and information are available from the Australian Liver Foundation: www.liver.org.au and the Liver Centre: www.thelivercentre.com.au

**Eye inflammation**

Inflammation of the middle coat of the eye extends from the iris at the front of the eye to the retina and choroid at the back of the eye (in some cases known as uveitis).²⁷

In many cases, the cause of uveitis is not known. Common known causes include autoimmune disease – such as arthritis, Reiter’s syndrome, sarcoidosis and ankylosing spondylitis.²⁷

If your GP or dermatologist suspects you may have uveitis, they may refer you to an ophthalmologist.

**Lymphoma**

A cancer of a part of the immune system called the lymphatic system.

Although exceptionally rare, increased lymphoma rates have been reported in small numbers of people with psoriasis.¹

It is recommend that people with psoriasis should report fatigue, unexplained weight loss, enlarged lymph nodes or new growths and that they should have regular, age-appropriate screening for malignancy.¹

If your GP or dermatologist suspects you might have lymphoma, they may refer you to a haematologist.

Additional support and information are available from Lymphoma Australia: www.lymphoma.org.au
People with psoriasis are strongly encouraged to work with their doctors to develop an individual preventative strategy to ensure they are continually monitoring for the potential onset of any health issues related to psoriasis.\(^6\) Your relationship with your healthcare professional should be an ongoing partnership. They are best placed to help you to choose the right treatment strategy for you. You may wish to speak with a dermatologist, if you are not already seeing one.

There are now a number of effective treatments available for psoriasis. Doctors often take a 1-2-3 approach with psoriasis treatment, as treatments that work well at first may lose their effectiveness over time.\(^6\) In fact, many Australians with psoriasis say that even though they treat the symptoms of their condition, they are always worried it may flare up at any time.\(^8\) This is why it is sometimes necessary to take treatments that address the underlying cause of psoriasis, not just the symptoms.\(^10\)

When considering choice of treatment, your doctor should consider the type, severity and location of your psoriasis, as well as the impact of both the disease and the treatment on your quality of life and associated conditions.

Some treatments can alleviate the symptoms and slow the progression not just of your psoriasis but can also treat associated conditions, such as joint pain and psoriatic arthritis.\(^6\) Other treatments will only address the symptoms that appear on the skin.

Psoriasis Australia is a not-for-profit organisation established to represent the views and needs of people with psoriasis.

We aim to:
- **Promote wellbeing** for people with psoriasis by way of information provision and befriending.
- **Empower people** with psoriasis to take control of their condition, enabling them to receive appropriate diagnosis and treatment.
- **Facilitate ongoing social research** into the physical, psychological, social and economic impact of psoriasis on the individual and society and communicating to the wider public to raise awareness.

In addition to this booklet, there are four further easy-to-read, handy sized information booklets that can be downloaded for free from the Psoriasis Australia Website:

1. **Psoriasis Controlled**
   A pocket guide to biological treatments for plaque psoriasis.

2. **Psoriasis Lived**
   Information, tips and facts about living with psoriasis.

3. **Psoriasis Tracked**
   A personal diary to keep track of your symptoms and treatment goals.

4. **Psoriasis Understood**
   Explains what psoriasis is, causes, symptoms and treatment options.


The *Psoriasis Uncovered* study included two nationwide quantitative surveys of Australians with psoriasis. The *Psoriasis Uncovered* surveys conducted during 2010 and 2011 collected information from 363 and 330 Australians with psoriasis (aged 18+), respectively, to assess the impact that living with psoriasis had on their quality of life, associated conditions and employment. The *Psoriasis Uncovered* survey was developed in conjunction with dermatologists and is an initiative of Abbott supported by Psoriasis Australia.\(^8,22\)