



PSORIASISLIITTO
PSORIASISFÖRBUNDET

*Psoriasis
inside out*



What is psoriasis?

PSORIASIS IS an inflammatory, chronic disease that causes skin and joint symptoms, with a range of associated co-morbidities. Susceptibility to psoriasis is hereditary.

In Finland around 2 percent of the population (around 100 000) suffer from psoriasis. About 5–10 percent of psoriasis cases are severe. Psoriasis is not contagious.

The World Health Organization (WHO) passed a resolution on psoriasis in May 2014, which recognized psoriasis alongside other serious incurable chronic diseases such as diabetes and cardiovascular disease. According to the resolution, psoriasis is a chronic, noncommunicable, painful, disfiguring, and disabling disease for which there is no cure.

The Finnish Psoriasis Association offers expert information and support for living with psoriasis.

Expert physician
Dr. TAPIO RANTANEN
MD, Dermatologist

Genetic and external causes

The outbreak of psoriasis is associated with genetic susceptibility, which is transmitted via multiple genes. Because the disease is multifactorial, it may leap over more than a few generations. Not everyone with the hereditary predisposition shows psoriasis symptoms.

In addition to the underlying genetic predisposition to the illness, external factors such as infections, skin damage, excessive alcohol consumption, smoking, obesity and stress have an impact on the outbreak of psoriasis. With some patients these factors also make psoriasis symptoms worse.

Regular physical activity is the only factor that has been shown to reduce the incidence of psoriasis. In addition, triggering factors should be avoided.

The outbreak of psoriasis can occur at any age. Two peaks of incidence occur at the ages 15–25 and 50–65. Adolescent and elderly psoriasis have largely different genetic backgrounds.

Diagnosis

The clinical picture of psoriasis differs from person to person and not everyone necessarily has the same kind of symptoms.

Some psoriasis patients have both skin and joint symptoms, but skin psoriasis also occurs on its own, as does joint psoriasis. Skin and joint psoriasis often also have nail symptoms. Inflammation may cause long-term fatigue.

Skin symptoms

Psoriasis can appear on all skin surfaces, but common areas are elbows, knees and the scalp. Skin symptoms are often clearly defined, red, thickened, scaly plaques. Sometimes itching can be the most difficult symptom.

Symptoms vary from just a few plaques to widespread areas of skin. Symptoms and their acuteness can also alter from time to time with the same patient. There can be long periods of time when symptoms are less severe or vanish completely. The clinical picture also shows seasonal variation. Symptoms are often worse during winters and less severe in summertime.

You should contact your doctor if the skin symptoms bother you, or if you are unable to keep them under control with basic lotions available from pharmacies. There is no laboratory test to diagnose



psoriasis. The diagnosis is based on the physician's specialist skills and experience. In addition to examining the skin, the physician looks into current and previous diseases and asks questions relating to for instance lifestyle and hereditary issues. Sometimes a biopsy can be taken from the skin to ensure the diagnosis.

Psoriatic arthritis

Symptoms of psoriatic arthritis are stiffness and tenderness especially in the mornings, as well as joint swelling and warmth. Joints, muscles and tendons can be tender to the touch. Psoriatic arthritis can also include

sausage-like swelling of the fingers or toes, eye infections and changes in the nails.

Joint symptoms often start years after skin symptoms have appeared. Joint symptoms can also start simultaneously or before skin symptoms.

In psoriatic arthritis, small and large joints can have inflammations on the same side of the body. Distal interphalangeal joint (DIP) inflammation is typical for the illness. In addition, entheses, i.e. where tendons or ligaments insert into bone, can become inflamed, which is called enthesitis.

There is no laboratory test to diagnose psoriatic arthritis. The diagnose can be made utilizing x-ray, ultrasound or an MRI scan. A rheumatologist is the best specialist for diagnosing psoriatic arthritis.

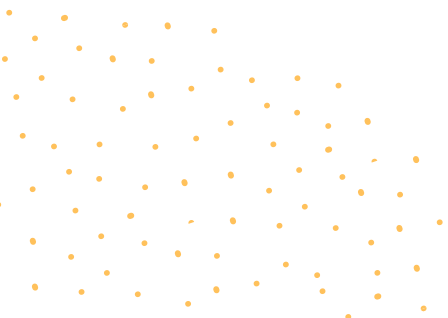
If left untreated, psoriatic arthritis can damage the joints and decrease mobility. Hence it is important to start appropriate treatments of psoriatic arthritis as early as possible.

The risk of comorbid conditions

Psoriasis patients have a greater than average risk of falling ill with a number of comorbid conditions. These comorbid conditions include for example cardiovascular diseases, inflammatory bowel disease and depression. Psoriasis also causes stress and avoidance of social situations.

Efficient treatment of skin and joint inflammation will advance a psoriasis patient's overall health. In addition, a psoriasis patient's comprehensive treatment requires screening for comorbid conditions. Comorbid conditions can be screened for instance through blood pressure, sugar and cholesterol levels, measuring BMI and with depression tests. A comprehensive assessment of cardiovascular diseases is recommended to all adult psoriasis patients. The assessment can be carried out with the FINRISKI-calculator on the website of the National Institute for Health and Welfare (THL).

Healthy lifestyle choices decrease the risk of falling ill with comorbid conditions. In addition to healthcare, the Finnish Psoriasis Association also offers guidance and information regarding health.





The various ways the illness appears

PSORIASIS MOST commonly appears as various different kinds of skin symptoms.

Plaque psoriasis is the most common form of the illness, in which different size thickened plaques are found on the skin, usually on elbows, knees, the small of the back and scalp. The plaques' sizes can alter from 0.5 centimetre diameter to palm-size or even larger plaques. The plaques are covered with scales as either a very thin or thicker layer.

Flexural psoriasis is a sub-form on plaque psoriasis that can occur in skin folds, for example the navel, under the earlobe, under the breasts, in the groin, genitals, and anal cleft. Due to their location, the symptoms look different from in plaque psoriasis. The plaque is clearly defined, but thin, reddish and without scaling. It can also be moist, in which case it is difficult to tell apart from a fungal infection in the folds.

Guttate psoriasis is a condition where small spots under the size of one centimetre appear all over the body. Guttate psoriasis usually appears after angina.

Pustular psoriasis causes small yellowish pustules on top of the skin, which are often accompanied with strong itching. The pustules are most common on the palms and the soles of the feet, but also elsewhere on the skin in difficult forms. On the palms and foot soles PPP, i.e. palmoplantar pustulosis,

which causes redness, scaling and pustules, is a separate disease.

Erythrodermic psoriasis is a rare and severe form of the disease. In it, large-spread skin symptoms are accompanied by general symptoms such as fever, chills and deteriorating general condition. It requires hospital treatment.

Psoriatic arthritis is a long-term inflammatory disease that can occur in any joint, including the spine, but is most common in the small joints of the limbs. On estimate about 10–30 percent of patients with skin psoriasis also have psoriatic arthritis. The severity of psoriatic arthritis is not connected to skin symptoms.

Nail psoriasis' most common symptoms are nail pitting or oil-splotch-like changes, deformation, loosening of the nail from the nail bed, and thickening of the nail. As many as half the patients with skin psoriasis and 80 percent of individuals with psoriatic arthritis have nail changes.

Good basic care of the nails helps both healthy and damaged nails. Help for difficult nail problems can be sought from foot therapists or pedicurists with a degree in healthcare. Nail psoriasis can be treated with prescription local treatment. Internal medication meant for severe psoriasis can help alleviate nail psoriasis.

Treatment



THE TREATMENT of psoriasis in Finland is guided by Current Care Guidelines, published by Duodecim, the Finnish Medical Society. The guidelines can be found online at kaypahoito.fi/en/summaries.

There is no cure for psoriasis, but the symptoms are usually very manageable with treatment. The objectives of treatment are minimizing symptoms, ensuring good quality of life, and maintaining good working and functional capacity.

Psoriasis patients participate in planning their own treatment. Treatment requires perseverance, and finding a suitable treatment may require patience. The treatment must match the patient's life situation.

Continuous, confidential treatment relationships between the doctor, nurse and patient helps in finding successful treatment for psoriasis.

Healthy living habits have a significant role in controlling the symptoms:

- **Try to maintain normal weight.**
- **Exercise regularly.**
- **Do not smoke.**
- **Only consume moderate amounts of alcohol.**
- **Learn ways to manage stress that work for you.**

Topical treatments

Topical treatment is sufficient for mild skin psoriasis with symptoms on small areas of the skin. Lotions soften and moisturize the skin of psoriasis patients. While lotions do not treat the disease itself, they are an important part of basic care, because skin dryness maintains psoriasis symptoms. A suitable lotion eases symptoms, for instance itching and skin sensitiveness.

Mild or medium-strength cortisone creams are used to treat psoriasis on thin skin areas (face and intertriginous areas). In other areas, strong or very strong cortisone creams are used. The cortisone creams should be used periodically and according to your doctor's instructions to avoid side effects.

Cortisone creams and vitamin D creams relieve symptoms, soothe inflammation and relieve itching. If topical treatment discontinues, the symptoms usually

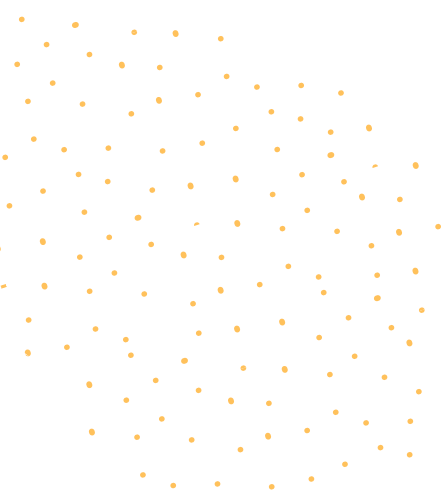
renew fairly quickly. Maintenance treatment twice a week may be sufficient to prevent the symptoms from returning.

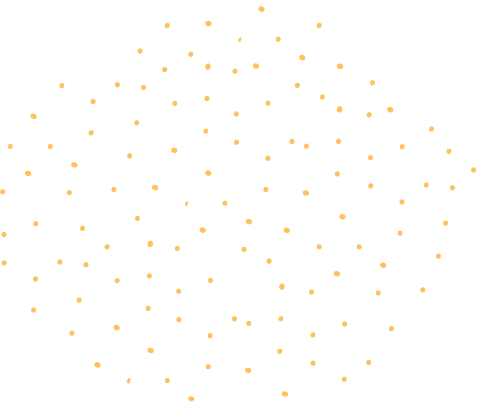
Phototherapy

Phototherapy or light therapy is used to treat psoriasis if topical treatment is insufficient or if symptoms are large-scale. UVB or PUVA phototherapy are always provided on the basis of a referral from a physician. Light therapy alleviates symptoms for a longer time than topical treatment.

Phototherapy is ultraviolet radiation, which is obtained from the sun and phototherapy devices. UV radiation relieves skin inflammation. Certain psoriasis associations lease UVB phototherapy devices, which patients who have a referral may use at home.

Psoriasis is usually worse during winter months, which is why many individuals with difficult or moderately difficult psoriasis travel south for the winter. In warmer climates there is sufficient light and warmth to alleviate skin psoriasis and psoriatic arthritis. To ease symptoms, a trip must usually take over one week. It is important to take into consideration the skin types' sensitivity to light. Excessive sun bathing adds to the risk of developing skin cancer, especially if the skin burns.





Systemic treatment

Internal, so-called systemic treatment uses either pills or injections. Systemic treatment differs from topical treatment, because it affects the entire body and not only the area affected by psoriasis. Systemic therapy is used when other forms of therapy are ineffective or cannot be used, for example in treating extensive psoriasis or psoriasis in sensitive areas.

After anti-inflammatory drugs, the primary systemic medicine for psoriasis and psoriatic arthritis is methotrexate. It is well suited for long-term treatment. Methotrexate also reduces the risk of cardiovascular diseases.

Biological drugs and biosimilars

A biological medicinal product differs from a conventional synthetic chemical drug by its manufacturing technology and molecular structure. A biological drug is named after its manufacturing process, which utilises living cells. Their molecules have larger structures than

traditional drugs and as their effect is targeted on a defined structure of the body, they are called targeted drugs.

Biological medicines are used with patients who have moderate and severe psoriasis, especially when other systemic therapies are not sufficiently effective. The method by which a medicinal product is administered does not determine whether it is a biological or traditional chemical medicine. Biological medicines for the treatment of psoriasis are mostly injectable, but also chemical medicines such as methotrexate can be administered by injection or as a pill.

The patent protection of some biological medicines for the treatment of psoriasis has expired, so new biosimilars have entered the market. Biosimilars mimic the structure and behaviour of the biological product, but they are not fully identical like traditional synthetic medicines and their generic counterparts.

Treatment of psoriatic arthritis

Psoriatic arthritis is most commonly treated with anti-inflammatory and antirheumatic drugs, the newest of which are biological drugs. Joints and inflamed tendons can also be treated locally with cortisone injections. Exercise can relieve pain and stiffness. Physiotherapist can provide guidance on exercise and sports that are more gentle on the joints. Motion is medicine for the joints.

Welcome to the Finnish Psoriasis Association



INDIVIDUALS WITH psoriasis have formed their own patient association to gain peer support, and ensure that the voice of patients with psoriasis is heard in society and decision making. The Finnish Psoriasis Association welcomes anyone with psoriasis, their loved ones, and everyone whose life is touched by psoriasis to partake in the association's actions.

The association's goal is to ensure that patients receive good treatment, and the costs of illness are kept reasonable. It also promotes correct attitudes toward psoriasis patients. As a member you are enabling this work.

Members are part of the Finnish Psoriasis Association through local associations. The Finnish Psoriasis Associations' nearly 40 local associations operate around Finland and have altogether about 13 000 members. The Finnish Psoriasis Association acts as a central organization and offers services to support individuals with psoriasis. To help the central organization, the association has four regional offices that are located in Helsinki, Tampere, Kuopio and Oulu.

The Ministry of Social Affairs and Health supports the association's operations with profits from Finnish gaming company Veikkaus. In addition, operations are made possible through membership fees, donations, and cooperation with companies and other partners.

Support for living with psoriasis

The Finnish Psoriasis Association arranges services that help people with psoriasis and their loved ones at different stages of the disease. Information and support provide help in living with psoriasis.

Psorilinja (tel. 0800 557 767) is a free phone service where you can discuss with a nurse with psoriasis expertise. Our nurse listens, guides and assist you in seeking further help in Finnish. You can also send your questions via email to psorilinja@psori.fi.

This brochure was made possible by a bequest to the Finnish Psoriasis Association.

Ihon aika magazine offers up-to-date information and experiences about living with psoriasis. The magazine is sent home to all members, but you can also order the magazine separately as a standing order.

Peer support, lectures and events are offered by local associations around Finland. The local associations arrange for example specialist lectures, excursions and swim sessions at local public swimming pools. The lectures provide information about psoriasis, its treatment and rehabilitation, as well as research results on the disease.

Courses the Finnish Psoriasis Association organises abroad offer peer support as well as information about how to treat psoriasis and maintain a healthy lifestyle.

Regional courses arranged by the Psoriasis centre are aimed at senior citizens with psoriasis, as well as families with a child with psoriasis.

Support our activities

The account number for donations to The Finnish Psoriasis Association is
FI 89 1745 3000 0257 10

By donating, you support our work to help people suffering from psoriasis. The collection permit is valid from 1.1.2021 onwards. The permit is valid for the whole of Finland apart from Åland. The permit number is RA/2020/1621. The National Police Board granted the collection permit 16.12.2020. Find the bank reference numbers for donations on our website psori.fi.

Young people with psoriasis can find activities and events through Lanupso. All under 30-year-old members of the local associations are members of Lanupso. Every year, Lanupso arranges get-togethers around Finland. There are also activities for children with psoriasis and their families.

Supported vacations are arranged in cooperation with vacation associations.

Additional information on the activities and services of the Finnish Psoriasis Association:

The Finnish Psoriasis Association
Fredrikinkatu 27 A 3
00120 Helsinki

tel. 040 9052 543
liittotoimisto@psori.fi
psori.fi

 Psoriasisliitto ·  psoriasisliitto
 Psoriasisliitto ·  psoriasisliitto
 Psoriasisliitto



Yes, I want to join the Finnish Psoriasis Association and support psoriasis patients' opportunities for a good life.

I want to receive Ihon aika magazine as a member advantage.

Name:

Address:

City:

Date of birth:

Telephone number:

E-mail:

My information may be used for research purposes organized by or with the permission of the association.

The Finnish
Psoriasis
Association
pays for the
postage

Psoriasisliitto ry
Tunnus 5005615
00003 VASTAUSLÄHETYS

In 2021, the membership fee is 22 € for adults and 11 € for young members (15–29 years old). Children under 15 are not charged a membership fee. Up-to-date information about membership fees and benefits: **psori.fi**