8. Which diseases can be associated with psoriasis?

- Psoriasis, particularly moderate to severe psoriasis, is associated with an increased risk of anxiety, depression and harmful use of alcohol.
- Moderate to severe psoriasis increases the risk of heart disease and stroke and treatment of psoriasis may reduce this risk.
- Psoriasis can also be associated with diabetes, obesity, venous thromboembolism, inflammatory bowel disease, high cholesterol and high blood pressure.

9. How can psoriasis be treated?

- Psoriasis can be treated by topical medicines, phototherapy and/or systemic drugs depending upon the severity of the disease.
- Most people need to try different treatments or combinations of treatments before they figure out what works best.
- Regular use of moisturizers and managing the aggravating factors play an important role.
- Topical moisturizers, steroids, keratolytic agents, vitamin D analogues and immunomodulators are the chief treatment options in limited diseases. Tar-based, ketoconazole and keratolytic based shampoos are helpful in scalp involvement.
- Phototherapy with PUVA, narrow band UVB or targeted therapies with excimer light are effective options. A course of treatment usually takes about 8-10 weeks and will require treatment sessions two to three times a week. This usually means attending a phototherapy unit in a hospital.
- Systemic drugs such as methotrexate, acitretin, cyclosporin, apremilast are recommended in severe cases and extensive disease.
- Biological agents such as etanercept, infliximab, adalimumab, ustekinumab and secukinumab can be used in cases that are unresponsive or difficult to treat.
- All medications should be taken under the supervision of a dermatologist and proper follow up with maintenance treatment is mandatory.

10. Can psoriasis be cured? Can psoriasis recur?

- No. Psoriasis is treatable but not curable.
- Yes, psoriasis can recur.

11. Can a person with psoriasis marry?

- Yes. Psoriasis affected person can marry and have children.
- Psoriasis is not a contagious disease.

12. What are the lifestyle modifications to be adopted by patients with psoriasis?

- Weight reduction to ideal body weight.
- Physical exercise.
- Limiting alcohol intake.
- Quit smoking.
- Biofeedback and cognitive behaviour therapy for reduction of stress level.
1. **What is psoriasis?**
   - Psoriasis is a common, chronic skin disease which sometimes also involves nails and joints. It affects up to 2% of the world population.
   - Psoriasis is not a life-threatening disease generally but recurrences are common.
   - Psoriasis is a disease which is treatable and can be effectively and completely controlled but is not curable.

2. **How can one get psoriasis?**
   - The exact cause of psoriasis is not known. It is a complex interplay between genetics and immunology.
   - Genetic susceptibility and environmental factors are responsible for disease.
   - Normally the epidermis or outer layer of skin is continuously replaced and it takes place in three and four weeks. There is increased turnover of skin cells in psoriasis so that the skin cells are formed and shed within a week.

3. **Is psoriasis hereditary? Is psoriasis transmissible to family members or contacts?**
   - Psoriasis is a multifactorial disease.
   - It can be inherited, but the mechanisms are complex.

4. **What factors can aggravate psoriasis?**
   - Many factors are known to aggravate psoriasis.
   - Infections - sore throat and HIV infection can trigger psoriasis.
   - Certain medications such as antihypertensive drugs (beta-blockers), anti-malarials (chloroquine), pain killers, medications for psychiatric illnesses (lithium) and withdrawal of systemic corticosteroids can aggravate psoriasis.
   - Physical trauma and mental stress can trigger psoriasis.
   - Cold climates and winters commonly aggravate psoriasis in most cases, but some patients may have summer aggravation.
   - Alcohol intake and smoking can aggravate the disease.
   - Obesity and decreased physical activity are well known aggravating factors for psoriasis as well as other co-existing diseases with psoriasis.

5. **How does psoriasis manifest? Which areas of body are affected by psoriasis?**
   - Psoriasis presents as well demarcated, elevated, scaly, reddish, itchy skin lesions mainly on outer aspects of upper & lower limbs, palms & soles and scalp.
   - If psoriasis affects the hands and feet, painful fissures (cracks) can develop and these can affect use of the hands and walking. Severe psoriasis on the body can also develop cracks which are painful and can bleed.
   - Trauma prone area of the bodies are commonly affected.
   - Psoriasis may involve any site of the skin. Patients may have a single lesion or involvement of the whole body. Occasionally, patients may develop tiny pus filled lesions.

6. **What should one do if he/she gets psoriasis?**
   - If one gets psoriasis, he/she must consult a dermatologist.
   - Don’t self-medicate or take treatments from untrained physicians.
   - Improper or wrong treatments may make psoriasis unstable.

7. **Are there any tests to confirm psoriasis?**
   - A dermatologist can easily confirm the diagnosis based on the appearance of skin lesions. No laboratory tests are usually needed for diagnosis.
   - A skin biopsy or a small sample of the skin tissue may be needed to confirm the diagnosis in doubtful cases.
   - Blood tests may be recommended to check out for co-existing diseases or when systemic medications are indicated.