

PSORIASIS

Psoriasis (sore-EYE-uh-sis) is one of the most common skin problems. It starts as inflamed areas of overgrown skin, topped with white scaly patches. The scales fall off if they are brushed or scratched. Sometimes the sores bleed. Many people first develop psoriasis in childhood, especially during teenage years. Psoriasis is a problem that can last for many years. It can seem to go away for a time, and then come back again and again. Psoriasis is not contagious (catching), and your child can't spread it to others.

WHAT CAUSES PSORIASIS?

The cause of psoriasis is not known. Many patients have another family member with psoriasis, but most don't have anyone in the family with the condition. We do know that trauma (injury) to the skin may cause a lesion (sore) where the skin was hurt. This is probably why most lesions of psoriasis are on areas of trauma, such as the scalp, the elbows, knees and buttocks. Very small spots ("guttate psoriasis") all over the body may occur a few weeks after a strep throat.

TREATMENT

Treatment of psoriasis may be simple and short-term in mild cases. Cortisone cream applied to the skin can often control the psoriasis. Along with cortisone, tars and anthralin are often effective. If it is a severe case or a lot of the skin is involved, other treatments may be needed. If the psoriasis doesn't improve with these treatments, carefully controlled ultraviolet light treatments may be given. (See page 2 for descriptions of treatment types.)

PREVENTION

To keep psoriasis from getting worse, your child can take these steps:

- Wear protective guards (kneepads, helmets, etc.) when playing sports.
- Avoid tight clothing and shoes.
- A little sunlight can often help. Avoid too much time in the sun. New sores can occur where the skin is sunburned.



Picture 1 To keep the psoriasis from getting worse avoid tight clothing and shoes.

TYPES OF TREATMENT

The dermatologist will talk with you about which treatment is best for your child.

- **Steroids** – Cortisone cream and ointment are often prescribed, but need to be watched closely by the doctor.
- **Scalp treatment** – The type of medicine used depends on the severity of the disease. Coal tar shampoos and cortisone lotions are often prescribed.
- **Light Therapy** – Sunlight and UV light can improve psoriasis, but this needs to be done under a doctor's care. Some medical centers have light boxes for full body exposure.
- **PUVA** – This treatment is used for severe cases of psoriasis that have not responded to other treatments. Patients are given a drug called Psoralen®, then exposed to ultraviolet light. This treatment requires several clinic visits per year.
- **Methotrexate**– (meth-oh-TREX-ate) This is an anti-cancer medicine that is taken by mouth. Although psoriasis is **not cancer**, this drug may be tried if other treatments have failed. However, there are side effects that may occur, so the doctor will need to closely monitor the child.
- **Cyclosporine or antibiotics** – These medications may be given by mouth in severe cases, or when a lot of skin is involved.

FOLLOW UP

The child with psoriasis who uses any of these treatments must be checked regularly and often by the dermatologist.

For more information about psoriasis, contact the National Psoriasis Foundation at 1-800-723-9166, or visit their website at www.psoriasis.org.

If you have any questions, be sure to ask your doctor, nurse, or pharmacist, or call the Dermatology Clinic at (614) 722-5675.

QUESTIONS TO THE AUTHOR:

1. Gayla, should something be said about unorthodox treatments (skin cap, herbal remedies, etc.)? I know that sufferers can spend a lot of money on unproven “cures” and quackery. Please comment:

2. Should the National Psoriasis Foundation be listed as a resource? Any other resources that you would recommend to parents?

3. Do you see enough patients to warrant translation of this HH to Spanish or Somali?

4. Is the picture idea okay, or can you suggest another point to be illustrated?

5. I added the part about psoriasis **not** being cancer in the methotrexate item, fearing that parents might think it was skin cancer if it's being treated with an anti-cancer drug. Please comment.

Helping Hand

DEVELOPMENT AND REVISION TRACKING WORKSHEET

Helping Hand Title: Psoriasis	Form # HH-I-202	Last Revised: NEW
	Date Started: 3/20/02	Final Print:
Revision Coordinator:	Department:	
Author (if new): Gayla Rogers, RN	Department: Allergy Clinic	
Reviewers	Department	
Physician: Roger Friedman, MD	Department:	Pharmacist: Shelly Morvay, PharmD

Date	Activity	Date	Activity
	Page Format (margins, bullets, boxes, fonts, spacing)		
	Add logo (corner or black banner)		
	Insert illustrations (scan, labels & arrows)		
	Copyright, REV DRAFT		
	Revision Packet sent		
	Revision Packet back from RC		
	Text changes made, print proof to JW		
	Text changes made, print proof to JW		
	To Translator		
	Back from Translator		
	To Medical Illustration		
	Back from Medical Illustration		
7/19/02	To RC with questions		
	Back from RC		
8/6/02	Sent to Doctor		
9/3/02	Back from Doctor		
	To Pharmacist		
	Final print to Document Source		
	Make folder, file; order copies for file; notebook		
	File History		
	To Webmaster		
	Add to order form		
	Add to distribution list		

U:/shared/hh templates/tracking form

Helping Hand

**PHYSICIAN/PHARMACIST
FINAL APPROVAL**

Today's Date: 8/6/02

Attached is the FINAL DRAFT of the Helping Hand Patient/Family instruction named above.

We plan to print this Helping Hand by 8/20/02. Please return your comments or corrections to me by this date. Please check the appropriate box below:

I have reviewed this Helping Hand and approve as is.

I have reviewed this Helping Hand and approve with the changes indicated.

Signature of Physician: _____ Date _____

Signature of Pharmacist: _____ Date _____

Jene Warmbier, Patient Education Specialist
Children's Institute for Pediatric Education
Room ED-124F

Please call me at Ext. 4910 if you have questions.

Helping Hand

REVIEW AND REVISION GUIDELINES AND PROCEDURES

REVISION COORDINATOR/REVIEWER GUIDELINES

Select the appropriate health professionals to review this Helping Hand. For example, if it is used for both inpatients and outpatients, make sure someone from each area reviews it. If it is a diagnostic procedure, include someone from that test area.

- On the front of this form, list your reviewers, and the name of the physician to whom this should be sent for final review and approval.
- Fill in the label on each Helping Hand. **Indicate the date you want it returned TO YOU.**
- For revisions of Medications Helping Hands, use the language from the Medications Template. Be sure to include the information that **must** appear on every Medications Helping Hand
- Use the attached copy marked FINAL DRAFT to compile the reviewers' comments. Write directly on the Helping Hand. Please use a red pen to edit; do not retype the Helping Hand.
- Sign this form and return the compiled draft, along with all the signed reviewers' copies.

Reviewer Guidelines

Edit the Helping hand for clarity, completeness of information, and overall presentation.

- **Reading level** - Is the information written at an appropriate reading level (5th to 7th grade)?
- **Clarity and completeness** - Is the information presented clearly? Is there wordiness or unnecessary repetition? Are difficult words defined, pronunciation given?
- **Flow** - Does the information flow in a logical sequence? Are all important steps in a procedure included?
- **Illustrations** - Do they accurately portray and/or clarify the information? Is currently used equipment pictured? Are ages, race, sex of children and adults correct? Do text references correlate with the illustrations?

Content Review –

- Is all information accurate? Does it reflect current practice? Is any clarification needed?
- Are there questions that patients and parents often ask that are not addressed?
- Are any revisions needed in the illustrations? Are other illustrations needed?

Use a red pen to edit and make your changes directly on the Helping Hand.

Signed _____ Date _____