What you need to know about your PSORIASIS diagnosis... and how it could be affecting more than just your skin.

PSORIASIS
MORE THAN SKIN DEEP

Think deeper!
Psoriasis is an inflammatory autoimmune disease. The exact cause of psoriasis is unknown. However, research shows that psoriasis occurs when your immune (protective) system starts to react against your own body. The activation of your immune system causes inflammation and speeds up the growth of new skin cells and causes them to form in days rather than weeks as in normal skin growth.

Despite its very visible appearance on your skin, psoriasis is an autoimmune disease that may affect your whole body, and not just your skin.

How your immune system triggers PSORIASIS

Immune system proteins, such as tumour necrosis factor (TNF) alpha and interleukins, play a key role in the inflammatory process of psoriasis. People with psoriasis have too much of these inflammatory proteins in their bodies; these can attack normal healthy body tissues and cause inflammation, even beyond the skin.

The role of inflammatory proteins in PSORIASIS

Normal skin cells develop completely in 28-30 days and flake away without being seen. In psoriasis, the overproduction of the inflammatory proteins, such as TNF-alpha and interleukins, in the immune system trigger an abnormal functioning in white blood cells. This causes skin cells to develop and reproduce very rapidly (3-4 days), and to pile up on the skin surface making thick, red raised areas called “plaques”.

Interleukin responses are highly increased on skin with psoriatic patches. TNF-alpha produces many responses throughout the body, and therefore in addition to its effect on the skin, TNF-alpha may also play a role in the development of many autoimmune diseases.

Elevated inflammatory protein levels may affect the whole body, and not just the skin, and are therefore correlated with numerous types of other autoimmune diseases as well.

LOOK BEYOND THE SKIN
“Psoriasis is now understood as a non-contagious, chronic inflammatory autoimmune whole-life disease that manifests in the skin, joints and associated comorbidities.”
— Canadian Psoriasis Network

INFLAMMATORY AUTOIMMUNE COMORBID CONDITIONS
- Psoriatic arthritis (PsA)
- Inflammatory bowel disease (IBD)
  - Crohn’s disease (CD)
  - Ulcerative colitis (UC)
- Uveitis

NON-AUTOIMMUNE COMORBID CONDITIONS
- Cardiovascular disease (CVD)
- Diabetes
- High blood pressure
- High lipid (cholesterol and/or triglyceride) levels
- Obesity
- Depression and anxiety

Early detection is essential for the successful prevention and management of many of these comorbid conditions. Do not hesitate to talk with your doctor about your concerns.
INFLAMMATORY AUTOIMMUNE COMORBID CONDITIONS

PSORIATIC ARTHRITIS (PsA)

• One of the most common comorbid conditions seen in psoriasis patients.
• PsA is a chronic condition that includes the same scaling and itchiness seen with psoriasis, but also causes pain, stiffness and swelling in and around the joints.
  – Hallmark features of PsA are morning stiffness, back pain and general fatigue.
• Up to 30% of people with psoriasis develop PsA.
  – PsA is even more common in people with more severe cases of psoriasis, including nail and scalp psoriasis.
• PsA can develop at any time, but for most people it appears between 5 and 12 years after the onset of the skin disease.

It is important to report any swelling, pain and warmth (inflammation) in your joints as early as possible – early diagnosis and management of PsA is critical for good long-term outcomes.

INFLAMMATORY BOWEL DISEASE (IBD)

• IBD involves chronic inflammation of all or part of the digestive system and primarily includes Crohn’s disease (CD) and ulcerative colitis (UC).
• Psoriasis patients have a:
  – 1.5–2.9x greater risk of developing CD
  – 1.6x greater risk of developing UC
• Those who have both psoriasis and psoriatic arthritis are at an even greater risk of developing CD.

Skin disorders, such as psoriasis, can predate gastrointestinal symptoms and thus may serve as an important clinical indicator in making an earlier diagnosis of IBD.

UVEITIS

• Uveitis is a group of inflammatory diseases that produces swelling and destroys eye tissues.
  – These diseases can lead to slight vision loss as well as severe vision loss.
  – The signs and symptoms of uveitis depend on the type of inflammation.
• Patients with psoriasis are slightly more likely (than the average person) to get uveitis, and for patients with psoriatic arthritis the risk is even higher.

If you ever suffer from eye pain, severe light sensitivity, and/or any change in vision, immediately see an ophthalmologist.
NON-AUTOIMMUNE COMORBID CONDITIONS

CARDIOVASCULAR DISEASE (CVD)

- Psoriasis has been linked to an increased risk of heart attack and CVD.
  - Younger patients with severe psoriasis have a 4x greater risk of having a heart attack than younger patients without psoriasis.
- Patients with severe psoriasis are at an increased risk compared to people without the skin disorder for:
  - Stroke: 54%
  - High blood pressure: 48%
  - Heart attack: 21%
  - Diabetes: 62%
  - High lipid (i.e., cholesterol and/or triglyceride) levels: ±30%

METABOLIC SYNDROME
(includes high blood pressure, CVD, diabetes, and high lipid levels)

- Metabolic syndrome is a combination of conditions that occur together and lead to heart disease, stroke and diabetes.

OBESITY

- The prevalence of obesity is estimated to be 34% in psoriasis patients compared to 18% in the general population.

Beyond seeking care for your psoriasis skin symptoms, get screened for heart disease risk factors and make lifestyle changes to minimize your risk of future cardiovascular problems, such as maintaining a healthy weight.

DEPRESSION AND ANXIETY

- Up to 60% of people with psoriasis may develop depression.
- Many studies have found higher levels of anxiety and excessive worry in patients with psoriasis compared to the general population.
- Patients with psoriasis frequently report poor self-esteem and higher rates of both passive and active suicidal ideation.

Talking with your doctor is the most direct route to determining what’s wrong and in taking action to help remedy the problem.
The impact of psoriasis on overall quality of life is broad and deep

Psoriasis has an impact that extends far beyond the cosmetic or physical aspects of the disease.

- In terms of physical and mental disability, psoriasis has been compared to having conditions such as: arthritis, high blood pressure, heart disease, diabetes and depression.

Both because of the skin disease itself and as a consequence of various related health conditions (i.e., the comorbidities), the emotional distress caused by psoriasis can seriously impact quality of life. The physical dysfunction and emotional burden associated with psoriasis have poor effects on the self-esteem and well-being of its sufferers; it can affect relationships, social activities and ability to work, and cause significant financial burden.

According to a Canadian patient survey, psoriasis and related health conditions “impose a severe burden on the daily lives of Canadians with a history of moderate to severe psoriasis.”

Psoriasis is not a cosmetic problem

- Nearly 60% of people with psoriasis reported their disease to be a large problem in their everyday life.
- Nearly 40% with psoriatic arthritis reported their disease to be a large problem in everyday life.
- Patients with moderate to severe psoriasis experienced a greater negative impact on their quality of life.
  - Psoriasis has a greater impact on quality of life in women and younger patients.

The emotional impact of psoriasis on a person’s life does not depend on the severity of the lesions. It is determined by how each person feels about the itchiness, pain and discomfort of psoriasis and the visibility of the lesions.
The severity of PSORIASIS varies with each person

Psoriasis can be as widespread as a few patches here and there, to full body involvement. The different levels of severity can be defined as the amount of body surface involved:

- **MILD:** less than 3%
- **MODERATE:** 3% to 10%
- **SEVERE:** more than 10%

Considering that one palm equals about 1% of the skin surface, the number of palms of skin affected by psoriasis reflects disease severity.

The severity of your disease is also measured by its effect on your quality of life.

**PSORIASIS affects approximately 125 million people worldwide, including 1 million Canadians.**

About 65% of people have mild PSORIASIS, 25% have moderate PSORIASIS, and about 10% have severe PSORIASIS.

**Other diseases that may be associated with PSORIASIS**

Since psoriasis is an inflammatory autoimmune disease, it can express itself in many different ways and it can be associated with chronic health conditions known as “comorbid diseases” or “comorbidities”. These comorbidities can be autoimmune or non-autoimmune in origin and extend beyond what is seen on the surface of the skin.

People with psoriasis are at risk for developing other potentially serious and chronic autoimmune diseases, such as psoriatic arthritis (PsA) and inflammatory bowel disease (IBD). They are also at risk for other chronic non-autoimmune diseases such as diabetes, and high blood pressure. It is the effect of TNF-alpha throughout the whole body that increases the risk for these various autoimmune disorders.

This risk is further elevated in people with more severe cases of psoriasis.
Multidimensional thinking in PSORIASIS

Research continues to show that having psoriasis increases the risk of getting other health conditions, including heart disease, diabetes and stroke.

Because of this increased risk for other health conditions, do not be alarmed if your healthcare professionals, such as your dermatologist and family physician, request some of the following routine medical screenings:

- PsA screening
- Blood pressure check
- Cholesterol test
- Body mass index (BMI) assessment
- Glucose tolerance test

Because the health conditions associated with psoriasis are chronic, your healthcare professionals will most likely ask to see you regularly to discuss any health concerns you may have. It is important for your healthcare professionals, such as your dermatologist and family physician, to share any test results you receive with your entire treatment team.

NOTES

Jot down any questions that you may want to ask your dermatologist about information that you have read in this booklet.

...multidisciplinary approach to disease management that includes the coordination of care with specialists and other health professionals as well as consideration of patient's needs and preferences are central to the management of all noncommunicable diseases including psoriasis.”

ADDITIONAL RESOURCES

Canadian Web sites*

Canadian Psoriasis Network
www.CanadianPsoriasisNetwork.com

Canadian Association of Psoriasis Patients
www.canadianpsoriasis.ca

Canadian Skin Patient Alliance
www.skinpatientalliance.ca

Canadian Dermatology Association
www.dermatology.ca/skin-hair-nails/skin/psoriasis

International Web sites*

National Psoriasis Foundation
www.psoriasis.org

MedicineNet.com
www.medicinenet.com/psoriasis/article.htm

Mayo Clinic
www.mayoclinic.com/health/psoriasis/DS00193

MedlinePlus

* The resources suggested in this booklet do not imply an endorsement of or association with third-party organizations/websites and are provided for information purposes only. AbbVie is not responsible for content of non-AbbVie sites.