Frequently Asked Questions
About Psoriasis and Psoriatic Arthritis

What are psoriasis and psoriatic arthritis?
Psoriasis is an immune-mediated, genetic disease manifesting in the skin and/or the joints. According to the National Institutes of Health, as many as 8 million Americans have psoriasis. In plaque psoriasis, the most common type, patches of skin called “lesions” become inflamed and covered by silvery white scales. Psoriasis can be limited to a few lesions or can involve moderate to large areas of skin.

Up to 30 percent of people with psoriasis may develop psoriatic arthritis, an inflammatory type of arthritis. Psoriatic arthritis causes pain, stiffness and swelling in and around the joints. It can cause people to move slowly and make it difficult to sit, stand or write for long periods of time.

Is psoriasis contagious?
No, psoriasis is not contagious. It is not something you can “catch” or that others can catch from you. Psoriasis lesions are not infectious. People with psoriasis and psoriatic arthritis pose no threat to the health or safety of others.

What causes psoriasis and psoriatic arthritis?
No one knows exactly what causes psoriasis and psoriatic arthritis, but it is believed to have a genetic component. Most researchers agree that the immune system is somehow mistakenly triggered, which speeds up the growth cycle of skin cells. A normal skin cell matures and falls off the body’s surface in 28 to 30 days. But a psoriatic skin cell takes only three to four days to mature and move to the surface. Instead of falling off (shedding), the cells pile up and form the lesions.

In psoriatic arthritis, chronic inflammation brought on by an overactive immune response causes swelling in and around the joints. Early recognition, diagnosis and treatment of psoriatic arthritis can help prevent or limit the extensive joint damage that occurs in later stages of the disease.

How are these conditions diagnosed?
No special blood tests or diagnostic tools exist to diagnose psoriasis. The physician or other health care provider usually examines the affected skin and decides if it is from psoriasis. Less often, the physician examines a piece of skin (biopsy) under the microscope.

Likewise, there is no single test that can diagnose psoriatic arthritis. The diagnosis of psoriatic arthritis is usually made through a clinical examination by a rheumatologist, who looks for the presence of inflammatory arthritis, spinal disease and the presence of psoriasis, among other factors.

What treatments are the best?
The unpredictable nature of psoriasis and psoriatic arthritis makes treatment a challenge for many. A wide range of treatments is available, but no single treatment works for everyone and it is hard to predict what will work for a particular individual. It is important to be open-minded and willing to work with a doctor to find a successful treatment.
Can psoriasis and psoriatic arthritis affect all parts of the body?

Psoriasis most commonly appears on the scalp, knees, elbows and torso. But psoriasis can develop anywhere, including the nails, palms, soles, genitals and face (which is rare). The lesions often appear symmetrically, meaning in the same place on the right and left sides of the body.

Psoriatic arthritis can affect any joint in the body, including peripheral joints (in the arms and legs) and those in the axial skeleton (spine, hips, and shoulders).

Can psoriasis and psoriatic arthritis occur at any age?

Psoriasis often appears between the ages of 15 and 35, but it can develop at any age. Approximately 10 to 15 percent of those with psoriasis get it before age 10. Some infants have psoriasis, although this is considered rare.

In 85 percent of people with both diseases, psoriasis occurs before psoriatic arthritis. On average, psoriatic arthritis appears about 10 years after psoriasis. But every person is different, and psoriatic arthritis can also occur at any age.

If a person has psoriasis does that mean he or she will develop psoriatic arthritis?

About one in three people with psoriasis develop psoriatic arthritis, although it often may go undiagnosed, particularly in its milder forms. It can develop at any time, but for most people, it appears between the ages of 30 and 50. Having psoriasis does not guarantee that you will eventually develop psoriatic arthritis.

Is psoriatic disease more prevalent in men or women, or in different ethnic groups?

Psoriasis and psoriatic arthritis occur nearly equally in men and women across all socioeconomic groups. It is also present in all racial groups, but at varying rates.

Does having psoriasis and psoriatic arthritis affect lifestyle or quality of life?

Sometimes people experience low self-esteem because of their psoriasis. Psoriasis is often misunderstood by the public, which can make social interactions difficult. This may lead to emotional reactions such as anxiety, anger, embarrassment and depression. Psoriasis can affect the type of work people do if it is visible. Psoriatic arthritis is a progressive condition which, if untreated and severe, can be disabling.

Is there a cure for psoriasis and psoriatic arthritis?

There is no cure, but many different treatments can manage or eliminate symptoms for periods of time. People often need to try out different treatments before they find one that works for them.

Is there hope for a cure?

Yes. Researchers are studying psoriasis and psoriatic arthritis more than ever before. They understand much more about its genetic causes and how it involves the immune system. The National Psoriasis Foundation and the federal government are promoting and funding research to find the cause and cure for psoriatic disease.

For more information about psoriasis and psoriatic arthritis

Contact the National Psoriasis Foundation’s Patient Navigation Center at 800-723-9166, option 1 or email education@psoriasis.org