Phototherapy

Portland office
6600 SW 92nd Avenue, Suite 300
Portland, OR 97223

D.C. office
1800 Diagonal Road, Suite 360
Alexandria, VA 22314

Ultraviolet B light (UVB) • Laser UVB
Psoralen + ultraviolet A light (PUVA) • Sunlight

©2018 National Psoriasis Foundation
What is this booklet about and who is it for?

The Phototherapy booklet is part of a series of educational materials for people with psoriasis and psoriatic arthritis (together called psoriatic disease). The series is also for their friends, family members and caregivers.

This booklet gives an overview of psoriasis and phototherapy and answers questions such as:
- What is phototherapy and how does it work?
- Who can use it?
- What are the possible side effects or risks?

This booklet has been reviewed for accuracy by health care providers who have experience treating psoriatic disease.

Remember, people living with psoriatic disease are all unique. That means you should work with your health care provider to identify a treatment that’s appropriate for your disease severity and medical history.

If you have questions about your psoriasis or psoriatic arthritis, contact an NPF Patient Navigator.

Our navigators understand psoriatic disease and the issues that affect those living with it. Whether you were diagnosed yesterday or 20 years ago, Patient Navigators find solutions to help you live your healthiest life.

- 800-723-9166
- education@psoriasis.org
- psoriasis.org/navigationcenter

What is psoriasis (sore-EYE-ah-sis)?

Psoriasis is a chronic (lifelong) disease. It is related to the immune system. This means that immune system activity plays a role in causing the disease. When you have psoriasis, your immune system becomes overactive. The overactive immune system causes inflammation (swelling and redness) of the skin and speeds up skin cell growth. This results in itchy or painful, scaly, inflamed plaques (patches) on your skin.

Psoriasis is not contagious. You can’t catch it from anyone. It tends to run in families, so it is linked to genes you inherit. The link between genes and psoriasis is not yet fully understood.

Psoriasis affects over 8 million people in the U.S. Symptoms often start between ages 15 and 25. But they can start at any age. Men, women and children of all skin colors and income levels can have psoriasis.

Psoriasis varies from person to person. It can be mild, moderate or severe, and easy or hard to treat. It affects your quality of life. It can limit your activities, cause constant pain and itch and raise your risk for other related health conditions, like diabetes, heart disease and depression. You may be self-conscious about how you look when you have a flare (a sudden outbreak of symptoms).

While there’s currently no cure for psoriasis, there are many ways to manage symptoms. Over the last 15 years, many new treatments have been approved for psoriasis and psoriatic arthritis. Today, there are more effective ways to manage your disease than ever before – and the results can be life-changing. Treatment is the best way to improve your quality of life and lower your risk of related diseases.

To treat your psoriasis, talk with a health care provider. It is important to find a health care provider who specializes in psoriasis, called a dermatologist (skin doctor). If you do not have a dermatologist, your primary care provider can refer you to one in your area.
**Is psoriasis the same for everyone?**

Psoriasis differs from person to person. Psoriasis severity can be measured by how much it affects your body. How can you tell? As a rule of thumb, the entire hand (the palm, fingers and thumb) is equal to about 1% of your body surface area.

Other factors to consider when measuring severity include the specific areas affected and how much it impacts your quality of life. Psoriasis can be severe even if it’s only a small area of skin, like your hands, feet, face or genital area.

Psoriasis can change over time. Some people rarely have symptoms. Others have symptoms all the time. Symptoms can get better or worse, last a short or long time, and appear on different parts of the body at different times.

---

**How do you treat psoriasis?**

Because psoriasis and psoriatic arthritis are chronic diseases, you and your health care provider may find that your treatment needs change over time. So it is important to regularly assess how your current treatment is meeting your goals. There are many safe and effective treatments to lessen symptoms or help achieve remission (clearance of your symptoms for periods of time). Finding the treatment that gives you the most relief may take time. But reducing your symptoms or achieving remission is possible. So speak with your health care provider about your psoriatic treatment goals.

Your health care provider will recommend treatments based on:
- Whether you have psoriasis or psoriatic arthritis
- Whether your psoriatic disease is mild, moderate or severe
- Your health history and overall health
- Your experience with previous treatments

In 2016, the National Psoriasis Foundation Medical Board published defined psoriasis treatment targets to help you assess if your current treatment is successful. You and your dermatologist can use these targets to see if your treatment is meeting your goals or if an adjustment is appropriate.

Here is how you and your health care provider can determine if your treatment is working:
- **3 months** after starting treatment, less than 1% of your body should be affected by psoriasis.
  (It may be acceptable to have less than 3% of your body affected by psoriasis or experience 75% improvement at this time.)
- **6 months** after starting treatment, less than 1% of your body should be affected by psoriasis.
What is phototherapy?

Phototherapy (also called light therapy) uses ultraviolet (UV) light to treat psoriasis under the supervision of a health care provider. Treatment can be given in a health care provider’s office, psoriasis clinic or at home with a prescription and instructions from your provider (discussed on page 20).

UV light is divided into different wavelength ranges that are measured in nanometers (nm). Phototherapy for psoriasis uses wavelength ranges of ultraviolet A light (UVA) and ultraviolet B light (UVB). They are found in natural sunlight but differ in their safety and efficacy for treating psoriasis.

Phototherapy can be used on small or large areas of the body:

- **Targeted treatments** are often used when less than 5 percent of the body is affected. Targeted treatments use UV light only on specific areas of the body that have psoriasis.
- **Whole body treatments** are used when more than 5 percent of the body is affected or when symptoms are more widespread on large areas of the body. Whole body treatments use UV light on the whole body, including areas that do not have psoriasis.

Tanning booth lights are not the same as lights used in phototherapy. For warnings against tanning booths, please go to page 20.

Who should not use phototherapy?

If you are thinking about using phototherapy, your health care provider might ask you if you:

- Are taking photosensitizing medicines (medicines that make you sensitive to light)
- Have a history of a photosensitivity disorder

- Have a history of melanoma or abnormal moles
- Have a lowered immune system as a result of having an organ transplant
- Have a history of multiple non-melanoma skin cancers

You should not use phototherapy if you already have any of the following photosensitivity disorders (health conditions that make you sensitive to light):

- Lupus (also called systemic lupus erythematosus)
- Dermatomyositis
- Porphyria
- Xeroderma pigmentosum

Speak with your health care provider about whether phototherapy may be appropriate for your psoriasis.
UVB phototherapy

What is it?

UVB in natural sunlight is an effective treatment for psoriasis. UVB phototherapy affects the skin by slowing the growth of skin cells that are responsible for psoriasis. When using UVB phototherapy, you expose your skin to an artificial (man-made) UVB light source. This is done for a recommended amount of time for a few days each week or month.

The wavelength range for UVB light is from 280 to 315 nm. There are 2 types of UVB phototherapy. They differ in the range of wavelengths used:

- **Broad-band UVB phototherapy** uses the UVB range of 280 to 315 nm of ultraviolet light.
- **Narrow-band UVB phototherapy** uses a smaller wavelength of ultraviolet light, from 311 to 313 nm. This smaller range uses the most effective wavelengths of light and reduces exposure to wavelengths of light that are more likely to burn the skin.

Narrow-band UVB phototherapy has been used for over 20 years. It is more commonly used today than broad-band UVB. Studies show that narrow-band UVB is safer and more effective than the full UVB wavelength used in broad-band UVB. Narrow-band UVB may work with fewer treatments each week and can help you achieve longer remission (clearance of your symptoms for periods of time).

Adults and children can use UVB phototherapy. It’s effective in treating psoriasis that improves when exposed to natural sunlight. It can be used to treat small or large areas of the body.

How does it work?

Some UVB units use traditional UV lamps or bulbs. Others use LED bulbs. The first UVB treatment can be as short as a few seconds. Each person reacts differently to UVB phototherapy. The exposure time (the amount of time that you will expose your skin to UVB light) will depend on:

- Your skin type
- Severity of your psoriasis
- Strength of the UVB light bulbs

Lighter skin absorbs more light and can burn more easily than darker skin. If you have lighter skin, you will generally start with shorter exposure time. This is to reduce your risk for burns. If there are no symptoms of a burn, then typically the next treatment will be for a longer exposure time. People with darker skin tones may need higher doses of phototherapy in order to see improvement.

The table below explains the different categories of skin types:

<table>
<thead>
<tr>
<th>Skin type</th>
<th>How your skin reacts to sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>- Always sunburns easily</td>
</tr>
<tr>
<td></td>
<td>- Never gets tan</td>
</tr>
<tr>
<td></td>
<td>- Has extremely sensitive skin</td>
</tr>
<tr>
<td>II</td>
<td>- Always sunburns easily</td>
</tr>
<tr>
<td></td>
<td>- Tans very little</td>
</tr>
<tr>
<td></td>
<td>- Has very sensitive skin</td>
</tr>
<tr>
<td>III</td>
<td>- Sometimes sunburns</td>
</tr>
<tr>
<td></td>
<td>- Tans a little to a light brown</td>
</tr>
<tr>
<td></td>
<td>- Has skin that is sensitive to sunlight</td>
</tr>
<tr>
<td>IV</td>
<td>- Sunburns very little</td>
</tr>
<tr>
<td></td>
<td>- Always tans to a medium brown</td>
</tr>
<tr>
<td></td>
<td>- Has skin that is a little sensitive to sunlight</td>
</tr>
<tr>
<td>V</td>
<td>- Almost never sunburns</td>
</tr>
<tr>
<td></td>
<td>- Tans well</td>
</tr>
<tr>
<td></td>
<td>- Has skin that is not sensitive to sunlight</td>
</tr>
<tr>
<td>VI</td>
<td>- Never sunburns</td>
</tr>
<tr>
<td></td>
<td>- Tans very well</td>
</tr>
<tr>
<td></td>
<td>- Has skin that is not sensitive to sunlight</td>
</tr>
</tbody>
</table>
What are the risks?
There is a possible risk of skin cancer from UVB phototherapy. However, the risk of skin cancer from UVB phototherapy has been found to be less when compared to the risk of skin cancer from UVB through natural sunlight. Researchers believe that narrow-band UVB poses less risk for skin cancer than other types of phototherapy.

It is still important to have your skin examined by a health care provider for signs of skin cancer each year. Skin cancer can be effectively treated when found early.

What are the possible side effects?
Short-term side effects can include burns and blisters. Be sure to limit exposure to natural sunlight on days that you have a treatment with UVB phototherapy. The combination of UVB phototherapy and natural sunlight can increase your risk for sunburns.

Long-term side effects can include premature (early) aging of the skin. Signs of premature aging include:

- Age spots
- Fine wrinkles that disappear when stretched
- Freckles
- Loose skin
- Rough and leathery skin
- Spider veins on the face
- Uneven skin tone

Before you begin treatment with UVB phototherapy:
- Tell your health care provider about all of the medicines that you use, including over-the-counter (OTC) and prescription medicines and vitamins or supplements.
- Protect sensitive areas. This can be done with protective wear, such as goggles for the eyes and shields for the genital area. You should also use sunscreen for the neck, lips, nipples and unaffected areas of the body.
- Be sure that your skin is clear of any prescription or OTC topicals before treatment. Any topical left on the skin may have an impact on the effectiveness of the UVB phototherapy.

How long should you use it?
Treatment with UVB phototherapy requires commitment because of the amount of treatments needed each week. It is more effective when you receive regular treatments and stick to the treatment plan that your health care provider recommends. A treatment plan for UVB phototherapy is generally for 2 to 3 months or longer, until you achieve clearance.

- Broad-band UVB phototherapy is given 3 to 5 times per week. You should start seeing improvements after 4 weeks.
- Narrow-band UVB phototherapy is given 3 to 5 times per week. You should start seeing improvements after 2 to 3 weeks.

For narrow-band UVB, 75 percent of people will achieve clear skin and have remission for up to 6 months. Speak with your health care provider about other treatment options if your phototherapy treatments are not meeting your treatment goals.

If your psoriasis clears, your health care provider may recommend transitioning to a maintenance treatment plan. Studies show that maintenance treatments after the skin clears can increase remission time. Most people need about 8 maintenance treatments per month to increase their remission time. This may be different for each person. Your health care provider will be able to recommend the most appropriate treatment and maintenance plan for your psoriasis.

UVB phototherapy may also be stopped when your psoriasis symptoms are clear. When you have a flare (sudden outbreak of symptoms), you can speak with your health care provider about starting treatment again.
Is UVB phototherapy used with other treatments?

UVB phototherapy can be used with other treatments to increase effectiveness. These can include topicals, biologics and oral treatments.

Some topical medicines can be more effective when used with UVB phototherapy. These include Dithranol or Zithranol-RR (anthralin), Dovonex (calcipotriene), Tazarac (tazarotene) and Vectical (calcitriol). You should follow the instructions from your health care provider when using these topicals in combination with UVB phototherapy.

Sometimes rotating (switching back and forth) between different psoriasis treatments can give your skin a break from UVB. This may also reduce your risk of possible side effects.

For more details about treatment options, read Systemic Treatments: Biologics and Oral Treatments and Topical Treatments in our booklet series.

Home phototherapy

What is it and how does it work?

Home phototherapy is when you receive UVB phototherapy treatments in your home. This may be a cost-efficient and convenient way to receive UVB phototherapy. However, it still requires commitment from you to keep to a regular treatment schedule.

Home phototherapy units approved by the U.S. Food and Drug Administration for the treatment of psoriasis require a prescription from your health care provider. Generally, you may begin receiving UVB treatments at your health care provider’s office or psoriasis clinic. You may discuss the option of purchasing your own phototherapy unit with your health care provider after showing signs of improvement and clearing of your symptoms.

Home phototherapy units come in all sizes. Some are small and meant for use on specific parts of the body, such as the hands, feet or scalp. Larger units may be used for more widespread areas of the body, such as the torso or legs.

Your health care provider will recommend a treatment schedule for you to follow. As with other UVB phototherapy, the length of exposure will depend on your skin type, disease severity and the type and strength of the home phototherapy unit.

It is important to follow the directions from your health care provider when using home phototherapy. Be sure to have regular checkups with your health care provider for side effects.
What are some tips for choosing and buying a home phototherapy unit?

Cost may be a factor in deciding if a home phototherapy unit is the best option for you. We recommend contacting your health insurance plan member services to find out if they will pay for some or all of the cost of the home phototherapy unit and replacement bulbs.

You should also ask the manufacturer (the company that makes the home phototherapy unit) some questions to better understand the costs of a unit:

- Are you able to work with my health insurance to find out if they will pay some or all of the cost for the unit and replacement bulbs?
- Does the price of the unit include shipping and/or assembly costs?
- Do you sell replacement bulbs? If so, what is the cost?

Safety and size of the home phototherapy unit are other factors to consider when deciding what option to choose.

- Look for safety features, such as key switches or shut-off keys that prevent the unit from being used by others
- Check for safety guards or grids over the bulbs
- Units of different sizes (targeted or whole-body unit) may be more suitable depending on your psoriasis severity and the areas affected

You can find more information about the types of home phototherapy units available from the manufacturers. Or speak with your health care provider about recommendations for a home phototherapy unit that best suits your needs.

The following are some manufacturers of home UVB phototherapy units:

- Clarify Medical at 877-738-6041 or ClarifyMed.com
- Daavlin at 800-322-8546 or Daavlin.com
- Luma Therapeutics at LumaTherapeutics.com
- National Biological Corp. at 800-338-5045 or NatBioCorp.com
- SolarC Systems Inc. at 866-813-3357 or SolarCSystems.com
- UVBioTek Phototherapy at 800-882-4683 or UVBioTek.com

Laser UVB phototherapy

What is it?

Laser UVB phototherapy (also called targeted phototherapy) uses a small beam of UVB light to treat specific areas affected by psoriasis, similar to narrow-band UVB. However, laser UVB phototherapy has the added benefit of being able to treat only the affected areas of the skin. This reduces your risk of exposing unaffected skin to UV light.

The most common form of laser UVB phototherapy is the excimer laser. This includes the brand name XTRAC laser. The excimer laser’s beam is less than one inch across, enabling it to target specific areas.

Adults and children with mild, moderate or severe psoriasis on less than 5 percent of the body can use laser UVB phototherapy. Studies show that laser UVB phototherapy is effective for psoriasis on skin sites including the scalp, hands and feet.

While the use of laser UVB phototherapy has not been studied in pregnant or nursing women, it is not likely to cause birth defects or other harmful side effects during pregnancies. Speak with your health care provider about your concerns if you are pregnant, nursing or planning for a pregnancy.

How does it work?

Health care providers generally recommend that you have 2 to 3 treatments per week with at least 2 days of rest between each treatment. Your health care provider will recommend the best dosage and frequency for your skin type, disease severity and your response to treatment.
How long should you use it?
It may take several treatments for you to begin seeing improvements in your psoriasis symptoms. The average number of treatments needed for clearance is 10 to 12. The average remission time can be 3 to 6 months after stopping treatment. Each person responds differently to different treatments and can have different levels of clearance and remission times.

What are the possible risks and side effects?
The long-term safety of laser UVB phototherapy is not fully understood.

Side effects are limited to small treated areas because laser UVB phototherapy is targeted to only small affected areas.

Possible side effects may include:
- Burns or blisters
- Hyperpigmentation (changes in skin coloring)
- Redness

Is laser UVB phototherapy used with other treatments?
Like UVB phototherapy, laser UVB phototherapy can be used with other treatments.

You may need to use a lower dose of laser UVB phototherapy if you:
- Are taking photosensitizing medicines (medicines that make you sensitive to light)
- Have photosensitivity disorders

PUVA phototherapy

What is it?
UVA uses the wavelength range from 315 to 400 nm and is found in natural sunlight. PUVA phototherapy combines UVA with psoralen (a medicine that increases your sensitivity to light). Use of UVA without psoralen is not an effective psoriasis treatment. Together, PUVA works to slow down cell growth and can clear symptoms for several months.

Adults with moderate to severe psoriasis can use PUVA phototherapy. It can be used to treat types of psoriasis like plaque and guttate. PUVA is also effective in treating psoriasis of the hands and feet.

PUVA is not usually recommended for treating children or teens. But it may be an option if other treatments have not been successful or to avoid possible side effects of other treatment options.

If you are pregnant or planning for a pregnancy, PUVA phototherapy is not recommended for you. If you are nursing, it is recommended that you do not nurse for a period of 24 hours after your treatment. Speak with your health care provider if you have concerns or questions.

How does it work?
There are 2 types of PUVA phototherapy:

**Oral PUVA** is when you take psoralen by mouth as a pill about 1 to 2 hours before your UVA treatment.

**Topical PUVA** is when you apply psoralen onto your skin before your UVA treatment. It can be an effective treatment option if you have areas that do not respond to oral PUVA. This is because topical PUVA can focus on specific areas and reduces the amount of UVA exposure.
There are 3 forms of topical PUVA.

- A bath: Psoralen is added to a full tub of water that you soak your whole body in
- Paint: A psoralen ointment or liquid is used to paint affected areas
- A soak: Psoralen is added to a small tub of water that you dip or soak affected areas under, such as the hands or feet

**How long should you use it?**

As with UVB phototherapy, PUVA phototherapy also requires commitment because of the amount of treatments needed. It is more effective when you receive regular treatments. A treatment plan for PUVA phototherapy is generally 2 to 3 times per week for up to 2 to 4 months or longer, until you achieve clearance. However, you should start seeing improvement within 1 month of treatment.

Once your psoriasis clears, your health care provider may recommend maintenance treatments. Or PUVA phototherapy may be stopped and continued when you experience a flare. The average remission time is 3 to 12 months. As with UVB phototherapy, PUVA phototherapy may have different levels of effectiveness and different remission times for each person.

**What are the risks?**

UVB is safer and easier to use than PUVA. Long-term use (over 150 treatments) of PUVA raises the risk of skin cancers, especially non-melanoma skin cancer. Non-melanoma skin cancers include basal cell carcinoma and squamous cell carcinoma. They often appear as a non-healing growth on the skin.

PUVA phototherapy can also increase the risk of cataracts and premature aging of the skin. The risk of cataracts is increased if the eyes are not protected for 12 to 24 hours after a treatment.

PUVA is not often offered or used anymore because of these risks. However, following treatment guidelines and having regular eye exams and check-ups for skin cancers can help detect early signs or symptoms and reduce these risks.

**What are the possible side effects?**

Side effects of PUVA therapy include itching and redness of the skin. Oral PUVA may also cause nausea. And topical PUVA may cause a higher risk of burns. We recommend that you wear clothing that covers the treated areas or use sunscreen after PUVA treatment to reduce your risk for sunburns.

**Is PUVA phototherapy used with other treatments?**

PUVA phototherapy can be used with other treatments. These can include topicals, biologics and oral treatments to increase effectiveness of the treatments.

Systemic medicines such as biologics or oral treatments can also be used with PUVA phototherapy to increase the effectiveness of the treatments. Speak with your health care provider about whether a combination treatment may be appropriate for your psoriasis.
What is it?

Although both UVB and UVA are found in natural sunlight, UVB is the type of UV light that works best for treating psoriasis. UVB from natural sunlight works the same way as UVB phototherapy does. Sunlight can be an effective treatment method for both adults and children. Speak with your health care provider before starting to expose your psoriasis to sunlight.

Be sure to tell your health care provider about all OTC and prescription medicines and vitamins or supplements that you are using. You should limit or avoid exposure to natural sunlight if you are using UVB or PUVA phototherapy, unless directed by your health care provider.

How does it work?

Your health care provider can recommend how much exposure time to start with and how to slowly increase exposure over a period of time. Short (approximately 20 minutes) and regular exposure to sunlight in noontime sun is generally recommended by health care providers. However, this may be different depending on your skin type, psoriasis severity and also where you live.

To get the most benefit from natural sunlight, all affected areas should get the same amount of sunlight that your provider has suggested. This would also require protecting areas that are unaffected with sunscreen or clothing to prevent sunburns.

How long should you use it?

It may take several weeks or longer for you to see improvement when using sunlight to treat your psoriasis. You should still see your health care provider regularly to discuss how the treatment is working for you or if other treatment options may be more appropriate.

What are the risks?

Exposure to sunlight increases your risk of non-melanoma skin cancers and melanoma. Using sunscreen may help to reduce this risk.

What are the possible side effects?

Like UVB and PUVA phototherapy, exposure to sunlight may cause sunburn and premature aging of the skin.

To lower your risk for sunburn, it is important to protect unaffected areas with sunscreen. You can treat sunburn with aloe vera gel, cool oatmeal baths, unscented moisturizers or OTC hydrocortisone creams. Taking a non-steroidal anti-inflammatory drug (NSAID) such as ibuprofen may also help with the pain of sunburns. Speak with your health care provider if you experience a severe sunburn that causes headaches, chills or fever.

Prolonged exposure to sunlight can also cause premature aging of the skin. Again, it is important to use sunscreen on areas of the body that do not have psoriasis to prevent skin damage or signs of aging.

The American Academy of Dermatology (AAD) recommends the following to protect you from side effects of sunlight:

- Wear a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 30
- Use sunscreen every day if you may be in sunlight for more than 20 minutes
- Apply sunscreen to dry skin 15 to 30 minutes before going into sunlight
- Apply sunscreen again every 2 hours and immediately after swimming or any strenuous physical activity
- Remember to apply sunscreen generously to the face, ears, hands and arms
Know the signs of skin cancer

All types of phototherapy and sunlight have a risk for skin cancer. You can reduce your risk of skin cancer by having regular checkups with your health care provider.

Speak with your health care provider if you experience any of the following changes to your skin:

- Pearly or waxy bump
- Flat, flesh-colored or brown scar-like lesion
- Firm, red nodule
- Flat lesion with a scaly, crusted surface
- Large brownish spot with darker speckles
- Mole that changes in color, size or feel
- Mole that bleeds or is painful
- Small lesion with an irregular border and portions that appear red, white, blue or blue-black
- Dark lesions on the palms of your hands, soles of your feet, fingertips, toes, or on mucous membranes, such as the mouth, nose, vagina or anus
- Red or purple patches on the skin or mucous membranes
- Firm, shiny nodules that occur on or just beneath the skin and in hair follicles
- Hard, painless nodules

We recommend seeing your health care provider right away if you have a sore that does not heal.

Avoid tanning devices

The light used in phototherapy is different from the light used in tanning beds or booths. Tanning devices are not a substitute for phototherapy. Tanning lights can vary greatly and include wavelengths of light that can damage the skin or cause skin cancer.

Tanning devices mostly use UVA rather than UVB. UVB is most effective for treating psoriasis although both are found in natural sunlight. UVA is only effective when it is combined with psoralsen in PUVA phototherapy. Psoralsen should not be used with tanning beds and can cause severe burns when not used correctly.

The AAD, U.S. Department of Health and Human Services, the World Health Organization and NPF’s Medical Board all discourage the use of tanning beds, tanning booths and sun lamps.

Protect sensitive areas

- Always protect the face, lips, ears and nipples with sunscreen or cloth
- Always wear protective eyewear or glasses during phototherapy treatment and when exposed to sunlight; we recommend sunglasses with 100 percent UVA and UVB protection
- Men should shield their genital area with an athletic supporter, shorts or a towel, unless that area is being treated

Tips for phototherapy

Avoid tanning devices

The light used in phototherapy is different from the light used in tanning beds or booths. Tanning devices are not a substitute for phototherapy. Tanning lights can vary greatly and include wavelengths of light that can damage the skin or cause skin cancer.

Tanning devices mostly use UVA rather than UVB. UVB is most effective for treating psoriasis although both are found in natural sunlight. UVA is only effective when it is combined with psoralsen in PUVA phototherapy. Psoralsen should not be used with tanning beds and can cause severe burns when not used correctly.

The AAD, U.S. Department of Health and Human Services, the World Health Organization and NPF’s Medical Board all discourage the use of tanning beds, tanning booths and sun lamps.

Protect sensitive areas

- Always protect the face, lips, ears and nipples with sunscreen or cloth
- Always wear protective eyewear or glasses during phototherapy treatment and when exposed to sunlight; we recommend sunglasses with 100 percent UVA and UVB protection
- Men should shield their genital area with an athletic supporter, shorts or a towel, unless that area is being treated

We recommend seeing your health care provider right away if you have a sore that does not heal.
Soften and remove plaques before phototherapy treatment

Safely softening and removing psoriasis plaques can make it easier for phototherapy to penetrate the top layers of skin. Soaking in a warm, not hot, bath or applying oils, lotions, creams or ointments can help to soften plaques. Afterwards, you may use a soft bath sponge or washcloth in gentle circular motions to remove the softened plaques. However, try not to scratch or pick at a psoriasis lesion to remove it as this could cause worsening of symptoms.

If your healthcare provider prescribes phototherapy, he or she will give you a specific plan for how long and how often you should receive treatments.

Discuss all medicines with your health care provider

Some OTC and prescription medicines may increase your risk for side effects from phototherapy, such as burns. It is important to tell your health care provider about all medicines and supplements that you are using. And be sure to let your health care provider know if you start any new medicines.

Some medicines that may increase your risk for side effects include:

- Antibiotics
- Antidepressants
- Antiparasitics
- Blood pressure medicines
- Diuretics
- Oral contraceptives
- Anticancer medicines
- Antihistamines
- Antipsychotics
- Diabetes medicine
- NSAIDs

Speak with your health care provider if you have questions or concerns about medicines that you are currently using.
Talk with your health care provider

Psoriasis and psoriatic arthritis are chronic conditions that need lifelong treatment. The good news is there are many treatments to help you manage these conditions. Make an appointment to talk with your health care provider about your symptoms and treatment options.

Contact our Patient Navigation Center

NPF’s Patient Navigation Center provides free and personalized assistance to anyone impacted by psoriatic disease, including families and caregivers.

It doesn’t matter if you have one question or need ongoing assistance – your Patient Navigator will help you find the information you need to live your healthiest life with psoriatic disease. We can help you:

- Understand your disease
- Find a health care provider
- Learn about new treatments
- Deal with insurance issues
- Find financial help for treatments
- Connect with others living with psoriatic disease

You can reach our navigators by phone, email, text and instant chat:

- 800-723-9166
- education@psoriasis.org
- psoriasis.org/navigationcenter

Want more information?

Learn about the following topics in our educational booklet series:

- Psoriasis and psoriatic arthritis, including diagnosis, symptoms, triggers and treatments
- Psoriatic arthritis, including how to manage flares and chronic pain
- Psoriatic disease in children and young adults
- Treatment options, including biologics and oral treatments, phototherapy and topicals
- Working with your health care providers, including how to find specialists and preparing for appointments

The National Psoriasis Foundation (NPF) is a 501 (c) (3) organization governed by a Board of Directors and advised on medical issues by a Medical Board.

NPF’s educational materials are reviewed by members of our Medical Board and are not intended to replace the counsel of a physician. NPF does not endorse any medicines, products or treatments for psoriasis or psoriatic arthritis and advises you to consult a physician before initiating any treatment.