Nail psoriasis

Over 35 percent of people with psoriasis have nail psoriasis. The following are the most common nail changes for people with psoriasis:

- **Pitting** appears as shallow or deep holes in the nail
- **Deformation** appears as changes to the normal shape of the nail
- **Thickening** of the nail
- **Onycholysis** [ahn-uh-KAH-uh-suhs] is separation of the nail from the nail bed
- **Discoloration** appears as an unusual nail coloration, such as yellow-brown, that may look like a fungal infection

Nail psoriasis may be difficult to treat because psoriasis affects the matrix, where the nail is being formed. It’s difficult for topical treatments to penetrate to the matrix because it is under the skin.

Treatment for nail psoriasis often depends on how long it takes for an affected nail to grow out and be replaced by a new nail. This can take 6 months for a fingernail or up to a year for a toenail.

It is important to remember that response times to treatments vary among individuals. If your treatment plan is not working or meeting your treatment goals, speak with your health care provider about other treatment options that may be appropriate for you.

**First-line treatment options**

These are generally the first treatments recommended according to treatment standards.

Your health care provider may recommend using one or a combination of the following:

- Cosmetic treatment, such as removing deformed nails or filing thickened nails down with supervision from your health care provider
- Topical corticosteroids (also called steroids)
- Intralungal steroids (injection into each affected nail)
Second-line treatment options

If your nail psoriasis is not controlled by a first-line treatment, then it may be necessary to try one of the following:

- Biologics and oral treatments
- Combination of a drug called psoralen and ultraviolet A light (PUVA)

Nail psoriasis can occur in both children and adults. Treatments for children are generally limited to topical treatment options. For severe nail psoriasis in children, the biologics Enbrel (etanercept) or Stelara (ustekinumab) may be considered.

Tips for nail care

- Keep nails as short as possible. Trim fingernails and toenails to the point of firm attachment to the nail bed. If you have thickened nails, you can soak the nails for 10 to 15 minutes to soften them before cutting. Loose nails can become damaged or injured when they rub or catch on surfaces. For toenails, cut straight across the toenail to help keep it from becoming ingrown and wear roomy shoes to avoid friction.

- Be gentle with manicure tools. This includes being cautious when cleaning under the nails to prevent scraping or breaking the skin where the nail is attached. Don’t push back cuticles. And use a fine nail file or emery board when shaping nails.

- Don’t use your nails as a tool. Protect your nails from injury. You may consider wearing gloves while you work with your hands, such as when gardening, or to protect against cleaning products. You may also consider wearing gloves to protect against cold weather.

- Moisturize your nails. There are over-the-counter (OTC) products, such as hand and nail moisturizers that you can rub into each nail.

- Keep the skin below your nail dry to prevent fungal infection. You can do this by using a blow dryer on the cool setting after you shower.

What should I do if I have a fungal infection?

About 1 in 3 people with nail psoriasis also have a fungal nail infection that can be triggering or worsening the psoriasis. Onychomycosis [ahn-uh-coh-my-KOH-suhs] is a fungal infection that causes thickening of the nails and may be present with nail psoriasis. Treatment for nail psoriasis with a fungal infection requires the combination of a nail psoriasis treatment and a systemic antifungal treatment.

What should I do next?

Contact our Patient Navigation Center to find providers, prepare for appointments, discuss treatments and get help with accessing treatments [find contact information below].