An overview of PSORIASIS and PSORIATIC ARTHRITIS

» Diagnosis
» Symptoms
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» Treatments
WHAT IS PSORIASIS?

**Psoriasis** is pronounced sore-EYE-ah-sis. It is an autoimmune disease, meaning that certain triggers cause the immune system to go into overdrive. This hyper activity can result in painful, scaly, inflamed patches of skin (plaques) that can interfere with functions as basic as walking and sleeping.

Psoriasis is a chronic (persistent) condition that is genetic in origin. It is not contagious, but it is lifelong. Psoriasis is the most common autoimmune disease in the United States, affecting approximately 7.5 million people.

Symptoms often appear sometime between the ages of 15 and 25, but the condition can develop at any age. Psoriasis occurs nearly equally in women and men and across all socioeconomic groups. It also is present in all racial groups, but at varying rates.

Though psoriasis varies from person to person, both in severity and how it responds to treatment, it’s almost always a game-changer: limiting people’s activities, plunging them into depression, and raising their risk for comorbidities (related illnesses) such as diabetes and heart disease. People with psoriasis may deal on a daily basis with pain and itch — as well as low self-esteem, relationship problems, and feeling stigmatized because of how they look.

Psoriasis is incurable, but there are a growing number of ways to treat it and manage the symptoms. Studies continue to show that treating the disease is your best bet to improve your quality of life and reduce the risk of developing comorbidities.

Here are some of the treatment options available. You can learn more at www.psoriasis.org. Look for these symbols to determine if a treatment is indicated for psoriasis, psoriatic arthritis, or both: 

Psoriasis

Psoriatic Arthritis
WHAT IS PSORIATIC ARTHRITIS?

PSORIATIC ARTHRITIS is a chronic, inflammatory disease of the joints and the places where tendons and ligaments connect to bone. This can result in pain, fatigue, stiffness and swelling. People with psoriatic arthritis may find many of their usual activities restricted by the disease. Like psoriasis, psoriatic arthritis is not contagious. It’s also lifelong.

About a third of all of people with psoriasis end up with psoriatic arthritis, but the severity of one does not dictate the severity of the other. Psoriatic arthritis can develop at any age, though it commonly appears between the ages of 30 and 50. For most people with this condition, it appears about 10 years after the onset of psoriasis.

There is no specific test for diagnosing psoriatic arthritis. A diagnosis is based mostly on symptoms. These are among the most common:

- Stiffness, pain, throbbing, swelling and tenderness in one or more joints
- Tenderness, pain and swelling over tendons
- Swollen fingers and toes
- Reduced range of motion
- Morning stiffness
- Nail changes: the nail separates from the nail bed, becomes pitted, or mimics fungus infections
- Redness and pain of the eye, such as conjunctivitis
- Generalized fatigue

It’s extremely important to talk to your health care provider about these symptoms, especially if you already have psoriasis or if any of your family members have psoriasis or psoriatic arthritis. Left untreated, psoriatic arthritis can cause permanent joint damage. Though there is no cure, there are a growing range of treatments available that can help you deal with pain, protect your joints and preserve your range of motion.
How do I know if I have psoriasis?

Psoriasis most commonly appears on the scalp, knees, elbows and torso, but it can develop anywhere, including the nails, palms, soles, genitals and face. Psoriasis can be limited to a few patches or it can involve large areas of skin.

There are five major forms of psoriasis:

- **Plaque** [plak] psoriasis: Characterized by raised patches of skin called “lesions” or “plaques,” which become inflamed and are covered by silvery white scale. This is the most common form of psoriasis.

- **Guttate** [GUH-tate] psoriasis: Characterized by small round, spot-like lesions. This type of psoriasis may be associated with streptococcal bacterial infections (e.g., strep throat) in children.

- **Pustular** [PUS-choo-ler] psoriasis: Characterized by the presence of pus-filled bumps. Patients having a severe pustular flare should see a doctor immediately. Involvement of the palms and/or soles can be particularly painful and debilitating.

- **Inverse psoriasis** (or intertriginous psoriasis): Characterized by intense inflammation, deep redness and scaling in the body folds such as the underarms, under the breasts and in the groin area.

- **Erythrodermic** [eh-REETH-ro-der-mik] psoriasis: Characterized by intense redness and shedding of multiple layers of the skin, often over nearly the entire body surface. Only 1 percent of those with psoriasis have this form. If you’re having an erythrodermic flare, you should see a doctor immediately.
Not all skin rashes are caused by psoriasis. That’s why it’s important you schedule a visit with your doctor or dermatologist as soon as symptoms appear so you can get a proper diagnosis.

**What causes psoriasis?**

No one knows exactly. However, most researchers agree that parts of the immune system are triggered, which increases inflammation and speeds up the growth cycle of skin cells. A normal skin cell matures and falls off the body in 28 to 30 days. A psoriatic skin cell takes only three to four days to mature and move to the surface. Instead of falling off or shedding, the cells pile up, forming psoriasis lesions.

Researchers suspect that genetics may also play a major role in the development of the disease. Psoriasis often runs in families, although many people without any family history also develop the condition.

**PSORIASIS SEVERITY**

Psoriasis is considered mild when it affects less than 3 percent of the body. It’s considered moderate when it affects 3 to 10 percent. Psoriasis is considered severe when it covers more than 10 percent.

For most people, the surface area of one hand, including palm, fingers, and thumb, equals about 1 percent of the skin surface.

However, the severity of psoriasis can also be measured by how it affects a person’s quality of life. Psoriasis can have a serious impact even if it involves a small area of skin, such as the palms of the hands or soles of the feet.
Does psoriasis become more severe over time?

Psoriasis can change over time. Some people with psoriasis rarely experience symptoms while other people live with some degree of skin irritation at all times. A flare (a worsening of psoriasis) can vary in severity, length and the area affected. The age that psoriasis first occurs is not a definite indicator of how severe or how often symptoms will appear in the future.

What triggers a psoriasis flare?

Triggers vary from person to person. For some people, stress can cause a flare; for others it might be allergies, diet, infections, tobacco use, stopping your medication, or even changes in the weather.

Skin that’s been injured or traumatized—such as with a bug bite, sunburn, scratch or even a needle puncture from a vaccination or injection—may also trigger a psoriasis flare. This is known as the “Koebner phenomenon” and it’s one reason people with psoriasis should never scratch or pick at a psoriasis lesion.

Certain medications, including anti-malarial drugs, interferons, lithium and some blood pressure medications (beta blockers), have also been linked to changes in the severity of psoriasis symptoms. Prednisone and other systemic steroids may cause psoriasis to flare when stopped. Check with your health care provider for treatment options if you take any of these medications.

Is there a cure for psoriasis?

Unfortunately, no. However, researchers are closely studying psoriasis and continue to gain a better understanding of how the risk for developing psoriasis is inherited and its involvement with the immune system. This information may someday lead to a cure. In the meantime, many different
treatments can reduce the severity of symptoms or eliminate them.

**Is psoriasis linked to other diseases?**

Recent studies show that people with psoriasis are at an elevated risk of developing other chronic and serious health conditions. People with severe psoriasis are more likely to have a heart attack or a stroke and are more likely to develop type 2 diabetes. Even if your psoriasis is not severe, you may still have an increased incidence of:

- Metabolic syndrome (a cluster of conditions including increased blood pressure, a high blood sugar level, excess body fat around the waist and abnormal cholesterol levels)
- Inflammatory bowel disease
- Certain types of cancer, such as lymphoma and non-melanoma skin cancer
- Obesity
- Depression
- Other immune-related conditions

Because of this increased risk, it’s important that people living with psoriasis regularly schedule routine health exams in addition to psoriasis-related check-ups.

Psoriasis can also cause emotional distress, including changes in mood and a decrease in self-esteem. Many people with psoriasis suffer from depression. If you think you suffer from depression, ask your health care provider or a mental health professional about treatment options.
How do I know for sure if I have psoriatic arthritis?

Your doctor will make a diagnosis based on symptoms. He or she will likely examine your skin, nails and joints, order X-rays, an MRI, or even an ultrasound, and may order a blood test to rule out other diseases. You may be referred to a rheumatologist (a specialist in arthritis).

What causes psoriatic arthritis?

As with psoriasis, doctors aren’t certain, although 85 percent of the time it is found in people who already have psoriasis. Genetics may play a role in determining who develops the condition.

Is all psoriatic arthritis the same?

Just like psoriasis, psoriatic arthritis can range from mild to severe. The number of joints affected will determine your rheumatologist’s recommended treatment plan and your prognosis.

All types of psoriatic arthritis are characterized by pain, swelling, and stiffness in the joints. Psoriatic arthritis can involve the peripheral joints (the joints of your arms and legs including the elbows, wrists, hands and feet) or, less commonly, the spine, hips and shoulders.

Why is it important to treat psoriatic arthritis?

Treatment for psoriatic arthritis can relieve pain, reduce swelling, help keep joints working properly and possibly prevent further damage. Doctors will recommend treatments based on the type and severity of psoriatic arthritis and your reaction to treatment.
Early diagnosis and treatment can help slow the disease and preserve joint function and range of motion.

**What can I do about psoriatic arthritis pain?**

Pain relievers such as nonsteroidal anti-inflammatory drugs (NSAIDs) and prescription pain medicine can help manage immediate pain. Biologics may take several months to kick in, but are a long-term solution for decreasing the severity of psoriatic arthritis, reducing pain and protecting the joints. Disease-modifying anti-rheumatic drugs (DMARDs) like methotrexate can be helpful in reducing pain and managing other symptoms.

Stress management techniques such as meditation have helped some people manage the pain that comes with psoriatic arthritis. Two other coping mechanisms include exercise—which helps reduce inflammation and increases joint mobility—and acupuncture, which some scientific studies have found reduces pain.

**Can I exercise if I have psoriatic arthritis? Is it even possible?**

Exercise is not just possible for people with psoriatic arthritis, it’s essential. Movement keeps the joints and tendons looser and more limber. Strong muscles can take pressure off the joints, making it easier to move. Losing weight can improve psoriasis and psoriatic arthritis and lessen the load on weight-bearing joints.

Yoga, swimming, walking and bicycling are just a few examples of activities people with psoriatic arthritis can do that place minimal strain on the joints. If psoriatic arthritis is keeping you from being more active, you may want to consider working with a physical therapist to create an exercise plan.
What are psoriatic arthritis triggers?

Many psoriasis triggers may also affect the severity of your psoriatic arthritis. Unmanaged stress or injury or medical trauma (especially to the joints) can make psoriatic arthritis worse. Other triggers include certain medications, such as anti-malarials, lithium, beta blockers and some heart medicines. Food and diet can also play a role in the severity of your condition: Transfats, sugar and alcohol are all believed to cause inflammation. Avoiding these ingredients may help minimize symptoms.

Is psoriatic arthritis linked to other diseases?

Researchers are still working to answer this question. However, because so many who have psoriatic arthritis also have psoriasis, people with either condition may be at risk for the same diseases. See page 7 for the list of conditions associated with psoriasis.

AN OVERVIEW OF TREATMENTS

Many treatments for psoriasis are also used to treat psoriatic arthritis. Some treatments for psoriasis and psoriatic arthritis are found over the counter at drug or health food stores while others require a prescription from a doctor.

How a treatment affects you may not be the same for someone else. You might even have to try more than one treatment at a time (combination therapy). The goal is to find a treatment that works well and fits into your lifestyle. Your health care provider will recommend a treatment based on the location and severity of your symptoms and the impact of the disease on your quality of life.

Finding the treatment that will give you the most
relief from psoriasis and/or psoriatic arthritis symptoms make take time. No single treatment works for everyone, and some can work for a while and then stop.

Here are some of the treatment options available. You can visit www.psoriasis.org to learn more. Look for these symbols to determine if a treatment is indicated for psoriasis, psoriatic arthritis, or both:

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**TOPICAL TREATMENTS**

**OTC TOPICALS**

**Salicylic acid**

Also called "sal acid." Salicylic acid helps to remove scales and is often recommended for use with topicals such as topical steroids, anthralin or tar to enhance effectiveness. Sal acid products are available in both OTC and prescription strengths.

**Tar**

Coal tar and pine tar are available in topical, shampoo and bath solution forms. Tar can help slow the rapid growth of skin cells and help reduce inflammation, itching and scaling. It can also be used in combination with other topicals and phototherapy.

**Other OTC Topicals**

Many other OTC topicals relieve itch and soothe and repair damaged skin. Moisturizing psoriasis lesions with body lotions, creams, bath soaks or salves can significantly reduce the discomfort of itching, scaling and dryness.
The ingredients calamine, hydrocortisone (a weak steroid), camphor, diphenhydramine hydrochloride (HCl), benzocaine and menthol have all been approved by the FDA for treating itch; however, they may increase irritation and dryness.

Ingredients such as aloe vera, jojoba, zinc pyrithione, capsaicin, tea tree oil, oats, Dead Sea salts, apple cider vinegar and others are also frequently used to treat psoriasis; however, few studies have examined the effectiveness of these products. Be aware that even “natural” ingredients can cause side effects or allergic reactions. If irritation occurs, discontinue use.

**PRESCRIPTION TOPICALS**

**Zithranol-RR (generic name anthralin)**

Anthralin is used to treat plaque psoriasis. It works by reducing the rapid growth of skin cells associated with plaque psoriasis.

**Vitamin D medications**

These medications slow the rate of skin cell growth, flatten psoriasis lesions and remove scales.

- Dovonex (calcipotriene) is a synthetic form of vitamin D3. It’s available in a cream and scalp solution.

- Vectical (calcitriol) is a naturally occurring active form of vitamin D3. It’s available as an ointment.

**Topical steroids**

Topical corticosteroids, simply called “steroids” by doctors and patients, are routinely used to treat psoriasis. They can be very effective in controlling localized outbreaks (less than 5 percent body surface involvement). Corticosteroids range from mild to superpotent, and it is important to take into account the location of the psoriasis and the
extent of involvement when choosing topical steroid treatment.

Topical steroid medications are available in a variety of forms including ointments, creams, solutions, gels, lotion, foam, shampoo, tape and spray and are sold as name-brand formulas as well as generics.

**Taclonex**

This prescription solution contains both calcipotriene and the potent steroid betamethasone dipropionate. The two ingredients work together to slow skin cell growth and reduce inflammation and itch.

**Tazorac (tazarotene)**

Tazorac is a vitamin A derivative that belongs to a group of medicines called topical retinoids. It is available as a gel or cream and can be used on the face, scalp and nails.

**Other prescription topicals**

Treatments developed for other skin conditions can sometimes be helpful to those with psoriasis. Protopic (tacrolimus) and Elidel (pimecrolimus), for example, are nonsteroidal, anti-inflammatory treatments for treating eczema. Some people find they are helpful in treating psoriasis in sensitive areas, such as the face, genitals and skin folds.

**Phototherapy**

Phototherapy involves exposing the skin to wavelengths of ultraviolet light under medical supervision. Ultraviolet light A (UVA) and ultraviolet light B (UVB) are found in natural sunlight. Both types are used to treat psoriasis. Treatments usually take place in a doctor’s office or psoriasis clinic, but it’s possible to follow a treatment
regimen at home with a unit prescribed by a doctor.

The key to success with phototherapy is consistency. Here are some ways this treatment may be performed:

PUVA

PUVA combines the light-sensitizing medication psoralen with UVA exposure. UVA is relatively ineffective unless used with a light-sensitizing medication such as psoralen, which can be applied topically or taken orally.

PUVA treatments are no longer as commonly used as in the past. This is because of the increased risk of non-melanomic skin cancer. PUVA can also increase the risk of cataracts and premature aging of the skin.

SUNLIGHT

Short, multiple exposures to noontime sun are recommended. Ask your doctor how many minutes to start with and how to gradually increase your exposure time (if your skin tolerates it). To get the most benefit from the sun, all affected areas should receive equal and adequate exposure. Avoid overexposure and sunburn. It can take several weeks or longer to see improvement. A dermatologist should check you regularly for sun damage.

UVB

There are two types of UVB treatments: broad band and narrow band. Narrow-band UVB units emit a more specific range of UV wavelengths. Several studies indicate that narrow-band UVB clears psoriasis faster and produces longer remissions than broad-band UVB. Narrow-band UVB may be effective with fewer treatments per week than broad-band UVB and is considered a safer and easier alternative to PUVA.
**Excimer (UVB) laser**

The excimer laser is a small (less than 1-inch diameter), intensely focused beam of ultraviolet light that can be targeted at individual lesions. Several sessions may be needed to achieve clearing in an area. This treatment is recommended for those with lesions limited to specific areas of the body.

**SYSTEMIC TREATMENTS**

Taken by mouth or injected, systemic treatments affect the entire body. Systemics treat the body from the inside out, unlike topicals or phototherapy, which treat the body from the outside in. They are usually reserved for patients with widespread symptoms, people with psoriatic arthritis, and those who are not responsive to or cannot use conventional topical medications or phototherapy.

**NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)**

NSAIDs can help relieve pain, swelling and stiffness of psoriatic arthritis. NSAIDs are available in OTC and prescription strengths. Examples of OTC NSAIDs include aspirin, ibuprofen (Advil, Motrin) and naproxen sodium (Aleve). If you need to take frequent doses of over-the-counter NSAIDs to control your arthritis you may need to move to prescription drugs.

**SYSTEMIC STEROIDS**

When steroid medications are taken in pill form or injected into the muscle they are called systemic steroids. Selective low-dose steroid injections directed into inflamed joints and around tendons can relieve swelling and improve range of motion in patients with psoriatic arthritis.
Warning: Steroid medications taken systemically are not recommended for long-term treatment of psoriasis or psoriatic arthritis. The use of systemic steroids in treating psoriasis is sometimes associated with the worsening of the disease, including flares of pustular psoriasis in people who never had it before.

**CYCLOSPORINE**

Cyclosporine is a DMARD that suppresses elements of the immune system, which in turn slows down the processes of psoriasis and psoriatic arthritis. Only in exceptional cases would cyclosporine be used for more than several months.

**METHOTREXATE**

Methotrexate, usually sold as a generic, is a DMARD that inhibits an enzyme involved in the rapid growth cycle of cells. In people with psoriasis, the drug slows the rate of skin cell growth. Methotrexate has been used to reduce psoriatic arthritis inflammation, although controlled studies have not shown it to be effective in the treatment of psoriatic arthritis.

**SULFASALAZINE (OFF-LABEL)**

A combination of anti-inflammatory and antibiotic agents, sulfasalazine is a DMARD sometimes used in treating psoriatic arthritis.

**ORAL RETINOID**

Soriatane (acitretin) is an oral retinoid, which is a synthetic form of vitamin A. In people with psoriasis, retinoids help control how skin cells multiply, including how fast skin cells will grow and shed from the skin’s surface. Oral retinoids are often used to help make phototherapy more effective.
Otezla (apremilast) is an oral treatment option for treating psoriasis and psoriatic arthritis. This drug selectively targets molecules inside immune cells. By adjusting the complicated processes of inflammation within the cell, this treatment corrects the overactive immune response that causes inflammation in people with psoriatic disease. This can lead to improvement in flaking and scaling as well as joint tenderness and swelling.

BIOLOGIC TREATMENTS

A biologic is a drug that comes from living sources, such as human or animal proteins. Biologics have been around for more than 100 years. However, they have been used for just a little over a decade for psoriasis and psoriatic arthritis.

Biologics target proteins known to be involved primarily in the immune system. They are considered to be less likely to affect other body organ systems, although their long-term effects are still being evaluated. Biologics block the action of certain immune cells or chemical messengers that play a role in psoriasis and psoriatic arthritis.

There are currently three types of biologics for treating psoriatic diseases:

1. Tumor necrosis factor-alpha blockers

Tumor necrosis factor alpha (TNF-alpha) is a protein called a cytokine—a chemical messenger of the immune system that causes cells to release other proteins that add to the inflammatory process. In psoriasis and psoriatic arthritis, there is excess production of TNF-alpha in the skin or joints. This leads to the rapid growth of skin cells typical of psoriasis, or to the joint inflammation that characterizes psoriatic arthritis. A reduction in TNF-alpha stops the inflammatory cycle of psoriasis and psoriatic arthritis.
Five biologic medications block TNF-alpha:

- Cimzia (certolizumab pegol)
- Enbrel (etanercept)
- Humira (adalimumab)
- Remicade (infliximab)
- Simponi (golimumab)

Biologics are administered by injection or by IV infusion.

Doctors are most likely to recommend biologics for people with moderate to severe cases of psoriasis and/or psoriatic arthritis who have not responded to other treatments. They offer another option for those who cannot take some medications because of side effects.

Biologics can be very effective in improving psoriasis and psoriatic arthritis. Three drugs—Enbrel, Humira and Remicade—have been shown in clinical trials to decrease progressive joint damage in psoriatic arthritis.

2. Interleukin 12/23

Stelara (ustekinumab) works by selectively targeting the cytokines interleukin-12 (IL-12) and interleukin-23 (IL-23). These proteins are believed to play a role in psoriasis and psoriatic arthritis. They are also believed to cause excessive numbers of T cells (the immune cells that cause psoriatic disease) to gather. Stelara reduces inflammation and improves psoriatic disease symptoms for many people who take it.

3. Interleukin 17-A

Cosentyx (secukinumab) binds to and inhibits a cytokine called interleukin-17A (IL-17A), which is involved in inflammatory and immune responses. There are elevated levels of IL-17A in psoriatic plaques. By inhibiting cytokines that trigger inflammation, Cosentyx interrupts the inflammatory cycle of psoriasis. This can lead
to improvement in symptoms for many people who take it.

**COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM)**

CAM treatments involve diet and lifestyle changes along with supportive therapies. These treatments are popular, but they have been studied less than other treatment options and may be administered differently from practitioner to practitioner. There is evidence that suggests that several types of CAM treatments may ease the symptoms of psoriasis and psoriatic arthritis. Some of these therapies include:

**Acupressure**

Developed in Asia more than 5,000 years ago, acupressure uses gentle pressure on the body’s key healing points to reduce pain and stress, increase circulation and boost the immune system. There is no scientific evidence that acupressure can control pain associated with psoriasis or psoriatic arthritis, but some people may find it beneficial.

**Acupuncture**

Like acupressure, acupuncture has its roots in ancient China. Acupuncture involves the insertion of fine needles along key body meridians. The World Health Organization states that acupuncture is useful as adjunct therapy in more than 50 disorders, including low back pain, headaches and nausea.

No clinical studies directly support acupuncture’s use with psoriasis or psoriatic arthritis. However, some patients have reported success. A large-scale review published in the October 2012 Archives of Internal Medicine showed positive results when using acupuncture to treat chronic pain conditions.
Massage

Massage involves the manipulation of superficial layers of muscle and connective tissue to enhance function, improve lymph circulation and promote relaxation. A licensed massage therapist uses a variety of techniques to loosen and stretch muscles and joints. Massage can be beneficial for those with psoriasis and psoriatic arthritis. An experienced massage therapist can modify any massage session to meet your comfort level.

Stress management

Because stress can trigger the onset or worsening of psoriasis and psoriatic arthritis, some health care professionals recommend therapies designed to help lower stress levels. Stress reduction therapies including aromatherapy, meditation and exercise—particularly yoga and tai chi—have all helped manage psoriasis and psoriatic arthritis in certain people.

Diet and nutrition

Anti-inflammatory diets focus on eating whole unprocessed foods and eliminating the foods that some believe to be more inflammatory such as dairy, gluten, nightshades (eggplant, peppers, tomatoes), corn, soy and sugar. While there is no scientific evidence linking anti-inflammatory diets to improvement of psoriasis, many people report having improved symptoms from eating an anti-inflammatory diet.

Diets rich in turmeric, the spice found in curry, have been shown to reduce inflammation.

Supplements

There are many reports that certain supplements improve psoriasis and psoriatic arthritis. Vitamin D and fish oil, in particular, may be beneficial not only for psoriasis and psoriatic arthritis, but for
psoriasis comorbidities such as heart disease and diabetes.

Like conventional approaches, not all CAM approaches work for everyone. It’s important to look for a licensed CAM health care provider. It’s also important to ask your primary health care provider about any dietary supplements you’re taking, as they may interact with your psoriasis or psoriatic arthritis medication.
BILL OF RIGHTS AND RESPONSIBILITIES

For People with Psoriasis and Psoriatic Arthritis

01. You have the right to receive medical care from a health care provider who understands that psoriasis and psoriatic arthritis are serious autoimmune diseases that require lifelong treatment.

02. It’s your responsibility to get involved in managing your disease by participating in health care decisions, following treatment plans and making healthy lifestyle choices.

03. You have the right to a health care provider who can fully assess your disease and related conditions, knows the benefits and risks of treatments and medications, and readily coordinates treatment plans with your other providers.

04. It’s your responsibility to be honest with your health care provider about any health and lifestyle decisions that may affect the success of your treatment plan.

05. You have the right to clear or almost clear skin with effective treatment throughout your lifetime. Seek another health care provider if your current provider is not comfortable prescribing and monitoring psoriatic disease treatments.
06. It’s your responsibility to ask for support and encouragement from your loved ones, your doctors, and anyone else you feel comfortable with discussing personal and health issues.

07. You have the right to be treated in a courteous and nondiscriminatory manner by health care providers, employers and others.

WE’RE HERE FOR YOU

At NPF, our priority is giving you the information and services you need to take control of your psoriasis and/or psoriatic arthritis, while funding research to find a cure.

Research

Finding a cure for psoriasis and psoriatic arthritis is our highest priority. We’re working for you by:

- Funding promising new studies through our Discovery and Translational grants programs
- Increasing the number of scientists doing research through our Medical Dermatology Fellowship program
- Hosting the world’s largest collection of psoriasis DNA for genetic research

Advocacy

We’re ensuring that people with psoriasis and psoriatic arthritis have a say in the policies that affect their lives. Join us as we:

- Work to increase federal funding for psoriasis and psoriatic arthritis research
- Improve access to health care for patients
Health education

NPF is your one-stop shop for news and information about psoriasis and psoriatic arthritis. Visit www.psoriasis.org to learn more about:

- The latest treatment information and research updates
- Health events in your area

Connection

Sometimes the best resource to manage psoriasis and psoriatic arthritis is another person with your condition. Share information and get support from:

- TalkPsoriasis.org, the largest online community for people affected by psoriasis and psoriatic arthritis
- Psoriasis One to One mentor program: www.psoriasis.org/one-to-one
- Team NPF Walk, Run, Ride and DIY events: www.teamnpf.org

Learn more

Find more information and resources at www.psoriasis.org.
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☐ Yes, I want to join the National Psoriasis Foundation. Please send me a bill for $35. For faster service, join online at www.psoriasis.org or call 800-723-9166.

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