Tips for Controlling Triggers

Although at least 10 percent of the general population inherit one or more genes for psoriasis, only 2 to 3 percent of the population actually develop the disease due to what scientists believe is a combination of triggers. Psoriasis triggers can be internal or external factors, and vary from person to person. Learn to recognize what triggers your psoriasis to help keep flares under control or in remission.

Stress

Stress can cause the onset of psoriasis or aggravate existing symptoms. This may be due to changes in both the immune system and hormone levels in the body. Productive ways to control stress include mind body programs or learned techniques offered by community colleges, hospitals and recreation centers. Stress management methods include meditation, yoga, exercise and effective communication skills. Sleep also plays an important role in stress management, so be sure to get a restful night’s sleep.

Smoking, drinking and other drug use

Smoking, drinking, drug use and anti-anxiety medication also can trigger psoriasis symptoms. Heavy drinking may interfere with treatment causing a delay in remission of your psoriasis.

Injury to the skin (Koebner phenomenon)

Minor skin traumas can trigger a flare. This is called the Koebner phenomenon, which causes psoriasis plaques to form at the site of a skin injury. Vaccinations, sunburns, bruises and scrapes, poison ivy, poison oak or bug bites can trigger a psoriasis flare. The Koebner phenomenon also can be caused by constant pressure and rubbing, skin blemishes from acne, chicken pox, herpes or tattoo needles. To avoid the Koebner phenomenon, be careful when your psoriasis is already active. Wear long sleeves and pants when hiking or gardening to avoid scrapes, and exposure to poison ivy or poison oak. Use sunscreen to avoid sunburn. If injured, treat the injury quickly to minimize inflammation or infection. Don’t pick or scratch at scabs or bug bites. Talk with your dermatologist before getting an immunization or vaccine.

Strep infection

Streptococcus is known to trigger guttate psoriasis. One-third to one-half of all young people with psoriasis may experience a flare-up two to six weeks after an earache, strep throat, bronchitis, tonsillitis or a respiratory infection. By treating the infection, the psoriasis may go into remission. Discuss therapy options with your health care provider.

Medications

Starting or stopping any medication, including those used to treat psoriasis, may trigger either a flare or a remission of psoriasis symptoms. Talk with your health care provider if you suspect the medications you take are triggering a flare. Your health care provider may prescribe other medications that are less likely to produce a flare. There also are some classes of medications that seem to trigger flares more often than others. Such medications include:

- **Lithium**—used to treat depression and other psychiatric disorders. It aggravates psoriasis in about half of those who take it.

- **Antimalarials**—such as Plaquinil, Quinacrine, chloroquine and hydroxychloroquine may cause a flare of psoriasis, usually two to three weeks after the drug is taken. Hydroxychloroquine has the lowest incidence of side effects.
• **Quinidine**—a heart medication that has been reported to worsen some cases of psoriasis.

• **Blood pressure medications**—such as beta-blockers (like Inderal), angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs), and calcium channel blockers can induce or exacerbate psoriasis.

• **Indomethacin**—a nonsteroidal anti-inflammatory drug (NSAID) used to treat arthritis can make psoriasis symptoms worse. Other anti-inflammatories usually can be substituted. Indomethacin’s negative effects usually are minimal when taken properly.

### Other triggers

Some people with psoriasis and/or psoriatic arthritis suspect allergies, diet and cold weather trigger their psoriasis.

**Diet**—For some people, eliminating gluten (a complex protein found in common cereal grains such as wheat, barley, rye and all of their derivatives) from their diet helps reduce psoriasis symptoms, but only if they have gluten sensitivities or celiac disease (another autoimmune disease that damages the small intestine). Others have noticed improvement after eliminating other pro-inflammatory foods such as dairy, sugar, corn or soy. Talk with your health care provider or a registered dietitian (R.D.) if you suspect a food-related sensitivity may be affecting your psoriasis.

**Weather**—A combination of dry air, decreased exposure to sunlight and colder temperatures can contribute to psoriasis flares during the winter months. Frequent moisturizing and use of a home humidifier can help alleviate some of the symptoms. Discuss with your health care provider possible treatments to control your psoriasis in the winter.