SKIN SCHOOL

Evidence-based skincare, explained simply.

PSORIASIS

THE DEEP DIVE

A comprehensive guide for patients who want to understand psoriasis in detail.

1. WHAT IS PSORIASIS?

Psoriasis is a chronic, immune-mediated condition that causes skin cells to build up more quickly than usual. This creates inflamed, raised and scaly patches.

Psoriasis is not contagious, and symptoms may come and go in cycles called flares.

GOOD NEWS: Psoriasis can often be managed effectively with the right treatment and ongoing care.



2. COMMON TRIGGERS & RISK FACTORS

- Family history
- Immune system activity
- Stress
- Infections
- Certain medications
- Smoking or alcohol
- Skin injury

3. WHAT CAN PSORIASIS LOOK LIKE?



PLAQUE PSORIASIS

Raised red patches with silvery-white scale.



SCALP PSORIASIS

Flaking, scaling or plaques along the hairline.



GUTTATE PSORIASIS

Small, drop-shaped spots on the torso or limbs.



INVERSE PSORIASIS

Smooth, inflamed patches in skin folds.



NAIL PSORIASIS

Pitting, discolouration or lifting of the nails.

Psoriasis commonly affects the elbows, knees, scalp and lower back, but it can appear anywhere on the body.

4. HOW IS PSORIASIS DIAGNOSED?

- A dermatologist usually diagnoses psoriasis by examining the skin, scalp and nails.
- They may ask about symptoms, family history and possible triggers.
- A small skin biopsy is occasionally needed to rule out another condition.

A diagnosis is usually quick and based on a careful skin examination.

5. TYPES OF PSORIASIS

- **PLAQUE PSORIASIS (most common)** — Raised, well-defined plaques with silvery scale.
- **GUTTATE PSORIASIS** — Small, drop-shaped spots that may follow an infection.
- **INVERSE PSORIASIS** — Smooth, inflamed patches in skin folds.
- **PUSTULAR PSORIASIS** — Pus-filled bumps surrounded by inflamed skin.
- **ERYTHRODERMIC PSORIASIS** — Rare, severe widespread redness requiring urgent care.

6. TREATMENT OPTIONS

Treatment depends on the type, severity and areas affected.

- **TOPICAL TREATMENTS** — Corticosteroids, vitamin D analogues and other prescription creams.
- **PHOTOTHERAPY** — Controlled ultraviolet light under medical supervision.
- **ORAL MEDICINES** — Tablets that calm inflammation or the immune response.
- **BIOLOGIC THERAPIES** — Targeted injections for moderate to severe psoriasis.
- **SCALP & NAIL CARE** — Special treatments may be needed for these areas.

The right treatment plan is individual and may change over time.

7. WHAT TO EXPECT WITH TREATMENT

- Symptoms often improve gradually.
- Flares can return, even after clear skin.
- Use treatment exactly as prescribed.
- Attend follow-up appointments.
- Tell your doctor about side effects or worsening symptoms.

RED FLAGS — SEEK URGENT MEDICAL CARE IF:

- Psoriasis suddenly covers large areas.
- Skin becomes intensely red, painful or starts peeling.
- You develop fever, chills or feel very unwell.
- You have painful, swollen or stiff joints.
- Pustules spread rapidly.

9. FREQUENTLY ASKED QUESTIONS

Is psoriasis contagious?
No. It cannot spread from person to person.

Can psoriasis be cured?
There is no cure yet, but it can often be controlled.

Can it affect joints?
Yes. Some people develop psoriatic arthritis.

Can psoriasis return?
Yes. Symptoms often follow cycles of flares and remission.

How often should I have check-ups?
As advised by your dermatologist.

10. MANAGING FLARES

- Moisturise every day.
- Use gentle, fragrance-free skincare.
- Take short, lukewarm showers.
- Avoid scratching and picking.
- Identify and reduce personal triggers.
- Use prescribed treatment consistently.



11. HOW IS PSORIASIS DIFFERENT FROM OTHER CONDITIONS?

	PSORIASIS	ECZEMA	FUNGAL INFECTION
Cause	Immune-mediated	Skin barrier and inflammation	Fungal organism
Typical look	Well-defined scaly plaques	Itchy, inflamed patches	Ring-shaped or spreading rash
Common sites	Elbows, knees, scalp	Skin folds, hands, face	Warm, moist areas
Contagious	No	No	Sometimes
Treatment	Individual medical plan	Moisturiser and anti-inflammatory care	Antifungal medicine

13. LIVING WELL WITH PSORIASIS

- Protect your skin every day.
- Keep up with regular care.
- Report changes early.
- Maintain supportive routines.
- Remember: you are not alone.

A positive mindset, good sun protection and regular follow-up help you feel confident and in control.

12. SELF-CHECK CHECKLIST



- Check your skin, scalp and nails regularly.
- Note new or changing patches.
- Track possible triggers.
- Look for nail pitting or lifting.
- Report joint pain, swelling or stiffness.

KEY TAKE-HOME MESSAGE

Psoriasis is chronic but manageable. Consistent care, trigger awareness and the right treatment can help you live well.

Important: Always use treatments as prescribed by your dermatologist. Do not stop topical steroids suddenly unless advised.

14. BEFORE & AFTER: WHAT TO EXPECT

Results vary depending on the type, severity and treatment.

TOPICAL TREATMENT

Before / After



Flatter, less inflamed skin.

PHOTOTHERAPY

Before / After



Fewer, lighter patches.

BIOLOGIC THERAPY

Before / After



Significantly clearer skin.

Improvement varies; some colour change may remain after inflammation settles.

15. SKIN & LIFESTYLE CONSIDERATIONS

- Moisturising supports the skin barrier.
- Stress management may help reduce flares.
- Smoking and excess alcohol can worsen psoriasis.
- A balanced lifestyle supports general health.
- Ask your dermatologist about the best options for your skin.

Your daily habits and treatment plan work together to keep flares under control.

16. USEFUL RESOURCES

- DermNet NZ — dermnetnz.org
- National Psoriasis Foundation — psoriasis.org
- South African Psoriasis Association

17. FINAL TAKE-HOME MESSAGE

- Know your skin and recognise your triggers.
- Follow your treatment plan consistently.
- See your dermatologist if symptoms worsen.
- Report joint pain or stiffness early.
- Healthy skin, supported life.

This information is for educational purposes only and does not replace professional medical advice. Always consult your dermatologist for personalised care.