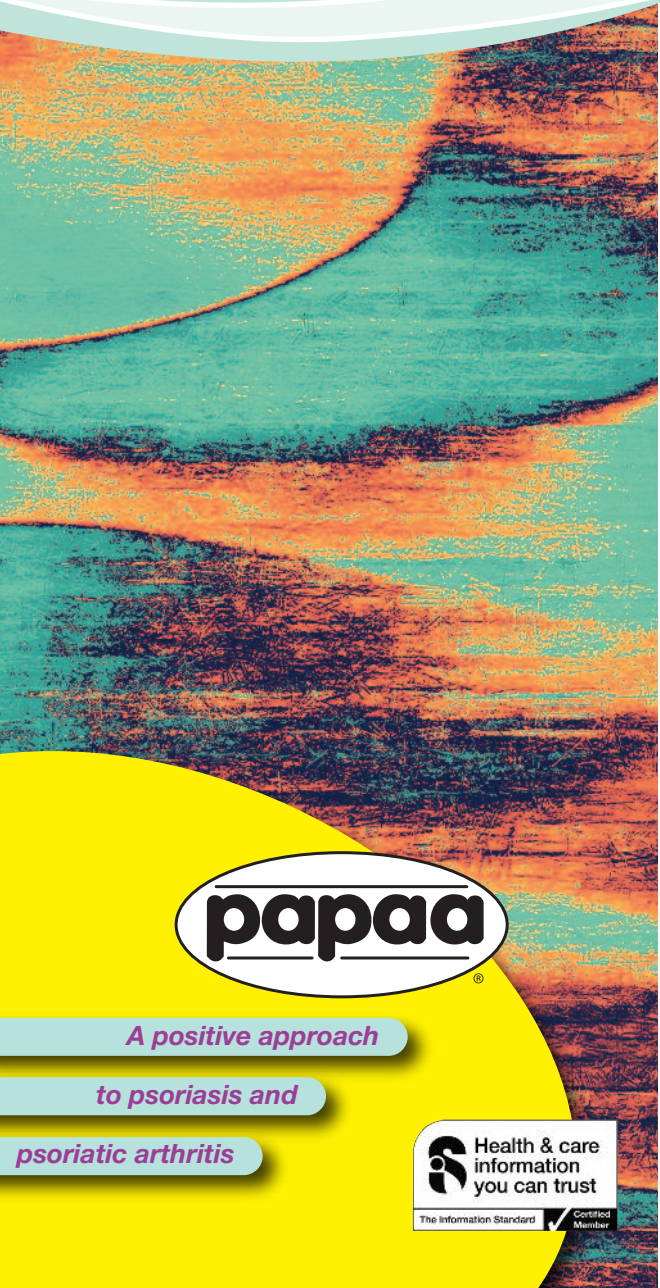
Psoriasis and Sensitive Areas



papaa®

A positive approach to psoriasis and psoriatic arthritis

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What are the aims of this leaflet?

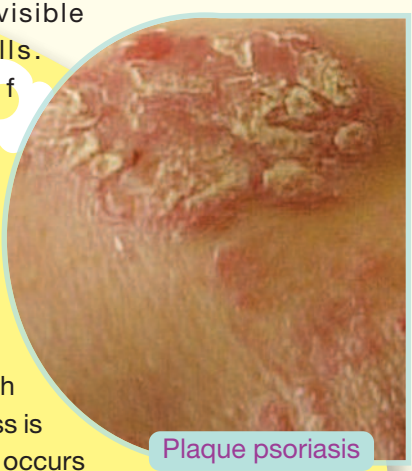
This leaflet is written to help you understand the most sensitive areas of the skin, what causes psoriasis in these areas, and how treatment can differ in these difficult to manage places.

What is psoriasis?

Psoriasis (sor-i'ah-sis) is a long-term (chronic) scaling disease of the skin, which affects 2%-3% of the UK population. It usually appears as red, raised, scaly patches known as plaques. Any part of the skin surface may be involved but the plaques most commonly appear on the elbows, knees and scalp. It can be itchy but is not usually painful. Nail changes, including pitting and ridging, are present in 40% to 50% of people with psoriasis alone. Around 30% of people with psoriasis will develop psoriatic arthritis. There does not seem to be any link between the severity of the psoriasis affecting the skin and the severity of psoriatic arthritis.

What happens in psoriasis?

Normally a skin cell matures in 21- 28 days and during this time it travels to the surface, where it is lost in a constant, invisible shedding of dead cells. In patches of psoriasis the turnover of skin cells is much faster, around 4-7 days, and this means that even live cells can reach the surface and accumulate with dead cells. This process is the same wherever it occurs



Plaque psoriasis

on the body. The extent of psoriasis and how it affects an individual varies from person to person. Some may be mildly affected with a tiny patch hidden away which does not bother them, while others may have large, visible areas of skin involved that significantly affect daily life and relationships. Psoriasis is not contagious, you cannot catch it from another person. The cause of psoriasis is currently unknown. For more detailed information on psoriasis see our leaflet ***What is Psoriasis?***

What is a 'sensitive' area of the skin?

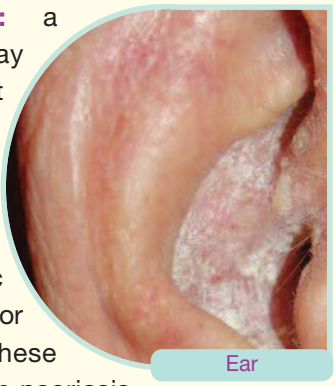
Sensitive areas of the skin are defined as places where the skin is thinner or where two skin surfaces are in contact with each other, for example, skin flexures or folds. These areas tend to be more sensitive to treatment and include:

- **Face:** facial psoriasis includes the eyebrows, the skin between the nose and the upper lip, upper forehead and the hairline.

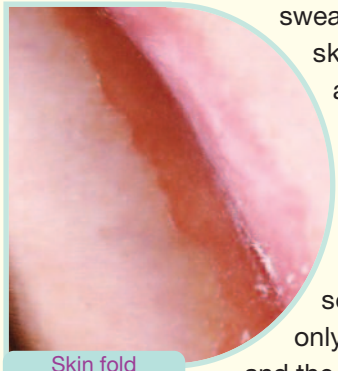
- **Eyes:** when psoriasis affects eyelids or eyelashes, they may become covered with scales with the edges of the eyelids becoming red and crusty. These can be irritated for long periods of time, with the rims of the lids turning up or down. If the rims turn down, the lashes may rub against the eyeball and cause further irritation. There may be over-the-counter products that could help with removing scales on the eyelids and eye margins. Consult your local pharmacist, your healthcare provider or a specialist in eye care.

- **Ears:** psoriasis can occur inside, around and behind the ear. Internally, psoriasis can cause scale build-up within the ear canal, which could lead to temporary hearing loss or impairment. If you think this is the case please consult your doctor, who will be able to remove the debris.

- **Mouth and nose:** a minority of people may suffer from psoriasis that appears on the gums, the tongue, inside the cheek, inside the nose or on the lips. The appearance of psoriatic lesions is normally white or grey. It is very rare for these areas to be affected with psoriasis and people with these symptoms are strongly encouraged to have tests carried out to exclude other conditions. People who are unfortunate enough to have psoriasis in these areas can experience discomfort and, in some cases, the chewing and swallowing of food can be difficult and uncomfortable. If you suspect psoriasis in any of these locations please consult your doctor or dentist. Treatment for psoriasis in these areas usually involves the use of prescription topical steroids and should always be used under the guidance of your doctor.


Ear

- **Flexural psoriasis:** when psoriasis appears in flexural areas it produces well-defined red areas in skin folds such as the armpits, between the buttocks and under the breasts. Scaling is minimal or absent at these sites, which can often make a diagnosis difficult, particularly in people with excess weight. This type of psoriasis can be frequently irritated by rubbing and sweating due to its location in the skin folds and other tender areas. Such areas can also be prone to yeast or fungal infections, which might cause confusion.


Skin fold

- **Genitalia and groin:** sometimes this can be the only area affected by psoriasis, and the problem can range from just

a few small spots to large plaques. Psoriasis in this area can be intensely itchy. Usually, genital psoriasis does not have the typical appearance of thick red scaly plaques seen in other areas. It appears as bright red, shiny patches of skin with no scale on top. The reason for this is that friction between the two skin surfaces in the groin rubs off the scales.

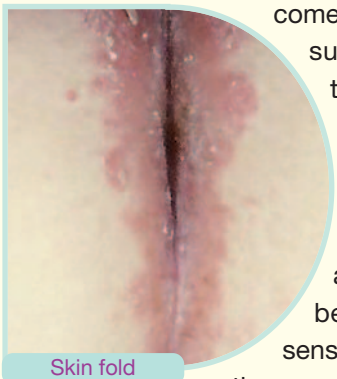
What causes psoriasis in sensitive areas?

Psoriasis commonly affects sensitive areas, but it is not always easy to identify what the triggers are. In the armpits and in the flexures and groin area it may be worsened by:

- tight clothing rubbing
- deodorants or antiperspirants
- contraceptives such as sheaths, caps and spermicides
- sanitary towels or tampons
- harsh toilet paper
- thrush
- sexual intercourse.

Why does psoriasis in sensitive areas sometimes require specific treatments?

The absence of scales is most obvious in the skin flexures or folds because the continual friction between the two skin surfaces rubs them off. The enclosed area of a skin fold and the thinness of the skin in sensitive areas can affect the action of topically applied treatments (creams and ointments). With both of these factors there is a tendency for an increase in the absorption of the treatment through the skin, thereby enhancing its effect and any adverse side effects, such as skin thinning. In addition, the potential for a cream or ointment to cause irritation is increased when it is applied in a flexure and



Skin fold

comes into contact with two skin surfaces that are rubbing together.

For these reasons particular creams and ointments (on occasion with the addition of antibacterial and antifungal agents) are better than others for use in sensitive areas of the skin. Some others are not recommended at all.

What treatments may or may not be used in sensitive areas?

If you develop psoriasis in a sensitive area, you should discuss it with your doctor, who will be able to advise you on suitable treatments.

Emollients are an important part of the daily care of psoriasis on all parts of the body, including sensitive areas. They help to make the skin more comfortable. In addition, there is a range of topical treatments available – creams and ointments – that your doctor can prescribe.

Topical vitamin D creams and ointments are effective in treating psoriasis and some are less likely to cause irritation. However, others do have the potential to irritate sensitive areas. Some doctors recommend cautious use of vitamin D creams and ointments in such instances.

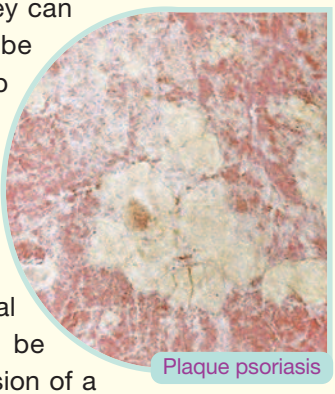
Topical steroid creams may be recommended for sensitive areas. However, care should be taken with their use as the potential for increased absorption may lead to skin fold side effects such as skin thinning. For this reason low-strength topical steroids are generally favoured for use in sensitive areas. It is also important that topical steroids are not used for long periods of time or without close supervision from your doctor. Treatment should never be stopped abruptly as this may trigger a rebound flare of your psoriasis.

Topical steroids may also be combined with antifungal and antibacterial agents because infections with yeasts

and bacteria are more common in warm, moist skin flexures.

Dithranol and vitamin A derivatives (retinoids) are not usually recommended for use in skin flexures because of their tendency to cause extreme irritation.

Coal tar preparations are not usually recommended in sensitive areas because they can be irritating, but they can be useful in the hairline for scalp psoriasis.


Plaque psoriasis

Tablet treatments, such as drugs to dampen down the immune system, may need to be used if the psoriasis is severe or resistant to topical treatments. These would be arranged under the supervision of a doctor specialising in dermatology.

What should I do if I have psoriasis in a sensitive area?

Consult your doctor, who may refer you to a dermatologist. You will need expert advice on the correct treatment in sensitive areas. Psoriasis affecting the hairline and scalp is dealt with in more detail in our complementary leaflet ***Scalp Psoriasis***.

There are organisations that specialise in camouflage make-up, including the British Association of Skin Camouflage, Changing Faces (incorporating the British Red Cross Skin Camouflage Service) and the Skin Camouflage Network. You can find their contact details at the end of this leaflet.

However, make-up could interfere with the effectiveness of your topical psoriasis treatments and this is something that should be considered very carefully and discussed with your doctor. It is likely that make-up can be applied following treatment if enough time has reasonably elapsed.

The treatments used for facial psoriasis should be used

carefully and sparingly as creams and ointments can irritate the eyes and mouth areas. They should always be used under the guidance of your doctor. If you are unsure about using over-the-counter products such as make-up and moisturisers then, again, you should consult your doctor or your pharmacist. This is because facial skin is delicate and irritation can easily occur. Using steroid medication, for instance, may cause facial skin to thin, appear shiny and be prone to spider veins.

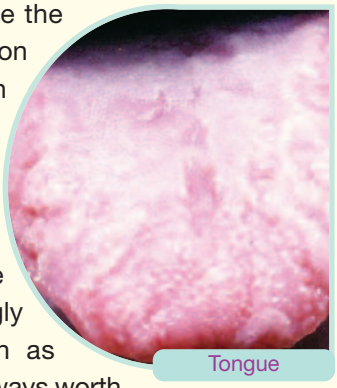
If your eyelids are inflamed, washing the edges of the eyelids and/or eyelashes gently with a solution of water and sensitive shampoo could help, but be careful to avoid shampoo entering the eye as this may sting. If this happens, flush the eye with clear water immediately. Cotton buds or non-irritating cotton pads can be useful for gently rubbing the lids to remove excess scales. After cleansing, depending on severity, corticosteroids may then be applied in accordance with your doctor's advice.

Good oral hygiene can aid and relieve oral discomfort for the nose and mouth region. Your doctor or dentist will be best placed to advise you on the most effective methods to treat your psoriasis in and around the mouth

Remember: if any topical steroids or other medication are overused in the eye region, glaucoma and/or cataracts may develop. It is always best to have your intraocular (fluid inside the eye) pressure checked by an ophthalmologist during regular eye tests. It should be said, however, that psoriasis of the eye is rare, but if it does occur it can cause inflammation, dryness and discomfort and possibly some vision impairment. Any infections can be treated with topical antibiotics. Treatment of psoriasis in this area should always be carried out under the supervision of your doctor.

Similarly, always consult your doctor if you are having any problems with your ears. Your doctor will know best how to remove the excess scale build-up that may affect the ear canal. You should bear in mind that the eardrum can easily be damaged, so care should be taken when inserting anything into your ear. Impaction (blockage) of

scales can also occur inside the ear canal if existing medication prescribed for the ear region is not used correctly.


Tongue

General advice

When visiting healthcare providers for other, seemingly unrelated, symptoms such as ear/hearing problems, it is always worth mentioning that you currently have or have had psoriasis in the past . This additional information can help in making diagnoses that might not be obvious without the connection.

If you have any views or comments about this information or any of the material PAPAA produces you can contact us via the details on the back page or on line at www.papaa.org/user-feedback

Useful contacts:

For information about health matters in general and how to access services in the UK, the following websites provide national and local information.

- NHS Choices (England): www.nhs.uk
- NHS 24 (Scotland): www.nhs24.com
- Health in Wales: www.wales.nhs.uk
- HSCNI Services (Northern Ireland): http://online.hscni.net

These are the official sites for the National Health Service and provide links and signposting services to recognised organisations and charities.

Useful websites:

British Association of Skin Camouflage:
www.skin-camouflage.net. Tel: 01254 703107

Changing Faces (incorporating the British Red Cross Skin Camouflage Service):
www.changingfaces.org.uk. Tel: 0207 391 9270

Skin Camouflage Network:
www.skincamouflagenetwork.org.uk. Tel: 07851 073795

References

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Rook's textbook of dermatology, eighth edition. Eds: T Burns, S Breathnach, N Cox & C Griffiths. Wiley-Blackwell, Oxford.

The assessment and management of psoriasis. National Institute for Health and Clinical Excellence. NICE clinical guideline 153. October 2012.

The above list is not exhaustive. For further references used in the production of this and other PAPAA information contact us or go to: www.papaa.org/resources/references

About this information

This material was produced by PAPAA. Please be aware that research and development of treatments is ongoing.

For the latest information or any amendments to this material please contact us or visit our website: www.papaa.org. The site contains information on treatments and includes patient experiences and case histories.

Original text written by PAPAA in 2004 and previously known as ***Sensitive Areas in Psoriasis***.

Dr Jennifer Crawley, Clinical Fellow in Medical Dermatology, St John's Institute of Dermatology, London, fully reviewed and revised this leaflet in February 2013.

A peer review has been carried out by Dr Ruth Murphy, Consultant Dermatologist, Sheffield University Teaching Hospitals and Sheffield Children's Hospital in July 2015 and April 2018.

A lay and peer review panel has provided key feedback on this leaflet. The panel includes people with or affected by psoriasis and/or psoriatic arthritis.

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The Information Standard scheme was developed by the Department of Health to help the public identify trustworthy health and social care information easily. At the heart of the scheme is the standard itself – a set of criteria that defines good quality health or social care information and the methods needed to produce it. To achieve the standard, organisations have to show that their processes and systems produce information that is:

- accurate
- impartial
- balanced
- evidence-based
- accessible
- well-written.

The assessment of information producers is provided by independent certification bodies accredited by The United Kingdom Accreditation Service (UKAS). Organisations that meet The Standard can place the quality mark on their information materials and their website - a reliable symbol of quality and assurance.

The charity for people with psoriasis and psoriatic arthritis

PAPAA is independently funded and is a principal source of information and educational material for people with psoriasis and psoriatic arthritis in the UK.

PAPAA supports both patients and professionals by providing material that can be trusted (evidence-based), which has been approved and contains no bias or agendas.

PAPAA provides positive advice that enables people to be involved, as they move through their healthcare journey, in an informed way which is appropriate for their needs and any changing circumstances.

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