

About psoriasis

This material is intended for patients who have been prescribed **Cosentyx**[®] (secukinumab).

Contents

What is psoriasis	3
Why do people get psoriasis	5
How does psoriasis progress	5
What causes psoriasis	6
More than just a skin condition	7
How is psoriasis diagnosed	8
How is the severity of psoriasis assessed	10
How is psoriasis treated	12
Types of treatment	13
Glossary	14

What is psoriasis

Psoriasis is a common skin condition that affects around 2% of the world's population. The most common form of psoriasis is plaque psoriasis, which appears as raised pink or red patches (plaques), covered with silvery-white scales.

Psoriasis affects men and women equally, and although it can occur at any age, psoriasis most often develops in people under the age of 35.

The severity of psoriasis often varies over time, and from person to person. A person with mild psoriasis may only have one or two plaques, whilst a person with severe psoriasis may have many plaques or bigger plaques that cover a large area. These plaques may be itchy and painful, and in severe cases may even crack and bleed.

Psoriasis occurs when the immune system sends out faulty signals that speed up the growth of the cells of the skin, causing plaques to form. Psoriasis can appear on any part of the body (including the scalp, hands, feet and nails), and has also been linked to other health conditions including cardiovascular disease and depression.

Psoriasis does not just affect people's lives physically: it can also have a psychological effect, which may be particularly pronounced when the plaques are highly visible, such as on the face or nails.

If you've had psoriasis for a while, you may already know a lot about the condition. However, if there are aspects of the psoriasis that you are not sure about, learning more could help you to feel more in control of your condition. This booklet is not intended to replace a conversation with your doctor or nurse, but could help improve your understanding of psoriasis so that the conversations you have with your doctor or nurse are more productive.

Psoriasis is not contagious – you cannot catch it from other people, and other people cannot catch it from you.

Why do people get psoriasis

Psoriasis is a genetic or inherited disease, meaning that some people are more likely to develop it than others – especially if someone else in their family also has the condition. However, exactly how psoriasis is inherited isn't fully understood – even if a person does inherit the same combination of genes they may never develop the condition.

An outside event often acts as the trigger that causes psoriasis to appear, such as:

- stress
- infection
- injury to the skin (such as an insect bite or sunburn)
- alcohol
- smoking
- certain medications

How does psoriasis progress

One of the things that can make psoriasis a frustrating condition to live with is its unpredictability.

Many people with mild psoriasis will have a mild form for the rest of their lives, whereas for others it may worsen and become severe. Some people find that their severe psoriasis improves with treatment, and may disappear or be fully controlled.

Psoriasis can go through periods when it becomes worse (called a flare up), or when symptoms lessen or disappear all by themselves (called remission).



What causes psoriasis

The skin is a complex organ, made up of many different layers. In normal circumstances, skin cells move from the deeper layers of the skin towards the upper layers, gradually changing until they're eventually shed from the surface. This process typically takes between 3 and 4 weeks.

In psoriasis, overactivity of the immune system causes this process to accelerate, so instead of taking 3 to 4 weeks it takes only 3 to 4 days. This means that skin cells build up on the surface of the skin more quickly than they can be shed, and inflammation (redness) occurs around the affected area.

The immune system is the body's defence system. In psoriasis, overactivity of the immune system produces inflammatory proteins and molecules that cause skin cells to grow too quickly.

An outside event, such as injury or stress, often acts as the trigger that causes psoriasis to flare by stimulating the immune system.

Because genetics, immune system and environmental factors can all influence your psoriasis, for many people it can last a lifetime. Although there are more treatment options than ever to control the signs and symptoms of psoriasis, it cannot yet be cured.



More than just a skin condition

Although psoriasis primarily affects the skin, it can affect other parts of the body as well. Psoriasis is associated with an increased risk of developing other health conditions such as psoriatic arthritis (pain and inflammation of the joints), which is estimated to affect around a third of people with psoriasis, as well as cardiovascular disease, diabetes and depression.

If you notice repeated pain in your joints (especially in your

fingers and toes, lower back, wrists, knees or ankles) speak to your doctor.

If you have psoriasis, it's important to try and take good care of yourself – by taking regular exercise, eating a healthy diet and keeping an eye on your blood pressure. It is also important to discuss medical conditions that you have with your doctor, to ensure that you are receiving the most appropriate treatment for you.

How is psoriasis diagnosed

A doctor or dermatologist can normally diagnose psoriasis with a visual inspection. They will look at the appearance of the skin and the location of any plaques or lesions (psoriasis typically affects the outside elbows, knees or scalp, although it can appear anywhere).

There are several different types of psoriasis, which form different patterns on the skin (these are described in the table opposite on page 9).

Plaque psoriasis is the most common type of psoriasis, with skin lesions that appear as red, raised patches (plaques), and covered with a silvery white build-up of skin cells. If your psoriasis is severe, you may find that these plaques can crack and bleed.

As well as changes to the skin, up to 50% of people with psoriasis may also experience changes or symptoms that affect their nails. These can include small pits forming on the surface of the nail, areas of discolouration, thickening of the nail, or separation of the nail from the nail bed.

Type	Description	Notes
Plaque psoriasis	Raised, red patches covered with a silvery white build-up of skin cells (scales).	Most common form of psoriasis (affecting around 85% of people with psoriasis)
Guttate psoriasis	Small, red, separate lesions that usually appear on the trunk and limbs, which are not as thick as the lesions seen with plaque psoriasis.	<p>Second most common type of psoriasis (affecting around 10% of people with psoriasis)</p> <p>Often starts in childhood or young adulthood, and can precede or co-exist with other forms of psoriasis</p> <p>May come on quite suddenly, and is often triggered by a streptococcal infection (strep throat)</p>
Inverse psoriasis	Very red lesions that appear smooth and shiny, and occur in body folds such as the armpits, groin and skin folds.	<p>Not scaly like plaque psoriasis, due to the moist environment where the lesions are located</p> <p>More common in overweight people and people with deep skin folds</p>
Pustular psoriasis	White, non-infectious, pus-filled blisters that are surrounded by red skin.	Can be painful and debilitating on the palms of the hands or the soles of the feet
Erythrodermic psoriasis	Intense reddening of the skin, which can affect most of the body surface (i.e. more than 90% of the body area) and is accompanied by shedding of large 'sheets', rather than smaller scales.	<p>If you experience erythrodermic psoriasis, speak to your doctor immediately</p> <p>Very rare</p> <p>Skin becomes hot and red</p> <p>Associated with itching and pain</p>

How is the severity of psoriasis assessed

Psoriasis severity varies from person to person, and will influence the treatments that you are prescribed. There are several tools available that your doctor or nurse may use to determine the severity of your psoriasis.

Psoriasis area and severity index (PASI)

The Psoriasis Area and Severity Index (PASI) is the current 'standard' for assessing the severity of psoriasis. It examines the area of the body covered by psoriasis, as well as the redness, thickness and scaliness of the plaques. PASI


is scored out of 72, with higher scores reflecting more severe disease.

A PASI score should only be calculated by a healthcare professional.

Body surface area (BSA)

Body surface area (BSA) is the percentage of the body that is covered with psoriasis. It is a simpler measurement than PASI, and takes less time to perform.

The area of one hand, including the palm, equals about 1 percent of the skin surface.



Dermatology life quality index (DLQI)

In addition to looking at the coverage and characteristics of your psoriasis plaques, your doctor may also consider the effect that the condition is having on your daily life. The dermatology life quality index (DLQI) is a questionnaire that is widely used for this purpose, and examines the effect that psoriasis has on day-to-day activities, clothing, leisure, work and school, personal relationships and treatment.

Unlike PASI, you can complete the DLQI yourself at home, and it is scored on a simple scale from 0 to 30.

Remember that your doctor or nurse is unlikely to use all of these assessment tools when examining you and your psoriasis. Knowing what you score on one or two of these scales will be enough to enable your doctor or nurse to determine the severity of your psoriasis.

0-1

no effect
at all on
your life

2-5

small effect
on your life

6-10

moderate
effect on
your life

11-20

very large
effect on
your life

21-30

extremely
large effect
on your life



How is psoriasis treated

Although psoriasis cannot be completely cured, treatment to control the signs and symptoms is usually effective, reducing redness and scaling so that appearance of the skin improves.

The ultimate goal of treatment is to achieve clear or almost clear skin.

Achieving clear or almost clear skin has been shown to lead to quality of life improvements for people with psoriasis.

There are lots of different treatments available for psoriasis. Generally speaking, they can be divided into four categories:

- Topical (external) treatments, which are applied directly to the skin
- Phototherapy
- Systemic treatments
 - Oral systemic treatments (such as methotrexate and cyclosporine A)
- Biologics

Types of treatment

Topical treatments

Topical treatments are applied directly to the skin (such as creams and lotions), and are the mainstay of treatment for mild psoriasis and psoriasis that has recently been diagnosed.

Phototherapy

Phototherapy involves exposing the skin to ultraviolet (UV) light on a regular basis and under medical supervision. The different forms of UV light used in the treatment are also found in normal sunlight, but may need to be used with additional medication to make the treatment work effectively.

Systemic treatments

- **Oral systemic treatments** are usually taken in liquid or pill form. They work throughout the whole body, and are normally used to treat moderate-to-severe psoriasis.

- **Biologics** are usually used to treat moderate-to-severe psoriasis. Unlike oral systemic treatments (such as methotrexate and cyclosporine A), which have an effect throughout the body, biologics have a more targeted effect on specific parts of the immune system. They are normally liquid and administered as an injection or as an infusion.

There are several different biologics available for the treatment of psoriasis, which target different parts of the immune system.

By understanding the different treatment options available to you, and discussing any questions or concerns you have with your doctor and/or nurse, you can make sure you are receiving the treatment that is right for you.

Glossary

Psoriasis

Psoriasis is an autoimmune condition, which primarily affects the skin, but which can also have an effect on fingernails, joints and other organs.

Autoimmune condition

A condition that occurs when the body's healthy tissues are attacked by an overactive immune system. Autoimmune conditions are typically treated with medications that suppress or modulate the immune response.

Contagious

If a condition is contagious it can be spread from person to person by touch or close contact. Psoriasis is not contagious.

Dermatologists

Dermatologists are doctors who have specialised in treating conditions of the skin, including psoriasis.

Immune system

The immune system is the body's own complex defence system and plays an important role in psoriasis. In psoriasis, a malfunctioning of a specific part of the immune system leads to inflammation and an acceleration of the skin's renewal process.

PASI

The Psoriasis Area and Severity Index (PASI) is a tool used to assess the severity of psoriasis. It looks at the area of the body covered by psoriasis, as well as the redness, thickness and scaliness of the plaques.

Plaques

Plaques are red, thickened areas of the skin covered by silver-white flakes and are characteristic of plaque psoriasis. Removing the flakes will reveal red skin underneath and may cause bleeding.

Who to contact in case of side effects and/or product complaints

If you get any side effects, talk to your doctor, pharmacist or nurse. By reporting side effects, you can help provide more information on the safety of this medicine.

You can report side effects directly to HPRA Pharmacovigilance, at www.hpra.ie.

Side effects can also be reported to Novartis preferably at www.novartis.com/report, by emailing drugsafety.dublin@novartis.com or by calling (01) 2080 612.