

Psoriasis and the Esthetician

Searching for Solutions

By Rob Trow

A diagnosis of psoriasis often sends clients running to their dermatologist or skin care professional at breakneck speed. While this is not a contagious skin or life threatening condition, it causes great emotional pain and discomfort for close to 8 million Americans. Worldwide, the numbers are more staggering. 125 million people have this skin condition. That equates to 2-3 percent of the earth's population. A compounding factor is that somewhere between 10% and 30% of those who have psoriasis develop psoriatic arthritis, a much more troubling condition. Please remember- psoriasis is not only a cosmetic problem but a medical condition.

What can the skin care professional do when confronted with a client who has psoriasis? First, some good news. After years of either non-funding or insignificant support, the United States Congress has passed legislation supporting the expansion of governmentally funded psoriasis research. It is now up to the National Institutes of Health (NIH) to develop and implement a plan to translate this appropriation into a course of action which will include new initiatives at finding a cure and treatment for those suffering from this disease and the all too often arthritic condition that follows.

Just this past month, NIH awarded a \$6.37 grant to Case Western University Medical School and University Hospitals Case Medical Center to find new treatments for psoriasis. This will be added to the previously awarded \$5 million by the Murdough Foundation for similar research. Over 80% of all people affected by psoriasis are very dissatisfied with the treatment options available. If you see someone with this condition do not over promise and make sure they have seen a dermatologist as well.

The December issues of the Journal of the American Academy of Dermatology (Volume 57; # 6) contains three articles on the results of double blind studies centered on Psoriasis. These findings can be briefly summarized as follows: 40% of study participants were currently not receiving treatment for their condition; income and employment are negatively impacted among patients with severe psoriasis; and initial treatments can create a placebo effect. Therefore it is likely you will encounter clients and patients who may not even be aware of their condition or are not taking steps to improve it.

One issue that we face in our industry: what to do when a client presents his or herself to us with psoriasis? There are several basic facts that you as well as your colleagues should know about this skin disease. It is not contagious; you can not catch it nor pass it to others. Its origins are genetic resulting from an immune related cause. You will most likely see the condition as inflamed, scaly patches on the skin. These do not fall off like other skin conditions but build up quickly causing the formation of unsightly lesions. There are many treatment options – some work for one person and not another; some work for a while and then stop being effective. This is partially due to the fact that there are many forms of psoriasis.

You should be mindful that psoriasis can manifest itself in many different parts of the body: scalp, nails, palms, genitals, elbows, knees and torso to name but a few. The most common ways skin care professionals have tried to address this condition have been the use of topicals such as moisturizers to sooth the skin, products to limit itching and salicylic acid. Some shampoos containing coal tar have been popular. Ultra violet light and vitamin D derivatives also have helped for short periods of time.

Physicians have additional topical resources available to treat patients such as steroids and prescription drugs including a topical vitamin A (topical retinoid called Tazorac). Often time's dermatologists or aestheticians will combine treatment modalities to foster improved results.

Many people with this condition have found some relief from exposure to sunlight. It is important to remember to advice your client to minimize the risk of overexposure to the sun. It is **not** advisable to clients with psoriasis to use tanning beds. Most tanning beds emit UVA light not the UVB rays that are the most beneficial for this condition.

For more information on psoriasis the following sources are extremely useful:
www.psoriasis.org and www.psoriasis-cure-now.org and www.aad.org.

Rob Trow BIO

Maybe worth a box

Signs of Psoriasis in the Nails

Pitting – shallow or deep holes in the nails

Deformation – alterations in the normal shape of the nail

Thickening of the nail

Onycholysis – separation of the nail form the nail bed

Discoloration – unusual nail coloration such as yellow or brown

Source: National Psoriasis Foundation