

HOW TO CONTACT US

The Psoriasis Association
Dick Coles House
2 Queensbridge
Northampton
NN4 7BF

Helpline: 01604 251620
mail@psoriasis-association.org.uk



 www.psoriasis-association.org.uk

 www.psoteen.org.uk

 @PsoriasisUK

 @PsoriasisUK

 @PsoriasisUK

 Psoriasis Association

 @PsoriasisAssociation1

 07387 716 439

 @PsoriasisUK

 @PsoriasisUK



Patient Information Forum

Set in 12pt easy to read type

October 2024
(Review date 10/2027)

A charity registered
in England and Wales
1180666 and in
Scotland SC049563



Sensitive psoriasis



WHAT IS PSORIASIS?

Psoriasis is classed as an immune-mediated inflammatory disease (or IMID) which simply means that the immune system is not functioning correctly. In the case of psoriasis, the immune system is overactive, and this causes symptoms on the skin and can sometimes affect the joints.

When a person has psoriasis, their skin replacement process speeds up, taking just a few days to replace skin cells that usually take 21-28 days.

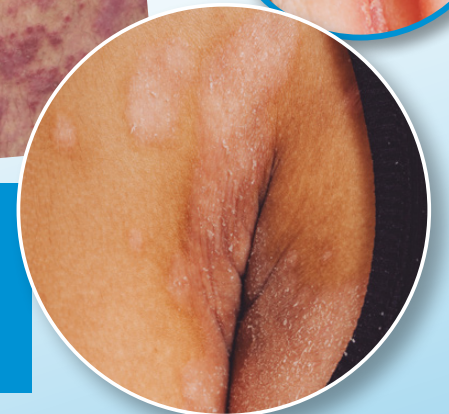
This results in a build-up of immature skin cells seen as raised patches of flaky skin covered with silvery scales (known as plaques) which can also be itchy. This process is usually the same wherever it appears on the body including the scalp although different types tend to occur in different areas. Scaling or thick plaques are not as common on the backs of the knees, armpits and genital areas.

Psoriasis is a long-term condition that can ebb and flow. There may be periods when you have no symptoms or mild symptoms followed by periods when it is more active. Whilst there is currently no cure available, it is possible to live well with psoriasis and there are many treatments available to help manage the condition.

PSORIASIS IN SENSITIVE AREAS

Everyone's psoriasis is different, and it can affect all parts of the body. However, there are some areas where the skin is thinner, and which may be more sensitive to treatment or require different treatment to certain body sites. These areas include the flexures - in skin folds, armpits, under the breasts, between the buttocks and the groin and genital area - as well as in high-impact areas such as the face, ears and the hairline.

Psoriasis in sensitive areas may also be referred to as Genital psoriasis, Flexural psoriasis and Inverse psoriasis.



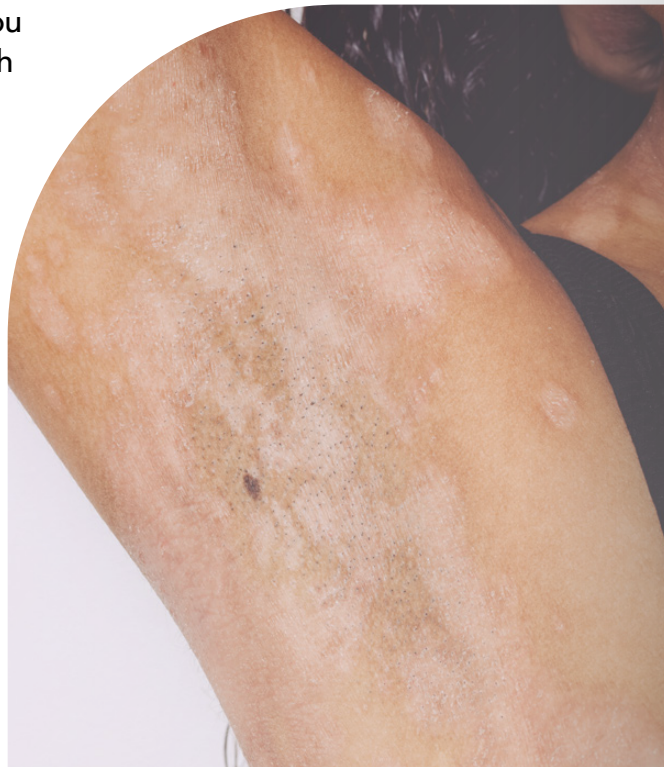
Flexures are the creases and folds of the body, such as the armpits, groin and the skin between the buttocks and under the breasts.

HOW DOES PSORIASIS DIFFER IN SENSITIVE AREAS?

Psoriasis in flexural areas is often much less scaly than that seen in other areas of the body and usually appears as very bright red (or dark on darker skin tones), shiny patches. It is well-demarcated (easy to tell where the psoriasis ends and normal skin begins). Because psoriasis in these areas looks quite different to its typical dry and scaly appearance on other body sites, it can be mistaken for a fungal infection or other skin condition. Psoriasis in sensitive but non-flexural areas (such as the face and ears) may look similar to psoriasis on other parts of the body.

Psoriasis in sensitive areas may be very uncomfortable and can be painful. It may make people feel embarrassed about or avoid intimate situations. Psoriasis in sensitive areas, or high-impact sites such as the face, scalp, flexures and genitals can be very distressing.

It is very important that you are completely honest with your GP or Dermatologist about how you are feeling in relation to psoriasis in these areas as treatments usually reserved for more widespread psoriasis, including systemic treatments such as biologics, may be able to be prescribed.



WHAT TRIGGERS PSORIASIS IN SENSITIVE AREAS?

As with other types of psoriasis, it is not easy to pinpoint what triggers psoriasis in sensitive areas. Sometimes it happens spontaneously, or for no real reason at all. It can be made worse by friction and sweating, so it can be particularly uncomfortable in hot weather. It is more common in older adults and can be associated with obesity.

Psoriasis in the armpits, skin folds and groin area may sometimes get worse as a result of external factors. These may include tight clothing rubbing the skin, deodorants or antiperspirants, sanitary towels or tampons, harsh toilet paper, thrush and sexual intercourse.

WHAT SHOULD I DO IF I HAVE PSORIASIS IN A SENSITIVE AREA?

It is always best to seek help from a GP or Dermatologist for psoriasis in sensitive areas. This is because psoriasis in these areas can be painful or particularly uncomfortable, can affect a person's quality of life (such as their work, relationships and social life), and may be more prone to infection.

Treatments that may have been prescribed for psoriasis on another area of the body are not always suitable for psoriasis in sensitive areas. Because of this, a separate treatment plan may be required for these areas. Suitable treatment may only be available on prescription, and so a visit to a GP or Dermatologist is needed.



Treatment of psoriasis in a sensitive area should be regularly reviewed, so if you do not feel that a treatment for psoriasis in a sensitive area, or in any other area, is working, then it is important to speak to your GP or Dermatologist about this. There are a variety of treatments available for psoriasis, and if one is not working, it could be time to try another. However, it is also important to remember that topical treatments can take a few weeks of use to reach their full effectiveness.



Not all topical (applied to skin) treatments for sensitive areas are suitable to use long-term, and so even if you are getting on well with your treatment, it is still a good idea to review your treatment with your doctor regularly.

WHAT TOPICAL TREATMENTS ARE AVAILABLE?

As with all types of psoriasis, it is important to regularly moisturise psoriasis in sensitive areas. This can help to make the skin more comfortable, reduce itching and is also thought to help some topical treatments to be more effective.

Skin in the flexural or skin-fold areas is thinner and can rub against other skin such as in the armpit or under the breasts. In these areas, it can also often be covered by clothing. This means that treatment is absorbed more easily in these areas and so it does not necessarily need to be as strong as in other areas of the body to be as effective.

If you have psoriasis of the face, flexures or genitals you should initially be offered a mild or moderate strength corticosteroid, which is a topical treatment that reduces inflammation. This helps

to slow the production of skin cells and reduce itching. It usually comes as a cream or ointment but is also available as a mousse or shampoo for use on the scalp. Topical corticosteroids are normally used once or twice a day for a set period of time and vary in strength; they can be mild, moderate, potent and very potent.

Mild to moderate potency (strength) steroid creams can also be used for sensitive areas. However, care should be taken with their use in flexures as the warm environment can increase the strength and may lead to side effects such as skin thinning, so it is important to always follow a GP's instructions on dosage and application. If you need to use topical steroids for more than the prescribed frequency to maintain control of your symptoms, or if your symptoms are not being controlled with the prescribed frequency of steroid application speak to your GP or Dermatologist about exploring other treatments. Topical steroids usage should be reviewed regularly by a GP.

Topical Vitamin D creams and ointments can also be used alone or in combination with a steroid to treat sensitive psoriasis. Used alone, they have few potential side effects and so can be used for longer. Some Vitamin D topicals are suitable for use in sensitive areas such as the face or the genitals, but some are not, so it is important to check the information leaflet before use or to clarify this with a GP or Pharmacist.

A group of treatments known as calcineurin inhibitors are licensed to treat another skin condition, called atopic dermatitis. These reduce inflammation and may sometimes be prescribed 'off licence' for other inflammatory skin conditions, such as facial, flexural or genital psoriasis. These can be used in sensitive areas for longer than topical steroids and can therefore make a good alternative. However, they can increase skin sensitivity to UV light, meaning exposure to the sun, sunbeds, or ultraviolet light treatment must be limited.

Anti-fungal and anti-bacterial treatments may also be prescribed, as infections are more common in sensitive areas. If present, these will need to be treated alongside the psoriasis.



It is important to note that all treatments for sensitive psoriasis should only be applied under the direct supervision of a Healthcare Professional.

GENITAL PSORIASIS

When psoriasis affects the genital area, it can be upsetting, and both you and your partner may need reassurance. If you or your partner are concerned or put off by genital psoriasis it may be helpful to talk together to your Dermatologist or GP. Psoriasis is not contagious and cannot be transmitted to another person by sexual contact. During sex, barriers (such as condoms or dental dams*) or lubricants may help to reduce irritation of psoriasis. Tips that some people find help in the management of genital psoriasis include:

- Avoid the use of all soaps, gels and scented products in the bath or shower - replace these with soap substitutes, bath or shower emollients to cleanse but not irritate the skin
- Pat the area dry after bathing and showering rather than rubbing vigorously
- Wear cotton underwear and avoid tight fitting jeans or trousers
- Stockings or hold ups may be more comfortable than tights
- Boxer shorts may be more comfortable than briefs
- Do not use treatments prescribed for other parts of the body unless specifically directed to do so by your doctor.

*Be careful if using topical treatments to treat your genital psoriasis as this can reduce the effectiveness of latex barriers such as condoms and dental dams. Non-latex alternatives are available from most supermarkets and pharmacies.

You don't need to be embarrassed to speak with your GP or Dermatologist about genital psoriasis. To select the right treatment, it is very important that they understand the impact genital psoriasis has on your quality of life including activities like going to the toilet, washing, exercising, and sexual activities.

PSORIASIS ON THE FACE AND HAIRLINE

Psoriasis in a high-impact area such as the face may be less clearly-defined than elsewhere on the body, which can sometimes lead to confusion with eczema or other skin conditions.

If you have scalp psoriasis you may have specific treatments prescribed by your doctor that you can also use to treat psoriasis on your hairline and ears. If these cause irritation on your facial skin, you should talk to your doctor about an alternative treatment that is approved for use on the face, such as a mild topical steroid, Vitamin D treatment, or a calcineurin inhibitor. Use lots of moisturiser to help keep the scaling under control and to keep the skin comfortable.



CAN I USE MAKE-UP TO CONCEAL THE PSORIASIS ON MY HAIRLINE AND FACE?



Applying make-up may help to cover some of the symptoms of psoriasis in high-impact areas such as the face. For example, some people with lighter skin tones, can find foundations with a slight green tint can help. However, it is possible that makeup could also affect the way that topical treatments work, so it is always best to check with your doctor before using any.

If you decide to use a make-up product, it is important to moisturise well beforehand to keep the skin hydrated and keep scaling under control. Remove any make-up before applying psoriasis treatments in order to allow it to be absorbed into the skin.

You may want to visit a cosmetics or beauty counter in a department store to ask advice on products that may help you feel better about how you look. It can also be a good idea to do a 'patch test' in a small area before using any new products for the first time, to make sure they aren't going to make psoriasis worse or irritate the skin.

Specialist skin camouflage cover products are available to cover marks, scars or skin conditions. There are organisations who specialise in providing information on this, including how to obtain skin camouflage products, and how to colour match and apply them correctly: Changing Faces Skin Camouflage Service: www.changingfaces.org.uk/skin-camouflage is one of these organisations.



PSYCHOLOGICAL IMPACT

Living with psoriasis can be challenging, particularly if you have psoriasis in sensitive or high-impact areas. It is important to talk to your GP about how your psoriasis makes you feel and how it affects your daily life.

This means that both the physical signs of psoriasis (how much of your skin is affected by it) and the psychological aspects of psoriasis (how you cope with the condition) are regularly assessed together, so that the most appropriate treatment can be prescribed. The psychological impact is not always related to the clinical severity of psoriasis, so do not be afraid to be honest with your healthcare professional and tell them how you are feeling.

FURTHER INFORMATION

The information on treatments listed, although correct at the time of printing, is regularly subject to change. You can find regularly updated information on products and treatments that are unavailable or experiencing supply issues via our website or by contacting the Psoriasis Association helplines.



THE PSORIASIS ASSOCIATION

We aim to help people with psoriasis by:

- Providing information, support and advice
- Raising public awareness and understanding
- Promoting and funding research
- Representing members interests at a local and national level

Become a member and you'll join a community of people who play a vital part in shaping our work – and who are determined to make sure that no-one has to face psoriasis and psoriatic arthritis alone.

Our members give a voice to the millions of people in the United Kingdom who live with psoriasis by pushing for change, sharing their own experiences and offering peer to peer support and advice.



THE BENEFITS

Members of The Psoriasis Association receive:

- Our printed quarterly membership magazine, Pso, in the post
- A discounted rate to attend our renowned Annual Conference and AGM
- The chance to have your say in the way the organisation is run by voting for our trustees or by becoming a trustee yourself
- To be part of a community and to meet other people with psoriasis and psoriatic arthritis
- A full membership pack on application
- Access to a wealth of information and support resources, including our telephone, email and WhatsApp helpline services, websites and peer to peer support networks





Scan the QR code to donate online



MAKE A DONATION

I would like to make a donation of £_____ to the Psoriasis Association.

Please debit my card

Number CV2

Start _____ Expiry _____ Issue _____

Name _____

Address _____

I enclose a cheque for £_____

Gift Aid

giftaid it

The Psoriasis Association will reclaim 25p of tax on every £1 donated.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. I must notify the Psoriasis Association if I no longer pay tax or wish to cancel this declaration.

WE RELY ON THE GENEROSITY OF PEOPLE LIKE YOU...

Each year the Psoriasis Association helps thousands of people whose lives have been affected by psoriasis via our website, helplines, our information resources and by raising awareness amongst the general public, healthcare professionals and parliamentarians. We invest in research to improve diagnosis, treatment and management for all types of psoriasis.

We do not receive any government funding and so rely entirely on your generosity to help us continue our vital work in supporting people, raising awareness and funding research.

MORE INFORMATION

If you would like more information, or a list of resources used in the production of this leaflet, please contact the Psoriasis Association.

The information in this resource is not intended to replace that of a healthcare professional. If you have any concerns or questions about your treatment, do discuss this with your doctor. If you are buying products over the counter, discuss them with the pharmacist and always read the label to make sure you are using them correctly.

