



## **PSORIASIS IN CHILDREN AND YOUNG PEOPLE**

*Written for parents and young people (key stage 2 and above)*

### **What is Psoriasis?**

Psoriasis is NOT infectious (cannot be 'caught'). Psoriasis is a common condition that causes areas of the skin to become inflamed, scaly and itchy. Psoriasis varies in different people, both in how extensive it is and what treatments help. Although there is no cure for psoriasis there are many types of treatments depending on where it is on the body and how much it is affecting you.

### **Why have I got this condition?**

Psoriasis affects about 1 in every 50 people. It can develop at any age – from a baby to an old person. About one third of psoriasis develops before the age of 20 years. Psoriasis is a complicated disease and although the exact cause is not known it seems that many different factors are involved. We know that the way your immune system (the cells designed to fight infection) works is important. In people with psoriasis the immune system is active and the cells in the skin grow faster than normal. All skin has cells that constantly grow and then fall off. This normally takes around 2-3 weeks to happen. In the skin with psoriasis the cells do this very quickly (10 times quicker than normal) which is why the skin becomes scaly.

It can be more likely that you will get psoriasis if someone in your family has it too.

Sometimes injury to the skin or certain infections can cause psoriasis to start or make the psoriasis reappear. Up to half of children or young people with psoriasis will have more psoriasis after infectious illnesses (including colds, throat and ear infections).

It is important to remember your psoriasis is not because you have done something wrong or not done something right.

### **What are the symptoms?**

Psoriasis causes areas of raised inflamed skin which often have a thick white scale. This will look different depending on skin pigment type and can be red in paler skin or darker in more pigmented skin. These areas are generally clearly defined (can draw a line around them and surrounding skin is unaffected). The areas can be itchy, sore and sometimes feel as if they are burning. There are a few different types of psoriasis which can affect children and young people.

### **What are the common types of psoriasis?**

Guttate psoriasis is a form of psoriasis where the rash or areas of inflamed skin are small and widespread – like raindrops on the skin. This can be seen sometimes following infection such as a cold or sore throat. Guttate psoriasis can happen once (a single episode) or can be a repeated problem and may occur without you having had an infection. Sometimes this can develop into other forms of psoriasis.

Chronic plaque psoriasis is the most common form of psoriasis. A 'plaque' is an area of psoriasis and 'chronic' means that it can last a long time if it is not treated. This type tends to affect the skin particularly on the scalp, elbows and knees, the area around the belly button, armpits and genital area (private parts). Nails can have little pits and can sometimes get thicker.

There is a form of psoriasis that can cause joint inflammation (arthritis) which can cause pain and swelling in the joints. This is called psoriatic arthropathy.

### **Does psoriasis vary in different ages?**

Psoriasis can occur at any age and be different depending on your age and can change over time. In babies and infants, psoriasis can affect the nappy area. Older children have psoriasis on the face more commonly than adults. In children psoriasis may be itchier than in grown-ups and can sometimes be confused with eczema.

### **I am upset about my psoriasis. Is this normal?**

Having psoriasis can affect how you feel about yourself. In some children and young people this can be associated with avoiding everyday activities, feeling miserable, anxiety, low confidence and embarrassment.

It is important that you share any concerns you have with your family, friends, teachers and health-workers so that they can help support you and make sure that

your psoriasis has the most suitable treatments and does not stop you doing anything you want to do or being anything that you want to be.

### **What tests do I need?**

Generally, no tests are needed as your medical professional will recognise psoriasis by examining your skin. Very occasionally a skin biopsy (removal of a small piece of skin after this has been numbed) is needed to make sure that this is psoriasis and not another skin condition.

### **Can psoriasis be cured?**

There is no cure for psoriasis but there are plenty of effective treatments that can help control symptoms. Most people with psoriasis can be treated so that the psoriasis is no longer a problem.

### **Does psoriasis have to be treated?**

You may not need treatment if your psoriasis is not causing you any problems. Your doctor can discuss the options with you.

### **Can I use sunlight to help my skin?**

Sun light can help improve psoriasis and many people find their psoriasis can improve after being in the sun. Being active outside when it is sunny is good and will make you feel better. However it is important to avoid getting sun burnt as this is painful and dangerous and has risks for your skin both now and when you are older.

### **How is Psoriasis treated?**

Treatment will depend on the type of psoriasis, how extensive it is, how much it is concerning you and which part of your body is affected. Treatments will be used to decrease the inflammation, scaliness and itchiness of the skin. There are many options and no one treatment works for everyone. Your doctor or nurse will discuss the best treatments for you.

### **What topical (applied to skin like creams) treatments are used in psoriasis?**

- Moisturisers often referred to as emollients can help if your skin feels dry.
- Active treatments can help reduce inflammation in skin. Many different topical treatments can reduce the inflammation and scale of psoriasis. Different treatments work better on different parts of skin on the body. Your doctor or dermatology nurse can discuss options with you and demonstrate how and where to apply treatments.

- Many of these active treatments are used 'off licence' in children and young adults under 18 years. This is common for treatments in children and young adults. Being off-license does not mean that they are not safe. There are many off-license treatments in national guidelines which are routinely used. Your doctor and nurse can discuss this with you if you have any concerns.

### **What can be done if the topical treatments are not helping me enough?**

If psoriasis is severe, widespread (covering a lot of skin) and not controlled with topical (putting creams and ointments on) treatments then other treatments may be considered. These include light treatments (UVB in the dermatology department), tablets ([methotrexate](#), [acitretin](#), [ciclosporin](#) for example) or occasionally injections ('biologic' medications) which can be needed in severe psoriasis.

Your dermatologist will advise the best treatment for you that will take everything into consideration. Some people may try several different treatments before finding the treatment which works best for them.

### **When is the treatment applied?**

You doctor or nurse or pharmacist will advise when treatment should be applied. Some treatments are used regularly and some are used just when needed to affected areas. Some treatments (for example shampoos that help reduce scale and moisturisers) may be used long term to help prevent problems.

### **When should the treatment not be applied?**

Mositurisers or emollient can be used regularly. Active treatment is not usually required if the psoriasis is no longer raised up. Sometimes smooth red, paler or darker skin can remain in an area after psoriasis has cleared. This is called post inflammatory skin change and will fade over time so do not need active treatments. these areas do not need to be treated unless the psoriasis comes back again in those areas.

### **What can you expect?**

Treatments can control psoriasis for some, but it is likely that areas of psoriasis will come and go. Treatments to manage can be discussed with your doctor or nurse.

Having psoriasis should not stop you living your life to the full and doing anything you want to do.

### **What other problems can be linked to psoriasis and what can I do?**

Psoriasis can be associated with other conditions. Some people with psoriasis may become depressed and anxious and support for mental health issues is important.

There is some evidence that people with psoriasis may be more likely to be overweight and have a risk of other health issues including heart problems later in life. Keeping a healthy weight by eating a well-balanced diet and keeping active is important and can greatly reduce the risk becoming over-weight. Exercise has been shown to reduce how severe psoriasis can be and help keep you healthy.

### **Where can I get further information?**

<http://www.bad.org.uk/for-the-public/patient-information-leaflets/psoriasis---an-overview>

<https://healthtalk.org/psoriasis/overview>

Psoriasis associations

<https://www.psoteen.org.uk/>

### **Psoriasis help Organisation**

Web: <http://www.psoriasis-help.co.uk/>

*Links to patient support groups:*

The Psoriasis Association, Dick Coles House, 2 Queensbridge, Northampton, NN4 7BF. Tel: 0845 676 0076

Web: [www.psoriasis-association.org.uk](http://www.psoriasis-association.org.uk)

The Psoriasis and Psoriatic Arthritis Alliance

3 Horseshoe Business Park

Lye Lane, Bricket Wood

St Albans, Hertfordshire

AL2 3JA

Tel: 01923 672 837 E-mail: [info@papaa.org](mailto:info@papaa.org)

Web: [www.papaa.org](http://www.papaa.org)

For details of source materials used please contact the Clinical Standards Unit ([clinicalstandards@bad.org.uk](mailto:clinicalstandards@bad.org.uk)).

**This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Society for Paediatric Dermatology which is a part of the British Association of Dermatologists. Individual patient circumstances may differ, which may alter both the advice and treatment given by your doctor**

*This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel*

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