



DOCTOR DISCUSSION GUIDE

Managing Psoriasis

Psoriasis can be a challenging condition to be diagnosed with, so it's important to understand the disease in order to take control of its symptoms. Asking the right questions during your conversation will help you know what to expect and how to better navigate your condition. Familiarize yourself with these common terms before your appointment to help facilitate your discussion.

Vocabulary to Know

Your doctor might mention these common terms. Here's what they mean.

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| Autoimmune Disease | An illness that causes the immune system to produce antibodies that attack normal body tissues. Your body starts to attack itself because it sees a part of your body or a process as a disease and tries to combat it. |
| Epidermis | The upper or outer layer of the two main layers of cells that make up the skin. The epidermis is mostly made up of flat, scale-like cells called squamous cells. |
| Dermis | The inner layer of skin that contains blood and lymph vessels, hair follicles, and glands. |
| Subcutaneous Layer | Also known as hyperdermis, this is the innermost layer of skin. It helps to regulate body temperature and is made of fat and connective tissues. |
| Dermatologist | A type of doctor that specializes in skin disorders. |
| Plaque Psoriasis | The most common form of the psoriasis, it appears as raised, red patches covered with a silvery white buildup of dead skin cells or scale. These patches can feel itchy and painful, and crack and bleed. They are typically found on the scalp, knees, elbows, and lower back. |
| Nail Psoriasis | Most people who have nail psoriasis also have skin psoriasis. Nail psoriasis presents itself as thick, discolored nails. Sometimes the nail separates from the nail bed, your nails may become pitted (small holes), or appear to have ridges or grooves in them. |
| Guttate Psoriasis | Less common than plaque psoriasis, guttate psoriasis presents itself as small teardrop-shaped red spots. It typically affects children or young adults. Sometimes, you may only have one episode or you can have several flare-ups. |
| Light Therapy or Phototherapy | A type of treatment that emits UVB light to help combat skin conditions, such as eczema and psoriasis. Phototherapy is said to reduce itch, calm inflammation, increase vitamin D production, and ramp up bacteria-fighting systems in the skin. |
| Topical Corticosteroids | Used directly on the skin to treat psoriasis, these types of creams may help to reduce inflammation, increase the rate of skin cell renewal, suppress an overactive immune system, help your skin peel, and unclog your pores, soothing the skin. There are many different types of corticosteroids. |



Questions to Ask

These questions will help you start a conversation with your doctor about how to best manage your psoriasis.

About Symptoms

- My skin is itchy and burns, is this a sign of psoriasis?
- I have had eczema on and off my whole life, but my skin appears more white now, has it turned into psoriasis?
- I have some food allergies, could these cause my symptoms?

About Causes & Risk Factors

- My mother had psoriasis, and now I have it, are my children at increased risk?
- I heard that a lower immune system can increase the risk of developing psoriasis, is that true?
- I have a very stressful job and home life, could this have caused my psoriasis?
- Does smoking cause psoriasis or make it worse?
- What about being overweight, did that cause my psoriasis?
- Will my psoriasis ever go away permanently?

About Diagnosis

- Do I need diagnostic tests to confirm my psoriasis? Or can a doctor confirm a diagnosis just by looking at my skin?

About Treatment

- What treatments are available, and which do you recommend for me?
- Are there any side effects to topical creams?
- Once I start treatment, how quickly can I expect results?
- Are there any alternative therapies I can try?
