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"Our whole understanding of psoriasis has changed over the last several years," says Dr. Laura Briley of Southern Dermatology and Skin Cancer Center in Raleigh. "Whereas we once just considered it as a skin disease, we now understand that psoriasis is really a systemic issue—often involving many co-morbidities. Today we have a much firmer understanding of how important it is to look at the big picture when treating these patients."

When considering the effects of trauma to the skin, psoriasis is a particularly interesting topic, Dr. Briley continues. "When the skin is traumatized—when you get a cut for example—a psoriasis patient will get a flare-up of the disease in that traumatized area in the form of thick, itchy scales or plaques. This is true of anything that causes even minor injury to the skin or body, including excessively dry skin, and stress. Stress is something we don't often think of as trauma, but truly it is.

"We see on an everyday basis how stress complicates and exacerbates many skin problems, but for psoriasis this is particularly true," she continues. "The patient with psoriasis will have a sudden flare-up with the loss of a beloved pet, during a stressful time at work or school, or when there is stress at home. Often just explaining and reminding patients of the mind-body connection is quite helpful in understanding how the trauma of stress can manifest in a physical sense, and it's not unusual for a patient to correlate life events with a skin eruption: 'Well, I did lose my mother three weeks ago, and my rash has been much worse since her death,' a patient might tell me. Itching is often a sign of stress—I see a strong correlation between the two.

"Obviously I am a dermatologist and not a psychiatrist," Dr. Briley notes with a smile, "but I do feel it's part of my job as a primary care provider to address major medical concerns. We need to treat the skin of course, and we also need to make sure we are watching out for complications like joint health—because psoriatic arthritis is believed to be severely under-diagnosed."

### THE SYSTEMIC ISSUE

Psoriasis patients tend to have higher rates of heart disease, diabetes, obesity, depression, and substance abuse, Dr. Briley points out. "The troublesome reality of psoriasis is that while it manifests most obviously on the skin, these things all sort of flow into each other. Depression often develops from feelings of embarrassment about one's physical appearance and leads to not fully participating in a healthy social life. Substance abuse develops secondarily to increased treatment success seen with biologic medications. As patients achieve a higher rate of skin clearance, they are more interested in resuming a healthy social life and being physically active, thereby lowering rates of depression, substance abuse, and obesity.

Psoriasis is a strongly genetic disease that affects millions of people in the United States. It may appear in childhood, or not until much later in life. "The youngest I have seen, I think, was four years-old, and the oldest first-time flare-up was around 80 years old," Dr. Briley says. "A severe infection is a really common issue to cause that initial flare-up, as well as weight gain. The good news, however, is that while psoriasis is a life-long struggle, appropriate management of this disease can mean living a healthy, happy, normal life."