

PSO NEWSWORTHY

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Welcome!

Welcome to the electronic newsletter of the Canadian Association of Psoriasis Patients (CAPP), a patient organization dedicated to helping psoriasis patients and their families. This bulletin brings together the best of emerging psoriasis news, research results, and key information that can truly make a difference in how you live your life. Check out our website at www.canadianpsoriasis.ca, [visit us on Facebook](#); and don't forget to [sign up for our newsletter](#).



Myth Buster

Myth – If I have psoriasis, I will get psoriatic arthritis (PsA) too

Fact – Psoriasis and psoriatic arthritis are both inflammatory conditions but there is no guarantee that being diagnosed with psoriasis means you will also get PsA. In fact, it is possible to be diagnosed with PsA without ever having skin psoriasis. Less than one third of psoriasis patients are diagnosed with PsA.

What's your PASI? And what the heck is a PASI?

In the results of a recent survey, we were surprised to learn that of the 348 patients surveyed, only 24% patients knew what a PASI is, and of those who knew, almost 30% of them could not recall what their current PASI score was.

So, what is a PASI and why should you care what yours is? PASI stands for Psoriasis Area and Severity Index and it was created in 1978 by physicians who needed an objective means to measure the effectiveness of a drug used to treat psoriasis. It is now the most commonly used tool to measure the severity of a patient's psoriasis.

The PASI combines the assessment of the how severe the patient's lesions are along with the total area of the skin that is affected, and combines it into a single score that ranges from 0 (no disease) to 72 (maximum disease). There is a complicated formula that considers the body area affected (head, arms, trunk and legs), the percentage of involved for each of those body areas, along with separate severity parameters for redness, thickness and scaling, measured on a scale of 0 to 4 (none to maximum). Taking all these factors into account, and then using some complicated math, a patient's final PASI score

is calculated. This score is then used to help decide what the appropriate treatment would be for a psoriasis patient. In theory, a PASI score could be as high as 72, however it is rare for a score to be higher than 40. Patients with a PASI of more than 10 are generally thought to have moderate to severe psoriasis and would therefore be suitable candidates for stronger treatment options, and may also be considered for participation in clinical trials.

While it is the preferred standard to assess a patient's psoriasis, the PASI is not without its shortcomings, the main one being that it only accounts for the presence of plaques and lesions on a patient, but does not measure the full affect that having psoriasis has on a patient and their quality of life.

If you are interested in finding out your PASI score, there are several online PASI score calculators that a simple Google search will bring up. We would also encourage you to discuss your PASI score with your health care provider to ensure a correct collection of data to reflect an accurate score.

Sources: Clear about Psoriasis Patient Survey, Everydayhealth.com

Common Psoriasis Triggers

Psoriasis is a skin disease that may flare up when faced with certain triggers, and can then subside greatly or disappear altogether until the next episode occurs. There are many reasons why a patient's psoriasis may flare-up so it is important to understand what could trigger them:

- 1. Infection** – patients may suffer a flare up when faced with an infection such as strep throat, ear aches, bronchitis or tonsillitis. Many children will often have strep throat prior to their first psoriasis flare.
- 2. Skin Injury** – an injury or break in the skin can lead to psoriasis. This can include razor nicks or burns, a bug bite, a cut, vaccine needle puncture or blister. Patients may find a lesion on the site of the skin injury.
- 3. Medications** – some medications can cause a predisposition to a flare up, or can cause psoriasis to appear for the first time. Anti-depressants, beta-blockers and antimalarials can trigger psoriasis, and even oral corticosteroids can worsen psoriasis symptoms.
- 4. Stress** – Stress is a factor in many health conditions



and seems to also be a common trigger for psoriasis flares. Managing one's stress can be difficult, especially since having psoriasis can contribute to your stress levels.

5. Weather – many people experience improvement or worsening of their psoriasis depending on the weather. Dry cold winters can have

a negative impact on psoriasis, whereas sunny summers can help psoriasis plaques fade. This is thought to be due to the UV benefits of the sun, similar to that of UV light therapy treatments.

There are many other triggers that can worsen or cause psoriasis flares including smoking, obesity, heavy alcohol use, and hormones. It is best to speak to your health care provider about the triggers that most affect your psoriasis and how to manage them, to ensure minimal flares.

Source: Canadian Dermatology Association

CAPP in Action

CAPP is excited to once again provide funding for students to undertake summer research projects related to psoriatic disease. We will fund up to 5 studentships this year for a maximum of \$5K each. The applications that have been received and are currently being reviewed. Winners will be posted on our website in early April, 2017.

You can [find out more on our website](#) about our Summer Studentship program, last year's funded projects, and read more about this year's winners.



CAPP Board Members Eva and Brooks at the Tsutina Health Fair on March 1st in Calgary.

Health E-Voices 2017

Our Social Media Manager, Helen Crawford is excited to have been accepted to attend the [Health E-Voices 2017](#) in April of this year. This conference is sponsored by Janssen Global Services and is geared towards online health advocates. Helen will be representing both CAPP and the Canadian Skin Patient Alliance and is looking forward to representing psoriatic patients and learning about the tools & resources to improve our online communities and expand our reach.

Stay tuned for highlights in our next newsletter!



CAPP is grateful for the support of our sponsors for making this newsletter possible.



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