Psoriasis Treatment Considerations

Selecting an appropriate treatment for your psoriasis can be confusing, daunting and complicated. There exists a myriad of drugs, diets, steroids, pills, oils and moisturizers. These can generally be sorted into three categories;

1. Systematic; taken orally or digested (such as vitamins)
2. Topical; applied directly to the skin (such as coal tar)
3. Phototherapy; ultraviolet radiation light treatment (such as UVB treatment)

It is also important to receive a professional diagnosis as skin conditions are regularly misdiagnosed. These are no simple tests to diagnose psoriasis, such as bloody test. Other than a visual diagnosis by a specialist or dermatologist, a skin biopsy is the only approved method for officially diagnosing psoriasis where a small part of the skin is removed under local anaesthetic and examined under a microscope. Different forms of psoriasis may require different forms of treatment (or combination of treatments.) Generally the following topics should be considered;

1. Severity of the psoriasis
2. Location on the body of the psoriasis
3. Duration psoriasis has existed
4. Previous and current treatments being used (are they compatible?)
5. General health of the patient
6. Family history or psoriasis?
7. Impact psoriasis has on the life style of the individual

Drug manufacturing is a multi-billion dollar industry. Needless to say, there are many drugs on the market available to treat psoriasis. Too many to go into detail here. Additional information can be found on our web page at; http://www.beatpsoriasis.com/psoriasis-treatments.htm

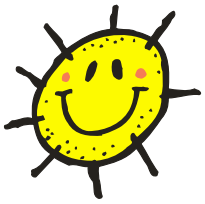
The issue with many prescribed psoriasis drugs, is that frequently their main purpose is NOT the treatment of psoriasis. Often they are anti-inflammatory drugs and many have in fact been designed for chronic heart conditions. Also, with any drug that has been on the market for only a few years or even 10 years, any long term side effects may not have been documented as yet. Often, long term side effect of a drug is not determined for 20, 30 and sometimes 40 years. Most drugs on the market have well documented side effects, because complications from long term use and can affect other parts of the body and internal organs, not just the psoriasis or skin. Furthermore, long term use of anti-inflammatory or steroid products causes our body to build resistance to these drugs, requiring higher and higher dosages possibly resulting in additional undue side-effects.

Because of this, and the nature of psoriasis requiring constant and ongoing treatment, UV Phototherapy remains the ultimate and best choice for short or long term treatment. Phototherapy is well proven, documented and medically recognised treatment and has been in use for well over 40 years successfully. Modern phototherapy devices are many times safer and easier to use than older technology products, delivering exact exposure doses and only a small amount of the UV light spectrum that has been proven beneficial for skin conditions such as psoriasis, vitiligo, acne and dermatitis.

Properly used, UV phototherapy has no proven side effects. Of course, over exposure can cause sun burn, and sun burn is a proven contributing factor related to skin cancers. There is no clinical evidence to suggest that modern narrow band phototherapy has or does cause skin cancer. A

person predisposed to skin cancers by family history, fair skin or other skin conditions should take appropriate precautions while under taking phototherapy, such as covering moles and other skin blemishes and covering their good or clean skin with appropriate sun block or physical blocks such as towels or clothing.

However, the evidence still suggests that phototherapy is significantly safer than uncontrolled over exposure to natural sun light and this can easily be proven here. Sunlight is comprised of many types of light and energy, both visible and invisible. In the ultra violet spectrum, there are 3 main types of light; UVA (denoted by yellow,) UVB (denoted by green) and UVC (denoted by purple.) The graph below show the break down of natural UV light, narrow band UVB is denoted by Orange. Think of narrow band UVB as about 1-2% of the UVB spectrum, compared to full sunlight.



Narrow Band UVB (311nm) makes up a very small component of the UV light spectrum meaning safer and longer treatment and less exposure than full sunlight or older styles of phototherapy, e.g. UVB or PUVA.

UVA sun light 315-400nm	**UVB sun light 280-315nm**	**UVC sun light 100-280nm**
UVA light, is found in tanning salons and has the most damaging effect on skin. PUVA treatment for Psoriasis requires additional drugs to force psoriasis to respond to UVA light in the same way as UVB light. Psoralen drugs cause hyper-sensitivity to ALL forms of UV light and visible light meaning your skin will very easily burn in normal sunlight and eyes are extremely sensitive to any form of light.	UVB light, is the medically beneficial component of sunlight, however over exposure still carries some risks. UVB light (and particularly the narrow band) is the proven component of sunlight that has positive effects on psoriasis, acne, vitiligo, dermatitis and other skin conditions without the need for accompanying drugs.	UVC light, is extremely dangerous but fortunately filtered by the Earth's atmosphere and does not reach ground level. If it did, there would be no life on Earth.

PUVA treatment typically involves drugs that cause hypersensitivity to all light, not just UVA light. The entire UVA spectrum is also typically used for this type of treatment. Many more times UV radiation than Narrow Band UVB.

When considering any general psoriasis treatment, it is important to also evaluate the following;

- Known side effects of the treatment
- Duration treatment has been available
- Proven track record of the available treatment
- Duration treatment is required
- Impact treatment has on daily life
- Does the treatment best suit your situation

When considering a drug or biological treatment compared with phototherapy, the following facts should be considered;

- Phototherapy provides long term clearing, effective for 90-95% of patients
- Widely used for over 40 years
- Non invasive and can be self administered
- Costs are often covered by health insurance
- Little or no ongoing costs, effectively cheaper than years of drug use

This document is by no means definitive and you are encouraged to seek you own advice.

For more information, please see our web page at www.beatpsoriasis.com