

Explore your
treatment
options

P. 6

Keep your
psoriasis in
check—and
protect your
whole body!

P. 22

Health Monitor[®]

Living



"I'm up
for any
adventure!"



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Plaque Psoriasis

After painful psoriasis patches—including on her feet—started to dampen her daily life, Shari partnered with her doctors to find a treatment that cleared her skin and restored her joy!

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Cover photo by The Grays Photography

Clearer skin— and renewed confidence—is *within reach!*

With today's treatment options, there's every possibility that fewer flares are in your future.

Managing plaque psoriasis can bring out a lot of different emotions. One day you might feel embarrassed by the plaques on your arms. The next, you may feel frustrated by the itchy flares keeping you up at night. Or you might notice your confidence slipping and stopping you from doing and wearing things you love. Take heart: You are not alone.

Just ask Shari M. (see her story on p. 9) who struggled with painful patches on her feet which she thought might be athlete's foot. But when plaques started to spread on the joints of her fingers and palms, she turned to her

doctor for answers. Today, with the help of an oral medication, her skin is completely clear and blister-free and she's back to enjoying her active life.

Or get inspired by Juliana Yip-Ono and Aimee Perez (see their stories, starting on p. 17)—both were diagnosed as preteens and struggled with their confidence and mental health due to uncontrolled psoriasis flares. Yet thanks to talk therapy, light therapy, a gentle skincare routine and the support of their friends, family and community, these days both have found happiness and confidence in their own skin.

Yes, you can find relief, too!

You may have been surprised to learn you have psoriasis. But as one of the 7.5 million Americans living with the condition, you are far from alone. And the first step toward taking charge is learning more about the disease and the many ways you can treat it.

So take a moment to read through this guide; even if you've been living with psoriasis for years, you may discover something

new. And if you've just been diagnosed, arming yourself with knowledge of the disease can help you and your healthcare team zero in on a treatment plan that can get you back to living your life with gusto!

What is plaque psoriasis?

Psoriasis is known as an immune-mediated disease—meaning it occurs when something goes wrong with a person's immune system. In the case of plaque psori-

asis, T-cells, which usually attack germs and foreign invaders, begin to attack healthy skin cells. This triggers the body to start creating new cells at a rapid rate, resulting in itchy and/or painful raised round spots with scales that can sometimes crack and bleed.

Psoriasis can also affect more than just the skin; in fact, it's associated with many other conditions, including heart disease, obesity and inflammatory bowel disease. That's why it's so

important to find a treatment option that works!

Who is at risk?

While scientists are still not sure what causes the immune malfunction behind psoriasis, it's believed to be a combination of genetic and environmental factors. If one parent has it, you have a 10% chance of developing it yourself, and a 50% chance if both parents have it.

Plaque psoriasis strikes people of all genders equally, and while it most often shows up in people between the teen years and the mid-30s, it can occur at any age. Smoking also seems to increase a person's chances of getting it.

How is it diagnosed?

Your healthcare provider may ask you questions about your family history and will perform an examination of your skin. In some cases, they may take a biopsy to confirm the diagnosis or rule out other conditions. ►



Once plaque psoriasis is confirmed, they will rank the severity by looking at how much of your body is covered and how much it's affecting your life.

How is it treated?

To help figure out which treatment is best for you, your doctor will ask about your health history and any

Is your treatment high-maintenance?

Tired of messy creams, weekly injections or frequent blood tests? Struggling with side effects? Ask your dermatologist if you can try something else. Today there are so many treatment options that there's no reason to "settle" for a medication that's a bother to use or that isn't clearing your skin completely.

recent health changes. They will also ask how you feel about your psoriasis and what you're willing to try to get clear skin. Current treatment options include:

1. Applying topical treatments. These medications, available as creams and ointments, both over-the-counter and by prescription, help reduce inflammation, itching and scaling. Examples include anthralin, calcipotriene, calcitriol, coal tar, corticosteroid, retinoid and salicylic acid. You may try topical treatments if you've just been diagnosed or if patches are small.

2. Exposing your skin to light. Your dermatologist may suggest phototherapy—

the use of ultraviolet light to treat your skin. This therapy helps to clear up plaques and reduce inflammation. Getting a phototherapy treatment involves exposing your skin to a lamp in your doctor's office or to a prescription home phototherapy unit. Lamps range in size from a handheld wand to a full-body bed or booth. Light treatments typically happen a few times a week for a month or longer. Examples include ultraviolet B (UVB), psoralen + ultraviolet A (PUVA) and excimer laser. Phototherapy can also be used with medications. Note that tanning beds should not be used as a substitute for phototherapy.

3. Exploring body-wide (systemic) medication options. These medications slow skin cell growth and reduce inflammation. Examples include cyclosporine, methotrexate and drugs like biologics and PDE4-inhibitors that block immune-system glitches responsible for psoriasis. Immunotherapies are some of the newest treatments to target psoriasis.

What you can do

Some lifestyle steps can help bring relief, too. For example, keep skin moisturized; avoid itchy or tight clothing; lower your stress levels and try to maintain a healthy weight. (Learn more about how psoriasis can impact your overall health on p. 22).

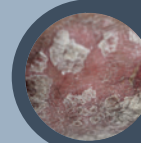
And remember: How you feel about your psoriasis is unique to you. For

some, large patches may not be a problem, while others may feel embarrassed about just a few small ones. No matter how you feel, it's important to be open and honest with your healthcare provider. If your plaques are bothering you or you're so embarrassed by your skin that you're opting out of things you love, talk about it. ●

HOW PLAQUE PSORIASIS APPEARS ON DIFFERENT SKIN TONES

You might know about the plaques and scales that come with psoriasis, but did you know that they develop in different colors depending on a person's skin tone?

Another feature unique to darker skin? Discoloration that remains even after psoriasis clears. "This is called 'post-inflammatory hyperpigmentation,'" says Mark Lebwohl, MD. "It usually goes away on its own eventually, but if it's bothersome, let your doctor know, as there are treatments available."



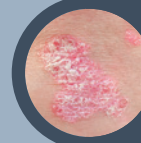
DARKER SKIN:

Plaques can appear as raised purple or dark brown patches with gray scales.



MEDIUM SKIN:

Plaques can appear as raised salmon-colored patches with silvery white scales.



LIGHT SKIN:

Plaques can appear as raised red patches with silvery scales.





YOU & YOUR CARE TEAM

Meet your psoriasis care team

These are the healthcare professionals who can help you manage your plaque psoriasis:

Primary care physician (PCP):

This doctor checks your overall health and likely diagnosed your psoriasis.

Dermatologist:

This physician specializes in treating conditions affecting the skin, hair and nails.

Physician associate (PA)/Nurse practitioner (NP):

These healthcare professionals can help manage your psoriasis and prescribe medications.

Psychiatrist/psychologist/social worker:

Professionals who can help you deal with

psychological and social issues related to your psoriasis.

Rheumatologist:

This physician specializes in treating joint conditions, such as psoriatic arthritis.

Dermatology nurse:

This nurse has received

additional training in dermatology and may work with your doctor on your care.

Dietitian/nutritionist:

A nutrition expert who can help you identify foods that may trigger or help combat inflammation.

COVER STORY

“I’M UP FOR ANY ADVENTURE!”

After painful psoriasis patches—including on her feet—started to dampen her daily life, Shari M. partnered with her doctors to find a treatment that cleared her skin and restored her joy! —BY DIANE HERBST



Shari M. loves to explore the world. She recently walked through Paris and across cities and towns in Canada and Mexico with her husband, Joshua. Closer to home in Blue Springs, MO, this mom of five relishes spending time with her family at amusement parks and museums. “I’m looking forward to more adventures,” she says. “There’s so much more to see.” But four years ago, Shari was hardly able to walk, let alone travel, unable to put on a pair of shoes due to the pain of plaque psoriasis.

“Patches started showing up on my feet”

Shari’s experience with psoriasis began in 2019, when she and her mother, Machele, traveled for two weeks through Europe. This was a much-needed getaway for Shari, 43, who works full-time as director of operations for a children’s safety products company.

But when Shari returned home, she noticed blisters covering her feet. “I thought, *Well, we’ve been traveling; we were in a*

bunch of different hotels so maybe it’s athlete’s foot,” she says. She recalled the time three years earlier when she and Joshua were on vacation in Mexico, and blisters suddenly appeared around the joints of her fingers and on her palms. *Could these foot blisters be related?* she wondered.

Shari treated her feet with an over-the-counter antifungal, which reduced the burning and redness. At the time, she started taking barre classes for strength and fitness. “I was very excited, but then all these blisters on the bottoms of my feet got worse and they just completely split open,” she recalls.

Unable to wear anything but sandals, Shari had to stop her beloved barre classes and one of her favorite indulgences, pedicures. In addition, blisters once again popped up on the joints of her fingers and on her palms.

“I went through trial and error with my doctors”

Because of pandemic-related backups, Shari had to wait over a month to see a dermatologist via telemedicine in April 2020. “The doctor had no idea what was going on,” Shari recalls. The skin issues persisted despite using three different topical medications—two corticosteroids and a vitamin D ointment—and oral antibiotics.

“Then in September 2020, during my first in-person appointment, the dermatologist got three other doctors to look at my case,” says Shari. “At first they didn’t

think it was psoriasis because it usually affects elbows, knees and the scalp—mine was apparently a weird presentation.” Still, Shari’s dermatologist strongly suspected she had plaque psoriasis. “She said, ‘I think this is psoriasis. We will know when we put you on this medication; if the medication works, it proves the diagnosis.’” Yet Shari’s insurance would not cover the oral treatment her doctor wished to prescribe unless she had a biopsy of both feet and tried other medications, including over-the-counter salicylic acid lotions and two prescription corticosteroids.

“Finally—lasting relief!”

Four months later, with no improvement in her symptoms, the insurance company finally approved the oral medication. “Within three days, my hands started to clear up. My feet had way less redness, less itching. It was a radical difference,” she says.

Within the first 14 days, the fissures on her feet began to close and she started walking comfortably again—with shoes! Within six weeks, her feet and hands were completely clear and blister free. Shari could once again walk up and down the stairs without pain.

Shari credits the medication for giving her active life back. “I just remember being in so much pain,” she says. “To be debilitated in that way is a huge wake up call. And then to not have to worry about that again, ever, it’s such a relief!” ●

Photos by The Grays Photography

SHARI’S FLARE-FOILING STRATEGIES

Ask your healthcare provider if they can work for you, too.

Try gentle products. Shari uses fragrance-free and alcohol-free natural moisturizers several times a day to avoid dry skin, which can trigger a flare. “I prefer Eucerin or CeraVe as a base layer, and Neutrogena Hydro Boost for my face. The thicker formulas like Eucerin are important for treating my dry skin. I also have little tubes of Dionis, a goat milk moisturizer, all over my house that I use throughout the day.”

Get aggressive. “Tough flares need a prescription to stop them immediately. I was recently under a lot of stress. My stepfather is terminally ill with cancer, and I felt my feet start getting dry. I use a topical prescription corticosteroid called clobetasol. Drugstore brands can work great, but I find I need a prescription to control it.”

Wear socks to sleep. When Shari’s skin itches and she wants to scratch, she resists, since that will only make things worse for her skin. “I made the mistake at the beginning when I was first having symptoms and didn’t know what was going on. I would scratch my feet in my sleep and my feet would be so sore when I woke up. Now I make sure I wear socks; covering my feet helps me not scratch!”

Connect with others. Shari discovered that sharing her story on TikTok @gen3raleducation helped her provide hope to others with this chronic autoimmune disease. “I went through a lot to get my diagnosis and medication, and knowing how things work and being able to give other people insight is beneficial,” she says. “I love letting people know they’re not alone; here are things you can do and it won’t be like that forever.”





Own the conversation with your doctor

Share the specifics about your symptoms, experiences, and feelings.

Take a moment to consider:

Feel you're managing your symptoms, but may need something different?

Do you feel your plaque psoriasis is top of mind during important moments?



Scan for the full
Doctor Discussion
Guide



#1

Otezla is the #1 prescribed pill to treat plaque psoriasis*

*According to an observational study performed from January 2018 to December 2023 using LAAD Claims data obtained from IQVIA and extracted for oral treatments with a plaque psoriasis indication.

APPROVED USE

Otezla® (apremilast) is a prescription medicine used to treat adult patients with:

- Plaque psoriasis for whom phototherapy or systemic therapy is appropriate.

IMPORTANT SAFETY INFORMATION

You must not take Otezla if you are allergic to apremilast or to any of the ingredients in Otezla.

Otezla can cause allergic reactions, sometimes severe. Stop using Otezla and call your healthcare provider or seek emergency help right away if you develop any of the following symptoms of a serious allergic reaction: trouble breathing or swallowing, raised bumps (hives), rash or itching, swelling of the face, lips, tongue, throat or arms.

Otezla can cause severe diarrhea, nausea, and vomiting, especially within the first few weeks of treatment.

Use in elderly patients and the use of certain medications with Otezla appears to increase the risk of complications from having severe diarrhea, nausea, or vomiting. Tell your doctor if any of these conditions occur.

Otezla is associated with an increase in depression. In clinical studies, some patients reported depression, or suicidal behavior while taking Otezla. Some patients stopped taking Otezla due to depression. Before starting Otezla, tell your doctor if you have had feelings of depression, or suicidal thoughts or behavior. Be sure to tell your doctor if any of these symptoms or other mood changes develop or worsen during treatment with Otezla.

Some patients taking Otezla lost body weight. Your doctor should monitor your weight regularly. If unexplained or significant weight loss occurs, your doctor will decide if you should continue taking Otezla.

Some medicines may make Otezla less effective and should not be taken with Otezla.

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines.

The most common side effects of Otezla include diarrhea, nausea, upper respiratory tract infection, tension headache, and headache. These are not all the possible side effects with Otezla. Ask your doctor about other potential side effects. Tell your doctor about any side effect that bothers you or does not go away.

Tell your doctor if you are pregnant, planning to become pregnant or planning to breastfeed.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-332-1088.

Please see Brief Summary of Important Patient Information on the adjacent page.

Ask your doctor about Otezla today. Call 1-844-4OTEZLA or visit Otezla.com

For commercially insured patients:

Enroll in the Otezla Co-Pay Program* and pay as little as \$0

*Eligibility criteria and program maximums apply. See AmgenSupportPlus.com/copay-terms for full Terms and Conditions.



1 Once your doctor prescribes Otezla, enroll in the \$0 Co-Pay Program.*



2 The specialty pharmacy will call you to set up delivery. Have your co-pay card ready to share your member ID.



3 The specialty pharmacy will deliver your prescription and you can begin lowering your out-of-pocket costs to pay as little as \$0.*

Sign up today to pay
\$0* for Otezla



Scan to enroll today
or visit Otezla.com/enroll



Ask Your Doctor About Otezla Today



A pill for plaque psoriasis

Brief Summary of Prescribing Information OTEZLA® (oh-TEZ-lah) (apremilast) Tablets

Rx Only

This information does not take the place of talking to your doctor about your medical condition or treatment. If you have any questions about OTEZLA® (apremilast), ask your doctor. Only your doctor can determine if OTEZLA is right for you.

What is OTEZLA?

OTEZLA is a prescription medicine used for the treatment of adult patients with plaque psoriasis for whom phototherapy or systemic therapy is appropriate. It is not known if OTEZLA is safe and effective in children less than 18 years of age.

Who should **not** take OTEZLA?

You must not take OTEZLA if you are allergic to apremilast or to any of the ingredients in OTEZLA.

What is the most important information I should know about OTEZLA?

OTEZLA may cause serious side effects:

Allergic Reactions, sometimes severe, occurred in some patients taking OTEZLA. Stop using Otezla and call your healthcare provider or seek emergency help right away if you develop any of the following symptoms of a serious allergic reaction: trouble breathing or swallowing, raised bumps (hives), rash or itching, swelling of the face, lips, tongue, throat or arms.

Diarrhea, Nausea, and Vomiting have been reported in some patients taking OTEZLA and in some cases, patients required hospitalization. Most events happened within the first few weeks of starting OTEZLA and occurred more in patients taking medications to reduce blood pressure or in those patients 65 years of age or older. Tell your doctor if any of these occur.

Depression was reported by some patients taking OTEZLA. Before taking OTEZLA, tell your doctor if you have had feelings of depression, suicidal thoughts, or suicidal behavior. You, your caregivers, and family members should be alert for the development or worsening of depression, suicidal thoughts, or other mood changes. If such changes occur, contact your doctor. Your doctor will determine whether you should continue taking OTEZLA.

Weight loss occurred in some patients taking OTEZLA. Your doctor should monitor your weight regularly. If unexplained or significant weight loss occurs, your doctor will consider whether you should continue taking OTEZLA.

Some medicines should not be taken with OTEZLA as they may make OTEZLA less effective. Tell your doctor about all the medications you take, including prescription and nonprescription medications.

What should I tell my doctor before taking OTEZLA?

Tell your doctor if you:

- have had feelings of depression, suicidal thoughts, or suicidal behavior
- have any kidney problems
- are pregnant or plan to become pregnant. It is not known if OTEZLA can harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if OTEZLA passes into your breast milk.

What are the side effects of OTEZLA?

- OTEZLA may cause serious side effects. See “What is the most important information I should know about OTEZLA?”
- **Common side effects** of OTEZLA are:
 - diarrhea
 - nausea
 - headache
 - upper respiratory tract infection
 - tension headache

These are not all the possible side effects with OTEZLA. Tell your doctor about any side effect that bothers you or does not go away. You may report side effects to the FDA at 1-800-FDA-1088.

General Information about OTEZLA

Medicines are sometimes prescribed for purposes other than those listed in their package inserts. This is a Brief Summary of important information about OTEZLA. Ask your doctor or pharmacist for more complete product information, or visit Otezla.com, or call 1-844-4OTEZLA (1-844-468-3952).

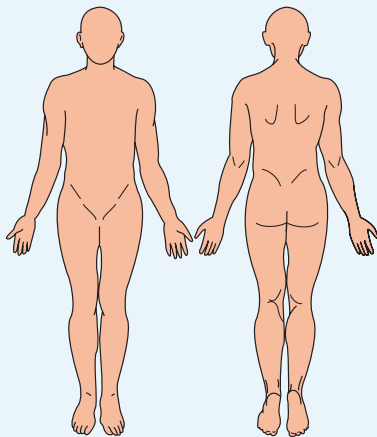
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How well is your treatment working?

Whether you've just been diagnosed or have been living with psoriasis for a while, you'll benefit from having an open discussion with your healthcare provider. It's a key step toward assessing your current treatment and determining if you have a better path to clearer skin.

Problem areas

Please indicate where you have plaques by marking the areas on the diagram below.



Rate your symptoms

How bothered are you by symptoms?

Please rate on a scale from 1 (not very much) to 5 (always/almost always):

- ☐ My skin is itchy.
- ☐ My skin bleeds.
- ☐ I can't sleep well.
- ☐ I feel embarrassed by visible plaques.
- ☐ I feel sad and hopeless.
- ☐ I feel anxious or on edge.

Assess your treatment

I would rate my current treatment as:



My current treatment is working great.



It's working okay, but I'd like to see more improvement.



I don't feel my psoriasis is controlled at all.

Previous treatments

• Topicals you tried but no longer use:

Any current topicals: _____

• Phototherapy you tried but no longer use:

Any current phototherapy treatments: _____

• Systemic medications you tried but no longer use:

Any current systemics: _____

In the past, I've stopped treatment because: (check all that apply)

- ☐ It didn't work well enough.
- ☐ It worked for a while, then stopped.
- ☐ It had unwanted side effects.
- ☐ It was too time consuming.
- ☐ I don't like injections.
- ☐ I disliked the lab monitoring.
- ☐ I couldn't afford it.

TRUE INSPIRATION

"We're rocking clear skin!"

Diagnosed with psoriasis as preteens, Juliana and Aimee both say their self-esteem took a hit. But thanks to talk therapy and the support of their families and community, they've learned to show love and grace to themselves.

—BY JOANA MANGUNE

"Have hope!"

JULIANA YIP-ONO
BEAVERTON, OR
@JULIANAMIWA

As a commercial model with psoriasis, Juliana Yip-Ono knows firsthand the challenges of being in front of the camera. "When I was starting out pursuing modeling, most people were supportive, but oth-

ers were flat-out honest and told me, 'I don't know if the industry is made for you.'" recalls Juliana, who started getting psoriasis flares at age 11. "Luckily, my face isn't affected as much; my psoriasis is mostly visible around my elbows, ears and my left knee. But every now and then, psoriasis spots show up around my torso. It's tough because if I'm on a fitness lifestyle shoot, I have to wear clothing like a sleeveless or cropped top

that shows some skin."

Yet Juliana isn't letting any of those challenges stop her from modeling. "I get motivated when other people get in my head and tell me I can't do something," she shares, adding "I thought psoriasis was purely a skin condition, but now I understand it goes beyond the surface. After going through years of talk therapy and doing a lot of mental work, I've learned to accept myself internally." ►

Photo by John Youngs

Here, Juliana shares some of the tips that help soothe her skin.

Try light therapy.

To treat her psoriasis, Juliana started off doing different rounds of steroid creams, which pretty much worked until 2020: “I got a substantial flare during the pandemic when I was entering my final year of remote university and had to do my capstone work. The next year, I got engaged to my college sweetheart, David. I was overjoyed, but wedding planning during the pandemic made me flare up so bad that I was covered from head to toe!” It wasn’t until after her wedding and finishing school that she was finally able to focus on her skin. “My dermatologist told me about my options aside from steroid creams, and I opted for a UVB light therapy, which was done at my doctor’s office several times a week. It was so effective that my dermatologist was able to prescribe a light panel for me to use at home in 2023. Now I have the panels in our basement, and I just have to make sure that nobody is in the room when I’m doing my treatment.”

Keep your skincare routine simple.

“Going to the gym and moving makes me sweat more, so I make sure to wash my face right after the gym. I use CeraVe or Cetaphil face wash, then apply Physiogel, a hypoallergenic daily moisture therapy cream for my dry/sensitive skin. If I can’t wash my face right away, I carry a hypochlorous acid spray to fight bacteria and prevent inflammation.”

“Find your purpose”

AIMEE PEREZ
LOS ANGELES
@AIMEESTEPHANIE PEREZ

“Being Mexican with medium to tan skin tone, I get the whole range of spots,” says Aimee, who was diagnosed with psoriasis when she was just 12 years old. “From dark purple ones to light pink ones, I’ve seen them all! I also get hyperpigmentation which means that even if my skin clears, it’s not fully clear—my skin is left with brownish scars.”

Realizing that psoriasis looks different for everyone, Aimee started speaking out more and sharing her story online. “I started in 2015 at a time when people started looking outside the societal norm of beauty. I started showing off my skin and got a lot of good feedback from people going through

the same issues,” she says. Then the National Psoriasis Foundation saw her advocacy and recruited her to be a part of their social media and events team in LA. “Connecting with other people has made me feel like there’s a purpose behind my struggles.”

Here, Aimee shares her confidence-boosting strategies.

Turn to your community.

“Through NPF, I’ve attended a lot of conferences and events focused on psoriasis. It’s amazing to be in a room full of people with psoriasis talking about our experiences without having to explain. It’s so validating! I can talk about my flare ups and they’ll say, ‘I get it.’”

Give yourself grace.

Aimee, who shares her journey online, has seen both good and bad comments. “For every supportive comment I got, there’s always one who has something awful to say. I’ve gotten comments like, ‘Ew!



Gross! Scabs!’ I’ve learned to word my responses in a way that makes them reflect on their actions. I explain the disease and say something along the lines of, ‘Be kind because we’re only human. We’re being vulnerable here.’ That usually does the trick.”

Look into clinical trials.

“I found out about clinical trials through word of mouth after someone sent me a link to an NPF provider directory. I decided to try it out even though being on a trial is a huge time commitment. It’s for a good cause—

it benefits the psoriasis community in the long run. The more data they have, the better it is for research.” ●

Health **m** Monitor

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Photo by Matt Farrar Image

Stay safe in the sun—no matter the season!

Whether it's warm and sunny or a snowy, cloud-covered day, it's essential to keep your skin safe from UV rays. Here, the simple tips you need to protect yourself from the sun any time of year.

1. Choose the right SPF.

While some sun is good for you, if you have psoriasis, protecting your skin is still important. In fact, a study found 55.4% of patients with psoriasis were more prone to sunburn compared to 45.6% without psoriasis. "In general, dermatologists recommend that all patients wear a broad-spectrum sunscreen of

SPF 30 daily, no matter the season," says dermatologist Melanie D. Palm, MD, MBA, director of the Art of Skin MD center in Solana Beach, CA, and assistant volunteer professor at the University of California-San Diego.

2. Check the ingredients.

Look for a sunscreen that blocks UVA and UVB rays, both of which can trigger a flare. And while labels might say "multi spectrum, broad spectrum or UVA/UVB protection," some brands may not include all the ingredients to block both. Look for mineral-based sunscreens containing titanium dioxide and zinc oxide for safe, comprehensive coverage.

3. Don't let it expire.

Over time, sunscreen loses its effectiveness. Check the bottle for an expiration date and toss it if it's past due.

4. Time it right.

That's at least 30 minutes before you go out, so it has a chance to properly absorb into your skin.

5. Use the right amount.

You'll need about 1-2 ounces, or the amount in a shot glass, to adequately cover your whole body.

6. Cover up!

This may seem like a no-brainer when the weather cools down, but what you wear can impact how much protection it gives your skin: for instance, a white cotton shirt blocks only about 5% of UV rays, whereas a dark-colored one blocks about 18%. And go for polyester or rayon (they block sun better than linen or cotton), or look for fabrics labeled with an Ultraviolet Protection Factor (UPF) rating—you can even find UPF coverups to wear while swimming!

7. Planning a trip?

Remember, the closer you get to the equator, the stronger the UV rays from the sun are—that's one reason tropical islands stay warm all year. So if you're planning a warm-weather getaway, be sure to pack a wide-brimmed hat, cover-ups, extra sunscreen and set a phone reminder to reapply even more often than you normally would.

8. Hitting the slopes?

As far as your skin goes, you should treat it like a beach day! See, UV rays are stronger at higher elevations, plus the sun's rays can bounce off the snow (up to 80%) and reflect back on you. So in addition to suncreening up any exposed skin—which includes using a lip balm with SPF—you should also make sure your ski goggles have 100% UV protection. One pair to try: OutdoorMaster OTG Ski Goggles, \$21 on Amazon.

9. Reapply often.

While you may know you need to reapply sunblock after a swim at the beach, you may not realize you also need to reapply if you're outdoors for long periods in cool weather, too. Over time, sunscreen wears off even if you're not swimming, and after about two hours the chemicals in it are not as effective at protecting you from the sun. So set a reminder on your phone to slather more on. ●





Keep your psoriasis in check—and protect your whole body!

Although your skin seems to be the main target of psoriasis, keep in mind that it is an inflammatory disease that can affect other parts of your body, too. Use this worksheet to keep track of symptoms not related to your skin. Review it with your doctor and ask how your treatment may affect other health conditions you might have.

Your heart

People with psoriasis are up to 50% more likely to develop heart disease, according to a study in the *Journal of the American College of Cardiology*.

What to watch for:

- ☐ Chest pain, tightness or discomfort
- ☐ Rapid heartbeat
- ☐ Shortness of breath with activity
- ☐ Tingling down arm
- ☐ Stomach pain, nausea, indigestion
- ☐ Awakening from sleep with shortness of breath

What you can do:

- Get regular screenings (blood pressure, blood sugar, cholesterol).
- Maintain a low-fat, high-fiber diet.
- Aim for at least 150 minutes of moderate-intensity activity a week.
- Maintain a healthy weight.

Your digestive system

One study found that people with psoriasis are 2.5 times more likely to get Crohn's disease and 1.6 times more likely to get ulcerative colitis.

What to watch for:

- ☐ Abdominal cramps and pain
- ☐ Fatigue
- ☐ Urgent bowel movements
- ☐ Severe diarrhea

What you can do:

- Be open about all your symptoms with your doctor.
- Know your triggers and avoid them.
- Keep a symptom diary.
- Quit smoking.

Your emotional well-being

People with psoriasis are more likely than people without the disease to suffer from depression or anxiety.

What to watch for:

- ☐ Persistent sadness
- ☐ Anxiety
- ☐ Feelings of hopelessness
- ☐ Loss of interest in hobbies and activities

What you can do:

- Discuss your symptoms with your doctor and with those close to you.
- Eat a healthy diet.
- Maintain a regular sleep schedule.
- Find a stress-reduction technique that works for you. ●

Did you know? Having psoriasis means you're more likely to carry extra pounds around your mid-section. Besides being linked to heart disease, abdominal fat is also associated with more severe psoriasis. Talk to your doctor if you need help losing weight.

Health Monitor Living



Scan this QR code for a free digital guide or home delivery

Questions to ask your doctor today

How would you classify my plaque psoriasis? Is it mild, moderate or severe?



Does it seem like my current treatment is controlling my psoriasis?



If not, can you suggest a new treatment?



Am I eligible to try something more than creams, even if my psoriasis isn't considered severe?



When should I make my next appointment to see you?



How long will it take before we can determine if the new treatment is working? Will I need lab testing?



On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.