

Explore your  
treatment  
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Quick comebacks  
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# Health Monitor<sup>®</sup>

Living



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**“I’m never  
going back  
to topicals!”**

## Plaque Psoriasis

After years of struggling with messy treatments, Renee Morgan found an oral medication that cleared her skin and cranked up her confidence.

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## SPECIAL THANKS TO OUR MEDICAL REVIEWER



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Cover photo by Andy Eichner

# DON'T LET PSORIASIS STEAL YOUR CONFIDENCE!

With today's treatment options, you have every reason to believe clear, healthy skin is in your future

## Diego M. is not someone who believes in regrets.

"I wouldn't change a thing about my past if it meant I wouldn't be where I am today," he says. "Except for settling for psoriasis treatments that didn't work."

Diego first experienced psoriasis as a child, but it wasn't until his teens that he got properly diagnosed.

"I was sent home with prescription creams, but they stained my clothes and smelled terrible. Not exactly something a teen boy wants to deal with."

It wouldn't be until Diego was out of college, married and a dad—and at a pedia-

trician appointment for his daughter—that things would turn around.

"Mara had developed a plaque on her elbow and I immediately knew what it was, so I discussed it with her doctor. That led to a conversation where her doctor looked at the spots on my legs and arms and remarked, 'You know, there's a treatment out there that can probably clear this.'"

That one remark inspired Diego to make an appointment with a dermatologist, who suggested he try an oral medication.

"He explained the potential side effects and re-

assured me the medication was very safe, so I decided to give it a try."

The result? "After some weeks, my skin began to clear up for the first time in more than a decade. It's amazing to be clear of plaques 99% of the time these days—I can't believe I'm no longer afraid to show my skin!"

## Yes, you can find relief, too!

Like Diego, 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 can help you and your healthcare team zero in on a treatment plan that can get you back to living your life with confidence!

## What is plaque psoriasis?

Psoriasis is known as an immune-mediated disease—meaning it's caused when something goes wrong with a person's immune system. In the case of plaque psoriasis, 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 silvery scales that can

## 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.





sometimes crack and bleed.

Psoriasis can also affect more than just the skin and is associated with many other conditions, including heart disease, obesity and inflammatory bowel disease. That's why it's key to find a treatment 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 recent health changes. They will also ask how

you feel about your psoriasis and what you're willing to try to get clear skin.

**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.

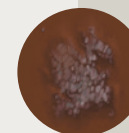
And remember: How

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 isolating or 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.



## Meet your psoriasis care team

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

### Primary care physician (PCP):

This MD 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.

“I’m *never going back* to topicals!”

After years of struggling with coal tar, medicated shampoos and ointments that never really worked, Renee Morgan finally sought out new options. At last, she’s free of the plaques and shedding skin that held her back for so long—and an oral medication gets the credit. —BY DANIELLE TUCKER





**When Renee Morgan isn't busy juggling the active schedules** of her two daughters, the 43-year-old can be found helping others regain their mobility as a physical therapy assistant. And lately a lot of her free time has been spent helping her sister Dayna plan her upcoming wedding in Las Vegas. Part of that planning process? Finally taking control of her plaque psoriasis.

"I've had psoriasis since as early as I can remember," says the Munroe Falls, OH, resident. "It started in my ears, and our family doctor prescribed creams that controlled it just enough so it wasn't taking over my life."

But things began to change for Renee when she started college. "That's when plaques began showing up on my arms, legs and back. I would go to a dermatologist and every time I would get prescribed a topical. They would never work completely, and being a full-time student made it tough to see a dermatologist consistently enough to discuss any other options."

Life marched forward with Renee earning a business administration degree from Kent State and later pursuing a career in acute physical therapy hospital care. "And all that time I was always struggling with psoriasis plaques. It was like a part-time job I never asked for. Medications and over-the-counter shampoos were expensive and inconvenient to use, I tried all the steroid solutions and shampoos, the tar shampoos smelled terrible—and at the end of the day, the psoriasis was still there."

### **"I needed something better"**

While Renee "just dealt with" the topicals, psoriasis continued to make her life difficult.

"I have to wear navy scrubs to work. I was always conscious about what might be on my back. Just riding in a car, I would be worried about getting out and others seeing the flakes left behind. I thought about my skin from sun-up to sundown."

It wasn't until her sister announced her engagement and subsequent wedding, that Renee finally got the inspiration she needed to pursue a more comprehensive psoriasis treatment.

"I didn't want to spend my sister's big day self-conscious about how I was going to look," she says. "Or have to plan a dress around hiding my plaques. I've been in the healthcare field for 16 years—I knew there had to be something out there to help me!"

So Renee went back to the dermatologist, who suggested she try an oral medication that would tackle the cause of her psoriasis from within.

### **"My skin was clear!"**

Before agreeing to the new treatment, Renee did her research. A member of an online psoriasis support group, she noted that while others experienced side effects like headaches and stomach upset, in most cases they were short-lived.

Thankfully, that was the case with Re-

nee, too: "I had a few headaches in the beginning, but they were mild. I was so motivated to be better at the wedding that it was worth it, and I'm glad I stuck with it because the headaches did go away."

More important? Renee's skin cleared a full two months ahead of when her doctor told her she'd begin seeing progress.

"This medication has been a godsend! I wouldn't want to go back—and I wish I had made this switch sooner!"

Done limiting her life due to feeling self-conscious, Renee looks forward to beach time with her wife and kids this summer. "I can wear a swimsuit without worrying about my arms and legs. I get so hot wearing pants when I work out; now, I'm back to wearing shorts at Drum-Fit classes and on the pickleball court." Renee even has the freedom to wear her hair any way she pleases. "I never wore my hair behind my ears because the psoriasis was so bad in them. Now, I can brush it behind my ears or even wear it in a ponytail!"

Today, Renee encourages other people living with psoriasis to seek treatment without compromise. "There's a treatment out there for you. Give it a try! Stick with it for at least a month. If you have any issues, they will likely decrease by then. Give it four months to be effective. The redness, plaques and itching that psoriasis brings won't be erased immediately, but the confidence, flexibility and freedom that comes with clear skin is worth the wait!" ●

Photos by Andy Eichner



**GET  
SUPPORT—  
LIKE  
RENEE DID!**

Renee admits that plaque psoriasis can often be a lonely condition. "Embarrassment over plaques and flakes can cause you to limit the things you do—sometimes without you even realizing it."

Because of this, many people living with the disease avoid social interactions—which is why Renee turned to social media to find and connect with others who shared her experience.

"Online psoriasis support groups offer a safe, virtual community filled with people like you who understand the challenges of living with psoriasis," she says. "They really made a difference for me—don't be afraid to check them out yourself!"

**If you're looking to connect online, try searching for or visiting the following:**

#### **On Facebook:**

- Scalp Psoriasis Support Group
- Psoriasis Support Group

#### **On Instagram or X:**

Search the hashtags #psoriasis #plaquepsoriasis or the hashtag for whichever treatment you're taking.

#### **Online:**

Twill Care is an online support group forum with groups focused on multiple different disease conditions, including psoriasis. Membership is free and includes access to groups, tips, personalized articles and more. Visit [care.twill.health](https://care.twill.health) or download the app in the App Store or Google Play.

#### **The National Psoriasis Foundation**

offers peer support online and via in-person events, as well as educational resources and help accessing proper care. Visit them at [psoriasis.org](https://psoriasis.org).



# 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](http://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](http://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](https://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](https://Otezla.com), or call 1-844-4OTEZLA (1-844-468-3952).

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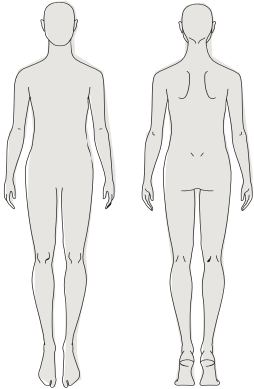


YOU & YOUR CARE TEAM

# 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.

**1. Which areas of your body have plaques?** Please indicate by marking the areas on the diagram below.



**2. 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.	1	2	3	4	5
My skin bleeds.	1	2	3	4	5
I can't sleep well.	1	2	3	4	5
I feel embarrassed by visible plaques.	1	2	3	4	5
I feel sad and hopeless.	1	2	3	4	5
I feel anxious or on edge.	1	2	3	4	5

**3. Assess your treatment**

*I would rate my current treatment as:*

- ☐ It's working great.
- ☐ It's working okay, but I'd like to see more improvement.
- ☐ I don't feel my psoriasis is controlled at all.

*In the past, I've stopped treatment because:*

- ☐ 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.

**4. 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:



**SLEEP APNEA AND PSORIASIS** I have sleep apnea and I frequently struggle with fatigue, even with my CPAP. When I'm really run down, my psoriasis gets worse—is there any connection?

Q  
A

*Answers to your questions on managing plaque psoriasis.*

**A:** The relationship between psoriasis and sleep apnea is controversial, but it is clear that health stresses of various sorts often trigger psoriasis. Fortunately, many of our current treatments are so effective that they can overcome this. But if you're struggling with your sleep, it's important to have that looked at, as well. You may have another disorder that needs treatment.

**Should I try a new medication?**

**Q:** I was diagnosed with plaque psoriasis a few years ago, and so far have only used topicals. My psoriasis is pretty minor, but the treatments I'm using don't always fully work. Should I consider something else?

**A:** We have many more therapies to treat psoriasis, including phototherapy, which uses exposure to UV light. There are also systemic treatments, including oral options and injectable therapies.

Finding the right choice for you depends on your circumstances, including what your insurance will cover, if you have certain health conditions and what type of treatment you're willing to try. Talk over your options with your dermatologist. ●

**OUR EXPERT:**

**Mark G. Lebwohl, MD**, professor and chairman, Kimberly and Eric J. Waldman Department of Dermatology, Icahn School of Medicine at Mount Sinai, New York

# “We’ve got the upper hand on psoriasis!”

Nancy and Joey share the strategies they’ve learned over the years to keep their skin clear—and improve their mental health, too. Ask your care team if their tips make sense for you!

—BY DANIELLE TUCKER AND JOANA MANGUNE

**“Don’t let psoriasis define you!”**

**NANCY RODRIGUEZ, 53**  
BROWNSVILLE, TX

**When Nancy was a senior in college,** she noticed dandruff on the crown of her scalp. Eventually it became bothersome enough that she went to her doctor, who diagnosed her with plaque psoriasis.

Over time, the psori-

asis became more serious and she was started on methotrexate, an immunosuppressant therapy that helps treat psoriasis. “I was on that for twenty years. My doctor didn’t give me any other options. But even though my psoriasis was better, I never got fully well. I wasted a lot of valuable time not being properly treated. So now I know to question everything. If you must drive a few cities over to find the right doctor, do it! It’s your health, and you have to advocate for it!”

Today, Nancy has found a treatment team she trusts, a therapy that

works, and she can enjoy her favorite activities again. Here she shares the other tips she learned along the way with psoriasis.

## Research your options.

Being a married college student with two young children when first diagnosed, Nancy understands how costly treatment can be, especially with no health insurance. “In desperation, I researched programs available to help with the cost and found one where I only had to pay \$15 for doctor’s visits. Don’t be afraid to ask for help! De-

laying treatment can be costly, too.”

## Reduce stress and other triggers.

Nancy built a career as a school dyslexia specialist. “I loved my job, and deciding to retire in 2013 was difficult. But I left because it was the right thing to do for my body. The position brought a lot of stress, and that was a trigger for my

psoriasis.” Today, with her condition under control with a biologic, Nancy is opening up a small event venue. “This works better for me—I can set the schedule, and I can book appointments on certain days and rest on the others.”

## Be confident.

“Don’t let psoriasis define you! Be you and be

“It’s essential to be yourself and be confident,” says Nancy, who also credits her husband with giving her love and support.



Photo by Netanya

confident. I’ve never let it control me. I still wear black and dark colors because I like them and I don’t worry about flakes. People often tell me they love my self-confidence. I tell them I *have* to be confident. This is how God made me. I enjoy life and am happy to be alive whether I have spots and scabs here and there or not.” ►

## “Find a listening ear”

**JOEY PEAT**  
SAN DIEGO, CA

### Weigh the pros and cons.

Joey admits that avoiding the temptation to scratch is no easy task. “And the problem is, the itching sensation doesn’t go away after scratching it,” he says. What helps him power through? “The thought of bleeding and infection stops me most of the time.”

### Meditate!

“Considering stress is one of the most difficult things to eliminate in daily life, I try to subtract the negative energy by meditating. It helps me clear my mind and refocus on life’s most important tasks, like caring for my family.”

### Turn to your family.

“Playing games with my son or being around family and close friends helps distract my mind and uplift my mood. My son is an absolute entertainer. We sing and go on adventures together—my happiness overrides anything that might have bothered me. Being around my parents and close friends

also helps because they let me speak my mind.”

### Teach others with humor.

To spread awareness of his condition, Joey takes a humorous approach. “I tell them it isn’t anything contagious first and foremost, and that dry skin isn’t a sign of some zombie epidemic! I also remind them that it isn’t a disease that easily comes and goes, but an incurable chronic one that me and many others are fighting.” ●

## Health Monitor

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Photo by Ladera Ranch Photography



# 5 surprising psoriasis triggers—and what to do about them

While scientists are still unsure why some people develop psoriasis and others don’t, they have been able to pinpoint a few common triggers. Take a look at the culprits below and see if you can connect them to your flares. Figuring out what’s behind your red, itchy outbreaks can help you avoid them in the future. —BY RIKKI ECCLES



## 1. Skincare products

Soaps, detergents and other skincare products may contain ingredients that irritate skin. Play it safe by opting for fragrance-free products, and check labels before buying. If they contain any of the below ingredients, leave them on the shelf:

- Propylene glycol
- Sodium lauryl sulfate
- Sodium laureth sulfate
- Alcohols such as methanol, ethanol and isopropyl
- Fragrance or parfum



## 2. The weather

Extreme temperatures can affect your psoriasis.

### In colder months, try to:

- Make sure your home maintains humidity between 30% and 50%.
- Avoid cranking up the heat—the American

Osteopathic College of Dermatology recommends keeping your thermostat between 68°F to 75°F.

- Stick to short showers, and aim for a warm to lukewarm temperature.
- In warm months, try to:**
- Save outdoor activities for a cooler part of the day—before 10 AM or after 4 PM.
- Wear loose, soft layers of breathable fabrics, such as cotton or bamboo.
- Keep lotions in the fridge.



## 3. Fabrics

Some materials, like silk, trap heat, causing inflammation, while others, like wool, nylon and polyester blends, scratch and irritate. Cotton, bamboo and other natural fibers are best—look for soft, fine weaves and also...

- Skip overly tight or constricting clothing, or ones with irritating seams.

- Cut out tags.
- Wash new clothing before wearing.



## 4. Stress

Anxiety can increase inflammation throughout the body. If you’re experiencing chronic stress, give some of these a try:

- Meditate, practice yoga or do deep-breathing exercises.
- Write down worries in a journal.
- Listen to soothing music.

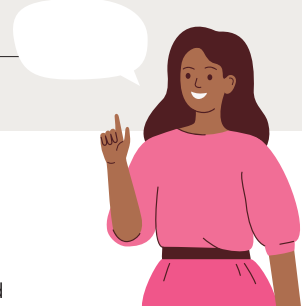


## 5. Allergens

Anything from pet dander to dust and mold can trigger a flare in certain people. What you can do:

- Ask your doctor for a patch test to look for common allergies.
- Use dust mite covers on sheets and pillows.
- Vacuum with a HEPA filter every week. ●





# CONFIDENT COMEBACKS

## for the most common questions about psoriasis!

Don't let other people's comments  
leave you at a loss for words.

As someone with psoriasis, you've probably been on the receiving end of questions or comments that made you feel embarrassed—something you can surely do without, especially if you're already feeling self-conscious about stubborn plaques. After all, coping with the scaly patches isn't easy; it can lead to isolation, anxiety and even depression. Consider that the National Psoriasis Foundation reports that 63% of people living with the immune-mediated disease say it takes a tremendous toll on their emotional well-being.

"Psoriasis can have a negative

impact on a patient's life simply because of the way it looks," confirms Misbah Khan, MD, president and founder of M Khan Dermatology and Cosmetic Surgery in New York City and clinical assistant professor of dermatology at Weill Cornell Medical College.

The good news? Next time loved ones, friends, co-workers—even total strangers!—hit you with a question, you'll be prepared. Take control of the conversation with Dr. Khan's comebacks for the top four questions about psoriasis:

### QUESTION:

**"Why are you so red?"/  
"What are all those spots on you?"**

- ✦ **Quick comeback:** "I have an immune-mediated skin disorder that causes my skin cells to grow too fast."
- **Why this works:** It's most likely that the person asking you this question isn't trying to be rude—they simply don't know what psoriasis is. Consider this an opportunity to spread information and raise awareness about the condition. By highlighting that psoriasis is an immune-mediated disorder, you're helping to educate the public about how serious it is.

### QUESTION:

**"Does it itch/hurt/bother you?"**

- ✦ **Quick comeback:** "It does get itchy and rougher during the winter, just like everyone else's skin. How do you treat your skin during the colder months?"
- **Why this works:** This reminds the person you're speaking with that everyone deals with skin issues, even if yours are more visible. And by ending with a question, you redirect the conversation back to them.

### QUESTION:

**"Is that contagious?"**

- ✦ **Quick comeback:** "No, you can't catch it from me—it's not spreadable. I can shake hands, go to the hairdresser, get a massage or hug anyone I like."
- **Why this works:** This direct answer will reassure others that there's no reason to be alarmed. As hurtful as the question may sound initially, keep in mind that it's understandable for someone to be cautious. Chances are this person is asking out of concern for their own health, especially if they have a compromised immune system.

### QUESTION:

**"When will it go away?"/"Why don't you treat it?"**

- ✦ **Quick comeback:** "It's just the way my skin is. It has good days and bad days, but this condition will always be with me."
- **Why this works:** A reply that is simple and honest can quickly end the conversation. However, if you'd like to give this person more information about your condition, consider approaching this as a teaching moment, as well. This gives you the option to talk more about your treatment, or just let the conversation end if you prefer.

# Health Monitor Living

## Questions to ask your doctor today



Scan this QR code for a free digital guide

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?



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



When should I make my next appointment to see you?



### 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.