**Profile of Psoriasis**

Nearly three percent of the world's population, men, women, and children endure the symptoms of psoriasis. Many tolerate constant pain from cracking and bleeding skin. They bear the humiliation of continually shedding scales that litter their clothes and surroundings. They struggle with the disappointment of treatments and the lack of a cure. Some wrestle with a crippling form of arthritis. More than anything, they sometimes bear the brunt of public rejection because of the misunderstanding surrounding the disease.

**What is psoriasis?**

Psoriasis is a common, chronic, relapsing, immune-mediated, inflammatory disorder with primary involvement of the skin and a strong genetic predisposition. The disease onset usually occurs in younger ages. Skin lesions typically represent erythematous, inflammatory plaques and silvery scaling expressing the inflammatory changes and keratinocyte hyperproliferation.

A substantial proportion of psoriasis patients experience an inflammatory polyarthritis (psoriatic arthritis) that may include enthesitis, synovitis, tenosynovitis, periostitis, osteitis, sacroiliitis and spondyloarthritis. Psoriasis and psoriatic arthritis cause major physical, functional and psychosocial disability. This chronic condition has a significant negative impact on patients' quality of life. Psoriasis has also been linked to depression and suicidal tendencies in the patients.

With increasing severity the spectrum of psoriasis is associated with signs of systemic inflammation and several comorbidities including cardio-vascular diseases, the metabolic syndrome, an increased risk for mortality and shorter life-span. Special types include nail psoriasis, pustular psoriasis, psoriatic erythroderma, inverse psoriasis and various forms of palmo-plantar involvement.

**Who gets psoriasis?**

Psoriasis affects two to three percent of the world's population. It can develop in males or females of any ethnicity or age. It often appears between the ages of 15 and 35, although it can strike at any age including infants and the elderly.

**What causes psoriasis?**

The exact causes of psoriasis have not yet been determined, but it has been confirmed that it is related to the body's immune system and that it has a hereditary predisposition, meaning that it can run in families. In people with psoriasis, the immune system is mistakenly "triggered" causing skin cells to grow too fast. The rapidly growing cells pile up in the skin's top layers, leading to the formation of lesions on the surface.

Right now, there are many psoriasis associations and medical societies around the world supporting research to find out why people get psoriasis and how it can be treated or even cured.

**How bad can psoriasis get?**

Psoriasis can be limited to a few areas of the skin (mild), or it can be moderate or widespread and severe. A normal skin cell matures in 28 to 30 days and sheds from the skin unnoticed. Psoriatic skin cells mature within seven days. They "heap up" and form scaly lesions. Psoriasis lesions can be painful and itchy and they can crack and bleed.

Due to the serious nature of the comorbid conditions associated with primarily severe psoriasis, it is important to always seek medical counsel for the condition, so that it may be monitored and treated properly.

**Is psoriasis contagious?**

No, people cannot catch psoriasis from someone else.

**What are the chances of getting psoriasis?**

It is not possible to predict who will get psoriasis. Heredity (the genetic transfer of features from parent to child) plays a role, but some people who have psoriasis have no obvious family history of psoriasis.

**Is there a cure for psoriasis?**

Psoriasis is a chronic condition that most often requires lifelong treatment. And because there are so many different medications and treatment options, and no person is alike another, it may take some time before the right treatment or combination of treatments will work for an individual. The last decade has seen promising advances in the treatment of psoriasis. New systemic medications called biologics -- because they are made from living organisms -- may offer hope to people who haven't had success with other approaches or who are concerned about the toxicity of other medicines. Different from the traditional systemic drugs that impact the entire immune system, biologics target specific parts of the immune system, and improves the skin disease in the majority of patients.

For further informations about the disesase:

see: <http://www.worldpsoriasisday.com/>