

Treating psoriasis and psoriatic arthritis

A booklet for patients and carers



Picture credits

Cover
Stuart Neville

Page 4
Dr P. Marazzi/Science Photo Library
CNRI/Science Photo Library
CID, ISM/Science Photo Library

Page 5
Dr P. Marazzi/Science Photo Library

Page 15
AJ Photo/Science Photo Library

Page 18
Adam Gault/Science Photo Library

© Scottish Intercollegiate Guidelines Network
ISBN 978 1 905813 74 2
First published March 2011
Reprinted October 2011
Reprinted July 2012

SIGN consents to the photocopying of this booklet for the
purpose of implementation in NHSScotland

Contents

<i>Who is this booklet for and what is it about?</i>	2
<i>What is psoriasis?</i>	3
<i>What is psoriatic arthritis?</i>	5
<i>How will I know if I have psoriasis or psoriatic arthritis?</i>	6
<i>Who will be involved in my care?</i>	7
<i>How will my psoriasis or psoriatic arthritis be assessed?</i>	10
<i>How is psoriasis treated?</i>	11
<i>How is psoriatic arthritis treated?</i>	20
<i>Do complementary therapies work in treating psoriasis and psoriatic arthritis?</i>	22
<i>How might psoriasis or psoriatic arthritis affect how I feel?</i>	23
<i>If I have psoriasis or psoriatic arthritis, am I more likely to get other diseases?</i>	24
<i>How can I help myself?</i>	25
<i>Will psoriasis or psoriatic arthritis affect my work?</i>	26
<i>Where can I find more information?</i>	27
<i>Space for your notes</i>	32

Who is this booklet for and what is it about?

This booklet is for people living with psoriasis or psoriatic arthritis (or both). Your family, friends or carers may also find it useful. This booklet is based on the recommendations from the SIGN national clinical guideline on the **diagnosis and management of psoriasis and psoriatic arthritis in adults**.

You can read more about SIGN on page 33 or by visiting our website at www.sign.ac.uk.

Our guidelines are based on medical and scientific research. Research involves comparing different treatments or methods of care. The guideline development group looked at the research evidence available on how well different treatments work. We used this evidence to make recommendations for health-care professionals on how best to treat patients with psoriasis or psoriatic arthritis.

This booklet covers:

- ⊙ what psoriasis and psoriatic arthritis are;
- ⊙ who will be involved in your care; and
- ⊙ how your psoriasis or psoriatic arthritis should be treated.

It does not cover:

- ⊙ psoriasis and psoriatic arthritis in children;
- ⊙ other forms of arthritis;
- ⊙ managing long-term pain; and
- ⊙ psoriasis and psoriatic arthritis in pregnancy.

What is psoriasis?

Psoriasis (pronounced sor-eye-asis) is a common skin condition which can be itchy and painful. Between 1.5% and 3% of people in Scotland have psoriasis.

Your skin is made up of millions of tiny skin cells. Normally, skin cells die and are replaced by new ones every three to four weeks. In psoriasis, your body begins to make new skin cells more quickly than normal and these build up on the skin in raised patches. This is related to your immune response, which is the way in which your body fights diseases and heals wounds. In psoriasis, your immune system triggers a reaction even though there is no infection or wound to heal. The reasons why it does this are not completely understood but it is mostly caused by variations in your genes.

Psoriasis may run in families.






Psoriasis is a long-term condition. Many people find that it comes and goes throughout their life. At some times it will be worse than at other times. Psoriasis is not infectious. This means you can't catch it from somebody else nor can you give it to them.

Psoriasis can affect all areas of the skin. This includes the scalp, nails and genital area. It can also affect areas where the skin is folded, for example under your arms, the insides of elbows and knees or under your breasts. These areas are called flexural areas.

Psoriasis can range from being a very mild to a very serious condition. At the moment there is no cure for psoriasis, but it can be well controlled by using a variety of treatments.

What does psoriasis look like?

There are different types of psoriasis. These are listed and described in the table below.

Types of psoriasis		
Plaque psoriasis	Most people have plaque psoriasis. This looks like patches of pink or red skin covered with silvery white scales (sometimes called plaques). The silvery white scales are dead skin cells. The patches are slightly raised from the surface of the skin.	
Guttate psoriasis	This looks like lots of small red scaly patches dotted across your skin. These patches can cover quite a large area of your skin.	
Pustular psoriasis	This can be a severe type of psoriasis where lots of small blisters appear on your skin. It needs emergency medical attention.	
Erythrodermic psoriasis	This is a rare and severe type of psoriasis. Most or all of the skin on your body becomes red and inflamed. It needs emergency medical attention.	
Scalp, nail, facial and flexural psoriasis	Psoriasis can be more difficult to treat on some parts of the body. Flexural psoriasis happens in skin folds, armpits, under the breast, between buttocks and in the groin area where it can affect the genitals.	

What is psoriatic arthritis?

Psoriatic arthritis is a type of arthritis that is associated with psoriasis. Up to 1 in 5 people who have psoriasis may also develop psoriatic arthritis. In arthritis, one or more of your joints become inflamed. This means your joints can become swollen, stiff, painful and difficult to move.

Psoriatic arthritis can also affect tendons and ligaments. These can also become swollen and painful. The tendons in your body attach muscles to bones. Ligaments attach different bones together.

Psoriatic arthritis is a long-term condition which can happen at any age. It most often affects people's hands and feet. However, any joint in the body can be affected, for example your knees, hips or spine. Sometimes whole fingers or toes can swell up, which makes them look a bit like sausages. When this happens it is called dactylitis.



How will I know if I have psoriasis or psoriatic arthritis?

If you think you might have psoriasis, you should make an appointment with your GP. Your GP will normally be able to tell if you have psoriasis by looking at your skin. If they are not sure, they will ask you to see a dermatologist. A dermatologist is a doctor who specialises in skin conditions.

If you have psoriasis and pain, swelling or stiffness in your joints, or if you have back pain, this might mean that you have psoriatic arthritis. If you have any of these symptoms, you should tell your GP. You can have psoriatic arthritis even if you have little or no visible psoriasis.

If your GP thinks that you might have psoriatic arthritis, they should ask you to see a rheumatologist for further assessment. A rheumatologist is a doctor who specialises in conditions of the joints.

If you have psoriasis, you should have a check-up with your GP once a year. As part of this check-up your GP should check if you have any symptoms of psoriatic arthritis. To help them know if you are developing psoriatic arthritis, your GP or other health-care professional may ask you to fill in a questionnaire. One questionnaire they may use is PEST (Psoriatic Arthritis Epidemiology Screening Tool). Using questionnaires like this can help the health-care professionals spot psoriatic arthritis early on.

Who will be involved in my care?

If you have psoriasis or psoriatic arthritis, you may be treated by a number of different health-care professionals. They should give you information about your psoriasis or psoriatic arthritis and talk with you about the different treatments that are available.

Some of the health-care professionals you might see are:

- ⊙ your GP;
- ⊙ dermatologists;
- ⊙ rheumatologists;
- ⊙ nurses (GP practice nurses, specialist dermatology and rheumatology nurses);
- ⊙ occupational health professionals (doctors and nurses who specialise in helping people at work);
- ⊙ pharmacists;
- ⊙ physiotherapists;
- ⊙ podiatrists (health-care professionals who specialise in treating problems with feet and legs – they are also sometimes called chiropodists); and
- ⊙ psychologists and other mental-health workers.

Who you see will depend on whether you have psoriasis or psoriatic arthritis. It will also depend on things like how severe the condition is and how difficult it is to treat.

The first person you will normally see is your GP. You should have a follow-up visit with your GP within six weeks of your first appointment, to make sure your treatment is working.

Your GP should discuss the various treatment options that are available with you and the risks and benefits of these. The number of treatments you have each day should be kept to a minimum so your treatment fits in with your daily life and work. You should discuss with your GP how your treatment fits in with your day-to-day activities. You should also have a check-up once a year with your GP about your psoriasis or psoriatic arthritis.

Your GP will often be able to treat your psoriasis successfully. However, sometimes your GP will ask you to see a specialist.

When would I be asked to see a specialist?

Your GP may ask you to see a dermatologist if:

- ⊙ they are not sure if you have psoriasis;
- ⊙ you have severe psoriasis;
- ⊙ your psoriasis covers large areas of your body;
- ⊙ you have psoriasis in areas which are difficult to treat – for instance on your face, palms or genitals;
- ⊙ your psoriasis is not responding well to topical treatment (treatment that is applied direct to your skin such as moisturiser);
- ⊙ your psoriasis is causing you to take a lot of time off work, education or training; or
- ⊙ your psoriasis is having a serious effect on your quality of life.

If you have severe psoriasis, you may sometimes need to be admitted into hospital and treated on a dermatology ward. If you have erythrodermic or pustular psoriasis, you should be given an emergency appointment to see a dermatologist.

Sometimes, your GP may ask you to see a dermatology nurse specialist if you have been previously told by a dermatologist that you have psoriasis and you:

- ⦿ have psoriasis which keeps getting worse (flare-up) which isn't responding to topical treatments;
- ⦿ have scalp psoriasis which isn't responding well to treatment (refractory scalp psoriasis);
- ⦿ need further counselling and education, including being shown how to use topical treatment; or
- ⦿ need topical treatments or phototherapy.

Your GP should ask you to see a rheumatologist if they think you might have psoriatic arthritis. They should ask you to see a rheumatologist if you have psoriasis and you have:

- ⦿ stiffness in one or more of your joints when you get up in the morning;
- ⦿ swelling or tenderness in some of your joints; or
- ⦿ dactylitis (swelling of an entire finger or toe).

If you have been referred to a dermatologist and a rheumatologist, they should work together to provide you with the best possible treatment.

How will my psoriasis or psoriatic arthritis be assessed?

How is psoriasis assessed?

Health-care professionals may assess your psoriasis in a number of different ways. For example, they may use questionnaires or charts such as the ones below.

- ⦿ PASI (Psoriasis Area and Severity Index) – this is a chart a health-care professional may fill in to help them know how severe your psoriasis is.
- ⦿ DLQI (Dermatology Life Quality Index) – this is a questionnaire you may be asked to fill in about the effect psoriasis is having on your quality of life.

By regularly using these tools, you and the health-care professionals treating you can see how your psoriasis, and the effect it has on your life, might be changing over time. The professionals can then assess how well you are responding to treatment over time.

How is psoriatic arthritis assessed?

When assessing your psoriatic arthritis, the health-care professionals will look at symptoms such as pain and joint swelling. They may also carry out some blood tests. These blood tests can check for signs of inflammation and can check the numbers of different types of cells in your blood. They can also help check if your liver and kidneys are working properly. It is important to know these things before starting some types of treatment for psoriatic arthritis.

How is psoriasis treated?

Some of the treatments available to treat psoriasis are:

- ⦿ topical therapy;
- ⦿ phototherapy;
- ⦿ systemic therapy; and
- ⦿ biologic therapy.

Some of these can be prescribed by your GP and some can only be prescribed by dermatologists or rheumatologists. However, whatever treatment you receive, the dermatologist or rheumatologist will let your GP know. We explain each of these treatments more fully below. It is possible for you to be on different treatments for different areas of your body.

Topical therapy

Topical treatments are applied direct to the skin (like creams and ointments). Your doctor or nurse should give you information on how to use these and how much to apply. If you're not sure how to use these, you should talk to your doctor or nurse about this and they can show you.

Some different types of topical treatments are shown in the table below.

Types of topical treatment and their effects	
Type of treatment	Effect
Coal-tar preparations	Helps remove the build-up of dead skin cells from the surface of the skin
Corticosteroids (sometimes called steroids)	Reduces inflammation and redness
Dithranol cream	Stops skin cells being replaced so quickly
Moisturiser (sometimes called emollients)	Helps reduce itchiness and dead skin cells being shed
Tazarotene ointment	Stops skin cells being replaced so quickly (contains vitamin A)
Vitamin D cream or ointment	Stops skin cells being replaced so quickly

Corticosteroids

There are many different strengths of corticosteroids. Using strong corticosteroids over a long period of time can have unwanted side effects. For instance they can cause your skin to become thinner. For this reason it is recommended that you only use strong corticosteroids for short periods of time.

Vitamin D

Creams or ointments containing vitamin D work by helping to stop skin cells being made so quickly. These can be used safely over long periods of time. If these do not work or you find that you have side effects from using them, your doctor may consider prescribing dithranol, a coal-tar preparation, or tazarotene gel for a short period of time.

Topical therapy for scalp psoriasis

If you have psoriasis on your scalp, it may help to apply a treatment overnight to remove the scale (layer of dead skin cells), before applying a further treatment in the morning. Some medicines which you may be prescribed to remove scale are salicylic acid, coal-tar preparations or oil preparations (for example, olive or coconut oil). Your doctor should give you a corticosteroid or a combination of a corticosteroid and vitamin D for a short period of time to treat scalp psoriasis.

Topical therapy for nail psoriasis

If you have nail psoriasis, your doctor may consider prescribing corticosteroids, salicylic acid, calcipotriol or tazarotene to help treat it. These may be given on their own or in combination with another treatment.

Topical therapy in face and flexural psoriasis

Your doctor should give you corticosteroids for a short period of time to treat facial or flexural psoriasis. If corticosteroids do not help, vitamin D or tacrolimus ointment is recommended. Your doctor may consider prescribing you coal tar if you have flexure psoriasis.

The following treatments can only be prescribed by a dermatologist or a rheumatologist, not a GP. Your dermatologist or rheumatologist will always let your GP know what treatment you are getting.

Phototherapy

Ultraviolet (UV) light is a type of energy given out by the sun. Many people find that UV light improves their psoriasis. Phototherapy is a type of treatment where you receive doses of UV light which are very carefully measured.

There are different types of UV light, but only ultraviolet A (UVA) and ultraviolet B (UVB) can help improve psoriasis. These types of UV light work by slowing down the speed at which new skin cells are made.

UVB light treatment can either be narrow band (NBUVB) or broad band (BBUVB). BBUVB treatment is not recommended. This is because it is more likely to cause burning and does not work as well as NBUVB.

If treatment with topical medicine hasn't worked, NBUVB is recommended for people with some types of severe psoriasis. If you're being treated with NBUVB, you should receive treatment three times a week (if possible). If you find it difficult to go to a phototherapy clinic, for example if you live a long way from a hospital, your dermatologist may consider NBUVB treatment at home.

UVA light will only work if you take it with a medicine called psoralen. On its own it will not help improve psoriasis. Treatment with psoralen and UVA light (PUVA) is recommended if treatment with NBUVB hasn't worked. PUVA is not recommended if you are pregnant or breastfeeding.

It's important to remember that even though some UV light may help improve psoriasis, too much can cause skin damage and may lead to skin cancer. You should still protect yourself as normal from the sun, for example by using sunscreen and not staying out too long in the sun, especially between 11am and 3pm.



It is not recommended that people use sunbeds to treat their psoriasis. This is because the amount of UV light you get on a sunbed is not controlled. You may receive too much UV light and this could harm your skin.

At the moment there is no evidence that NBUVB phototherapy increases the risk of getting skin cancer. However, just to be on the safe side, if you've had more than 500 whole-body UVB treatments, you should be checked for skin cancer once a year.

Having lots of treatments of PUVA can increase your risk of getting skin cancer. For this reason, if you've had more than 200 whole-body PUVA treatments, you should be screened for skin cancer once a year.

Systemic therapy

Systemic medicines are medicines which affect the whole body. You may be prescribed systemic medicines if you have severe psoriasis or if your psoriasis is not responding to treatment. Systemic medicines are usually taken in tablet form but may sometimes be taken by injection. You may receive these by injection if your doctor thinks it's necessary. Systemic medicines have some possible side effects. Your doctor should discuss with you the benefits and risks of taking these types of medicines.

Some of the drugs you may be prescribed are ciclosporin, methotrexate and acitretin. You may also be prescribed fumaric acid esters and hydroxycarbamide.

You shouldn't take systemic drugs if you are pregnant. If you are a woman of childbearing age, you shouldn't be prescribed acitretin if other treatments are suitable. If you are thinking of becoming pregnant, you should talk about this with your doctor in case the medicines you are taking have an effect on the developing baby.

It is important that men taking methotrexate do not try for a baby, as this drug can damage the developing baby.

Men and women who have used methotrexate should use contraception for at least three months after treatment.

Biologic therapy

Most medicines used to treat psoriasis are made from manufactured chemicals. Biologic medicines are different because they are made from living cells. They are given either by injection into the skin or via a drip.

You may only be offered biologic medicines if you have severe psoriasis and:

- ⊙ it has not responded to treatment with phototherapy and systemic medicines; or
- ⊙ you are not able to be treated with phototherapy and systemic medicines.

Some of the biologic medicines you may be offered are adalimumab, etanercept, infliximab and ustekinumab.

You should not take biologic medicines if you are pregnant.

Your treatment with biologic medicines should be in line with guidelines set out by the British Association of Dermatologists (BAD).



*British Association of Dermatologists Biologic Intervention Register
(BADBIR)*

At the moment, the British Association of Dermatologists is carrying out some research into how safe systemic and biologic drugs are if used over the long term. They are keeping a register of people who are using these medicines to treat psoriasis and psoriatic arthritis. They will then look at how people react to them.

If you've started using systemic or biologic medicines, or have changed from using one type of systemic medicine to another, you should be asked if you would like to be involved in this research. If you choose to be involved, your name would be added to the register.

How is psoriatic arthritis treated?

There are a number of different types of medicine you may be given to treat your psoriatic arthritis. Some medicines can treat both psoriasis and psoriatic arthritis.

Some of the types of medicine which you may be offered to treat your psoriatic arthritis are:

- ⊙ non-steroidal anti-inflammatory drugs (NSAIDs);
- ⊙ corticosteroids;
- ⊙ disease-modifying anti-rheumatic drugs (DMARDs); and
- ⊙ biologic therapy.

If you have psoriasis and psoriatic arthritis, your doctor should prescribe a treatment which works on both at the same time if possible.

NSAIDs

You may be prescribed NSAIDs to relieve pain. These should only be prescribed for short lengths of time. Some examples of NSAIDs you may be prescribed are diclofenac, etodolac, indomethacin and naproxen.

Corticosteroids

You can take corticosteroids in different ways. They can be injected into muscle or into the affected joint. Occasionally they are taken as medicines which you swallow.



Disease-modifying anti-rheumatic drugs (DMARDs)

These are medicines which slow down the rate at which psoriatic arthritis gets worse. Some of the DMARDs you may be prescribed are leflunomide, sulfasalazine and methotrexate.

When taking DMARDs, it is important to have your blood checked regularly. This allows health-care professionals to monitor how well you are responding to treatment and identify any side effects such as liver damage.

Biologic therapy

You may be offered treatment with biologic medicines if:

- ⊙ you have psoriatic arthritis and it has not responded to at least two different types of DMARD; or
- ⊙ you have psoriatic arthritis and you are not able to be treated with at least two different types of DMARD.

Some of the biologic medicines you may be offered are adalimumab, etanercept and infliximab. They are taken by injection. You should not take biologic medicines if you are pregnant.

Your treatment with biologic medicines should be in line with guidelines set out by the British Association of Dermatologists (BAD) and you should be offered the opportunity to join the BADBIR long-term safety register. See page 19 for more information.

Health-care professionals will monitor how well you respond to biologic treatment. One of the things they should use to help them do this is PsARC (Psoriatic Arthritis Response Criteria). As part of PsARC they should ask you to fill in a questionnaire.

(You can find more information on treatment with biologic therapy on page 17).

Do complementary therapies work in treating psoriasis and psoriatic arthritis?

Complementary therapies are techniques used to treat a disorder or disease and are used alongside traditional medicines. An example of a complementary therapy used to treat psoriasis is balneotherapy (bathing in water often containing salts or minerals). There is not enough scientific research evidence to say that any complementary therapy works in treating psoriasis or psoriatic arthritis.

There is also not enough scientific research evidence to say that taking any type of food supplement improves psoriasis or psoriatic arthritis.

Sometimes complementary therapies can react with other treatments and you should talk to your GP or pharmacist if you are thinking of using any.

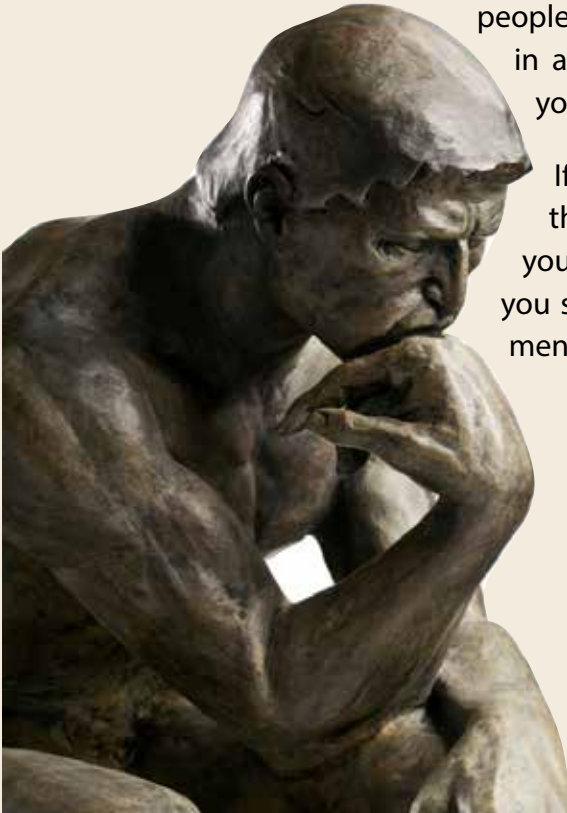
How might psoriasis or psoriatic arthritis affect how I feel?

Psoriasis and psoriatic arthritis can affect how you feel. They can make you feel worried and upset.

You may sometimes feel embarrassed about your body and about how you look, which may affect your relationships with others. Sometimes these feelings may affect your sexual relationships. It's important to talk to your doctor or nurse about how you're feeling.

When you see your GP, they may ask you about how you're feeling. They may ask you about your mood, how well you're sleeping and how you're getting on with other people. They may ask you to fill in a questionnaire about how you're feeling.

If you and your doctor think it would be helpful, your doctor (GP) may suggest you see a psychologist or other mental-health professional.



If I have psoriasis or psoriatic arthritis, am I more likely to get other diseases?

If you have severe psoriasis or psoriatic arthritis, you may be more likely to get some other diseases, like heart disease, diabetes and depression.

If you have severe psoriasis or psoriatic arthritis, your doctor should carry out some measurements and tests each year to check if you are developing these diseases. These include tests like measuring your height, weight, blood pressure and cholesterol levels. If you are developing these diseases, you will be offered treatment. They may also ask you about how much alcohol you drink and whether you smoke. They may also give you advice on how you can lead a healthy lifestyle.

How can I help myself?

Living a healthy lifestyle can help reduce your chances of getting heart disease and diabetes, for example:

- ⊙ having a good balance of rest and regular physical activity;
- ⊙ staying at a healthy weight;
- ⊙ not smoking; and
- ⊙ only drinking moderate amounts of alcohol.

Drinking a lot of alcohol may make psoriasis worse. It can also mean that psoriasis does not respond as well to some treatments, or that some medicines can't be used.

If you notice any side effects from taking your medicine, or the medicine isn't working, you should tell your doctor or pharmacist. There are many different medicines available to treat psoriasis and psoriatic arthritis and your doctor should talk to you about the different options that are available. If one type isn't working, you may be able to change to a different type.

Will psoriasis or psoriatic arthritis affect my work?

Sometimes psoriasis and psoriatic arthritis can affect your ability to carry out your work. For example, if you have psoriasis on your hands, it may be difficult to work with detergents and chemicals. If you are having problems at work, you should let your doctor know. It may also be useful to speak with your occupational health service, if you have one. If you agree, your doctor and occupational health professional should talk to each other about the best way to help you at work.

It may also be helpful to talk with your doctor if you are thinking about starting a new course or a new career. They could help you think about how best to manage your psoriasis or psoriatic arthritis in this new situation.

Where can I find more information?

PAPAA – The Psoriasis and Psoriatic Arthritis Alliance

PO Box 111, St Albans

Hertfordshire AL2 3JQ

Phone: 01923 672 837

Email: info@papaa.org

Website: www.papaa.org

The Psoriasis and Psoriatic Arthritis Alliance (PAPAA) is an independent charity registered in England and Wales. They provide free access to a wide range of patient information on all aspects of psoriasis and psoriatic arthritis. They can also offer support over the phone.

Psoriasis Association

Dick Coles House

2 Queensbridge, Bedford Road

Northampton NN4 7BF

Phone (helpline): 0845 6760 076 • Phone: 01604 251 620

Email: mail@psoriasis-association.org.uk

Website: www.psoriasis-association.org.uk

The Psoriasis Association are a UK-wide organisation for people affected by psoriasis. This includes patients, families, carers and health-care professionals. The association aims to:

- ⦿ support people who have psoriasis; and
- ⦿ raise awareness about psoriasis and fund research into the causes, treatments and care of psoriasis.

The Psoriasis Association publish information booklets on a range of topics including psoriasis, psoriatic arthritis, scalp psoriasis, psoriasis in sensitive areas, and ultraviolet light therapy.

Psoriasis Scotland Arthritis Link Volunteers (PSALV)

54 Bellevue Road

Edinburgh EH7 4DE

Phone: 0131 556 4117

Email: janice.johnson5@btinternet.com

Website: www.psoriasisScotland.org.uk

Psoriasis Scotland Arthritis Link Volunteers is a Scottish charity which is led by patients. They work to improve the lives of people with psoriasis and psoriatic arthritis in Scotland. They also work with health-care professionals and other organisations to raise awareness of these conditions. Each year PSALV hold open public-information meetings in Scotland with local experts.

PSALV offer a range of information and support and produce information leaflets on psoriasis, psoriatic arthritis, nail psoriasis and scalp psoriasis.

Other national organisations

Arthritis Care in Scotland

Anniesland Business Park, Unit 25A

Glasgow G13 1EU

Phone: 0141 954 6171

Email: Scotland@arthritiscare.org.uk • Email: helplines@arthritiscare.org.uk

Website: www.arthritiscare.org.uk

Arthritis Care in Scotland is a voluntary organisation working with and for all people with arthritis. They provide information and support on a range of issues to do with living with arthritis and helping people manage long-term conditions.

Arthritis Research UK

Copeman House, St. Mary's Court

St. Mary's Gate, Chesterfield

Derbyshire S41 7TD

Phone: 0870 850 5000

Email: info@arthritisresearchuk.org

Website: www.arthritisresearchuk.org

Arthritis Research UK fund research into the causes and treatment of arthritis. They provide a range of information leaflets for people with arthritis.

British Association of Dermatologists (BAD)

Willan House, 4 Fitzroy Square

London W1T 5HQ

Phone: 0207 383 0266

Email: admin@bad.org.uk

Website: www.bad.org.uk

The British Association of Dermatologists provide a range of patient information leaflets on psoriasis.

British Skin Foundation

4 Fitzroy Square

London W1T 5HQ

Phone: 020 7391 6341

Website: www.britishskinfoundation.org.uk

The British Skin Foundation support research into skin conditions and provide a range of information on treating psoriasis and psoriatic arthritis.

British Society for Rheumatology

Bride House, 18-20 Bride Lane

London EC4Y 8EE

Phone: 020 7842 0900

Website: www.rheumatology.org.uk

The British Society for Rheumatology is a registered charity in England and Wales. They support health-care professionals and scientists who work in rheumatology and provide education and training.

Pain Association Scotland

Moncrieffe Business Centre, Friarton Road

Perth. PH2 8DG

Freephone: 08007836059

Website: www.chronicpaininfo.org

The Pain Association Scotland offer support for people in the community who suffer long-term pain. They hold regular group meeting across Scotland, where they provide training on how to help people manage their pain.

Useful websites

Citizens Advice Scotland

www.cas.org.uk

Department for Work and Pensions (DWP)

www.dwp.gov.uk

The DWP website can give you details on benefits you may be entitled to.

Other useful publications

'Psoriasis in the workplace' is available by phoning 020 7420 8900 or you can download it from: www.unitetheunion.org/member_services/health_and_safety/health_and_safety_resources/skin.aspx

Space for your notes

What is SIGN?

We at the Scottish Intercollegiate Guideline Network (SIGN) write guidelines which give advice to health-care professionals, patients and carers about the best treatments that are available.

We write these guidelines by working with health-care professionals, other NHS staff, patients, carers and members of the public.

The guidelines are based on the most up-to-date scientific evidence.

You can read more about us by visiting www.sign.ac.uk.

Other formats

If you would like a copy of this booklet in another language or another format, such as in large print, please phone Karen Graham, Patient Involvement Officer on 0131 623 4740, or e-mail her at karen.graham2@nhs.net.



This booklet is based on a clinical guideline issued to all NHS staff.

You can download the full clinical guideline from our website at www.sign.ac.uk/pdf/sign121pdf

A short version is also available at www.sign.ac.uk/pdf/qrg121.pdf

**Scottish Intercollegiate Guidelines Network
Gyle Square, 1 South Gyle Crescent
Edinburgh EH12 9E**

Tel. 0131 623 4720

Website: www.sign.ac.uk