



Improving the Quality of Life for Women with Psoriasis



Dr. Jerry Bagel, M.D., Medical Director of Windsor Dermatology

Many people aren't aware of this, but psoriasis is the nation's most prevalent immunological disease. About two percent of the population (approximately 7.5 million people) suffers from this chronic skin condition that causes flare-ups of red, scaly patches on the body.

Although it affects both genders similarly, psoriasis can lead to low self-esteem and negative feelings about body image for women. With its very visible—and often painful—rash, the disease can be devastating to one's self-confidence, especially because outbreaks are so unpredictable.

On top of that, up to 30 percent of psoriasis patients contract psoriatic arthritis, which can involve severe joint swelling and stiffness. People with psoriasis also have an increased risk of developing diabetes, cancer, depression, obesity and cardiovascular disease, especially those with severe cases.

Fortunately, there are many excellent treatments that can greatly improve the quality of life for women afflicted with psoriasis. But first, a few more words about this somewhat mysterious disease for which there is no known cause or cure.

Plaque psoriasis, the most common variety, is characterized by red, raised patches covered with a white buildup of dead skin cells. Flare-ups occur when faulty signals in the immune system cause skin cells to grow too rapidly,

piling up on the surface and creating lesions. Although no one knows what triggers outbreaks, they are often associated with stress, skin injuries, drug reactions, sunburns, illness and infections.

About a third of all patients have a family member with the disease, so psoriasis appears to have a genetic link. The most common age of onset is between 15 and 35, although the illness can strike anyone at any time.

Here's an outline of some standard treatment options to help women regain their confidence and maintain healthy skin:

Topical creams and ointments. The first line of defense, topical medications are applied directly to the skin to slow down or normalize excessive skin cell growth and reduce inflammation.

Ultraviolet light phototherapy. Present in natural sunlight, ultraviolet light's powerful anti-inflammatory properties can clear psoriasis from the skin. Several forms of phototherapy are available, depending on the severity and location of the affected area. Treatments are administered by licensed medical professionals three times a week and most patients become clear after eight to nine weeks. Most insurance plans and Medicare cover the costs.

Laser. Excimer laser therapy safely delivers concentrated, high-dose ultraviolet B rays to affected areas, resulting in faster clearance of psoriasis. This treatment is covered by most major insurance plans.

Biologic agents. Biologic medications are made from living organisms and are administered by injection. Unlike traditional drugs that impact the entire immune system, biologic agents target specific parts of the immune system that are involved with psoriasis while leaving the rest intact. This treatment is intended for

people with moderate to severe psoriasis, patients with psoriatic arthritis or those who don't respond to other treatments.

Oral medications. These include Soriatane, Methotrexate and Neoral, some of which may be combined with other treatments.

It's particularly important that women with psoriasis who are pregnant—or thinking about becoming pregnant—work closely with their dermatologists to provide the best care during this very special time.

In addition, women who are trying to get pregnant should refrain from certain psoriasis treatments up to three months before conception to avoid any potential harm to the fetus. If a woman with psoriasis says she is hoping to get pregnant, Windsor Dermatology limits treatments to ultraviolet B light and excimer laser, which are quite safe and

effective during pregnancy.

Although there are no long-term studies on the effects of psoriasis and pregnancy, we do know that a woman's CRP (c-reactive protein) inflammation indicators go down during psoriasis treatments, which means they are less likely to have complications during pregnancy and delivery. And because of hormonal changes, psoriasis sometimes goes away (at least temporarily) when a woman is pregnant.

The bottom line for women of any age is that there are many exceptional treatment options that can be customized to provide a much better quality of life, both long- and short-term. This potentially ravaging disease can be managed—and managed quite well.

The Psoriasis Treatment Center of Central New Jersey is the state's first complete facility for advanced psoriasis clinical research and

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therapies providing a wide range of services that were formerly only available at major university hospitals.

Located in East Windsor, we offer safe and effective treatments so people can lead relatively normal lives. Our dermatologists work very closely with each patient to provide the best care possible.

Dr. Jerry Bagel, M.D., is board certified in dermatology and a Fellow of the American Academy of Dermatology. A nationally recognized expert on the treatment of psoriasis, he is a member of the medical advisory board of the National Psoriasis Foundation and has practiced dermatology and dermatologic surgery in East Windsor for over 20 years. He has also been an investigator on more than 45 clinical trials to find new treatments for psoriasis. The Psoriasis Treatment Center of Central New Jersey is part of Windsor Dermatology (www.windsordermatology.com) and can be reached at (609) 443-4500.