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skin 'n' bones connection

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Dear Reader

Since the start of 2025, the world has seen significant changes, raising questions for the UK, especially for patients and healthcare innovation. The decision to scrap NHS England (pages 4 & 5) as a cost-saving measure has caused surprise and concern. While increased efficiency could benefit patient care, careful oversight is vital so valuable services aren't lost.

Cost-saving may also impact research, but current studies continue to advance understanding of psoriatic disease. New insights on ultra-processed foods (pages 8 & 9) and links between psoriatic arthritis and endometriosis (page 16) highlight the need for ongoing monitoring.

Worryingly, health scams and cyber-attacks (pages 10 & 11) are increasingly targeting vulnerable individuals, with recent reports showing no one is fully safe.

As we navigate these uncertain times, it is crucial that we remain vigilant, informed, and proactive in safeguarding both our health and our information. By supporting robust research, maintaining open dialogue, and protecting against exploitation, we can help ensure that the changes ahead will be managed in a way that truly benefits patients and the wider community. Together, we can face these challenges with resilience and hope.

Managing editor

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Instagram:	**www.instagram.com/the_papaa_eye**
LinkedIn:	**www.linkedin.com/company/papaa/**
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Correspondence address:
PAPAA
3 Horseshoe Business Park, Lye Lane,
Bricket Wood, St Albans. AL2 3TA

Email: info@papaa.org
Website: www.papaa.org
Tel: 01923 672837

Production team:
Managing editor:
Julie Chandler

Sub-editors:
David Chandler
Caroline Marven

Senior medical advisor:
Dr David Ashton MD PhD

Artwork and design:
Macpro Design and Print Ltd. St Albans.

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Registered Office:
30 Orange Street, London, WC2H 7HF

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The contents of the journal are aimed at providing information that may be of interest to people with psoriasis and/or psoriatic arthritis or those who have a specialist interest, whether in a personal or professional capacity. Some articles which will be included are of general interest and may or may not relate directly to either psoriasis or psoriatic arthritis. This material may include aspects related to health, services or products that are available.

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Always consult your own doctor or medical healthcare provider.

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Main activities revolve around the themes of Care, Cause and Cure, where we provide extensive information, provide education and support research via a small grants scheme. Collaborative work is also part of the charity's activities, we are open to approaches to work together as a partner organisation or as a supportive promotor, to raise awareness of areas of activity, which are beneficial to people affected by psoriasis, psoriatic arthritis and associated co-morbid conditions, including other auto-immune mediated diseases.

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COVER PHOTO:

Always check who you are talking to

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A new foam medicine called roflumilast 0.3% is showing strong results for people with psoriasis on their scalp and body. Roflumilast foam is a non-steroid treatment for psoriasis. It is applied once a day to the skin, including the scalp and other body parts.

The evidence

A large clinical trial called ARRECTOR tested roflumilast foam on 432 people aged 12 and older with scalp and body psoriasis. The study lasted for 8 weeks. Some people used the foam, while others used a lookalike treatment with no medicine in it (called a vehicle).

What did the study find?

Scalp Results: After 8 weeks, about 66 out of 100 people using roflumilast foam had clear or almost clear scalp skin. Only about 28 out of 100 people using the vehicle had the same result.

Body Results: For body psoriasis, about 45 out of 100 people using the foam saw big improvements, compared to 20 out of 100 using the vehicle.

Itch Relief: Itch improved quickly; many people felt less itchy just one day after starting the foam. By week 8, about 65 out of 100 people had much less scalp itch, and about 63 out of 100 had less body itch.

Adverse events

Most people had no serious side effects. The foam was assessed as easy to use and gentle on the skin. Some mild side effects were reported, such as headaches, diarrhoea, nausea, or cold-like symptoms.

Pros and cons

Roflumilast foam 0.3% may offer some advantages for people with scalp and body psoriasis. It works well on both areas, appears to provide relief from itching – sometimes within just one day – and is easy to use, especially on the scalp where other treatments can be messy.

The foam is gentle, as it contains no alcohol or fragrance, and is generally well tolerated with mostly mild side effects. Many people find that it improves their quality of life and makes it easier to stick to their treatment routine. However, there are some drawbacks.

The main study only lasted eight weeks, so we don't yet know how safe or effective the foam is for long-term use. It was only compared to a placebo, not to other standard treatments, and there is limited information about its use in children. Some people did experience mild side effects like headaches or stomach upset. Finally, the foam is not yet widely available in the UK, as it is still under review.

Why is this important?

Psoriasis on the scalp and body can be hard to treat, especially with hair in the way. This new foam potentially may give people a simple, effective, and gentle option to help clear their skin and reduce itching. Because it is easy to use and brings quick relief, people are more likely to keep using it as prescribed.

Is it available in the UK?

No, but roflumilast cream (brand name Zoryve) is approved in some places for psoriasis. The foam is still being reviewed and is not yet available everywhere in the UK, but these results are promising for the future.

Reference:

Gooderham MJ, Alonso-Llamazares J, Bagel J, et al. Roflumilast Foam, 0.3%, for Psoriasis of the Scalp and Body: The ARRECTOR Phase 3 Randomized Clinical Trial. JAMA Dermatol. Published online May 07, 2025. doi:10.1001/jamadermatol.2025.1136

You may be interested in our ***Scalp Psoriasis*** leaflet, available from our shop **www.papaa.org/shop**

NHS England scrapped

In March, the UK government announced sweeping reforms to the National Health Service (NHS) by abolishing NHS England and bringing its functions back under the Department of Health and Social Care (DHSC). This change, part of prime minister Keir Starmer's "Plan for Change", aims to reduce bureaucracy, save money, and empower NHS staff to deliver better patient care.

Background

- The reforms aim to save hundreds of millions of pounds annually by reducing administrative layers. These savings will be reinvested in frontline services to reduce waiting times.
- Local NHS leaders will gain more autonomy and flexibility to tailor services to community needs, moving away from centralised, compliance-heavy oversight.
- Staff numbers in NHS England and DHSC will be cut by about 50%, with integrated care boards and provider trusts required to halve their running costs by late 2025. The combined workforce is more than 18,000, and savings are estimated at around £500 million.

- The reforms support three key shifts, moving from:
  - analogue to digital systems,
  - sickness treatment to prevention, and
  - hospital-based to community care.
- The NHS will also use its single-payer status to negotiate better procurement deals and adopt new technologies faster.
- Sir James Mackey will serve as transition CEO, with Dr Penny Dash as incoming chair, overseeing the integration and ensuring continued focus on patient care and financial discipline.

Implementation

The integration will take place over two years, led by a transformation team that includes clinical directors for primary and secondary care. The government promises to free local NHS leaders from excessive central control, enabling innovation and better responsiveness to local needs.

Excessive administrative demands have been a major issue. For example, one integrated care system received 97 ad-hoc requests in a single month, on top of regular data submissions, according to Dame Patricia Hewitt's 2023 review. Streamlining these demands will allow staff to focus more on patient care.

Challenges

While the reforms aim to make the NHS more efficient and resilient, there may be transitional challenges amid rising demand and tight budgets.

The government has already made progress by ending resident doctor strikes, increasing appointment availability, and reducing waiting lists.

A modest funding increase of 3-4% is expected next year, but the success of these reforms will depend on effective implementation and maintaining staff morale.

Conclusion

For people with psoriatic disease who need regular specialist care and coordinated treatment, these changes could provide some benefits, such as shorter waiting times which may lead to quicker diagnosis and treatment, helping prevent disease progression. Increased patient choice and improved digital access can make managing appointments and communication with healthcare providers easier. The focus on integrated, personalised care could ensure better coordination between dermatology, rheumatology, and primary care.

However, the success of these reforms depends on smooth implementation and ongoing investment. If done well, they promise more responsive, patient-centred care for those living with psoriatic disease, improving their quality of life and health outcomes. Only time will show if this change provides the additional needs that patients require and demand.

Source:

GOV.UK

https://www.gov.uk/government/news/worlds-largest-quango-scrapped-under-reforms-to-put-patients-first

The pain debates

Did you know that men and women use different biological systems to manage pain? A major new study in the multidisciplinary journal *PNAS Nexus* has revealed striking differences in how men and women experience pain relief when they use self-regulation techniques like mindfulness meditation.

What did the researchers do?

The team studied nearly 100 volunteers, split evenly between men and women. Each participant was exposed to controlled heat pain (a safe but uncomfortable warmth) and asked to rate their pain. They were then taught a mindfulness meditation technique, designed to help reduce pain.

Here's where it gets interesting. Participants were given either a harmless saline drip or naloxone drug that blocks the brain's opioid receptors. Opioids are the body's natural painkillers (like endorphins). By blocking these, the researchers could see whether meditation-based pain relief depended on the body's opioid system.

What did they find?

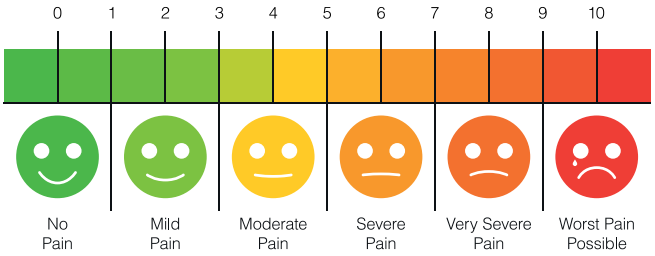
For men, meditation reduced pain but only when their opioid system was active. When naloxone blocked those receptors, the pain relief from meditation vanished. This suggests that men rely on their body's natural opioids for self-managed pain relief.

For women, meditation still reduced pain even when the opioid system was blocked. In other words, women appear to use a different, non-opioid system to manage pain through meditation.

Why does this matter?

This is the first clear evidence that men and women use different biological pathways to control pain. It helps explain why women often experience chronic pain differently, and why opioid medications don't always work as well for them.

As co-author Fadel Zeidan put it: *"There are clear disparities in how pain is managed between men and women, but we haven't seen a clear biological difference in the use of their endogenous systems before now. This study provides the first clear evidence that sex-based differences*



in pain processing are real and need to be taken more seriously when developing and prescribing treatment for pain."

What does this mean for pain management?

If you or someone you know deals with pain, these findings are a game-changer. They suggest that pain treatments may need to be tailored differently for men and women. Mindfulness and meditation can help both, but the way they work in the brain appears to differ.

The next steps are to identify exactly what non-opioid systems women use to manage pain, and to work out how we can harness this knowledge to develop better, more personalised pain relief for everyone.

Conclusion

This study highlights a crucial and previously underappreciated difference in how men and women regulate pain. Understanding that men primarily rely on the body's opioid system for self-managed pain relief, while women engage alternative, non-opioid pathways, opens the door to more personalised and effective treatments. As research continues to unravel these mechanisms, healthcare providers will be better equipped to tailor pain management strategies according to sex, ultimately improving outcomes for everyone living with pain. Recognising and addressing these differences is a vital step towards more compassionate and precise care.

Reference:

Dean JG, Reyes M, Oliva V, Khatib L, Riegner G, Gonzalez N, Posey G, Collie J, Birenbaum J, Chakravarthy K, Wells RE, Goodin B, Fillingim R, Zeidan F, Self-regulated analgesia in males but not females is mediated by endogenous opioids, PNAS Nexus, Volume 3, Issue 10, October 2024.

Imagine walking into a clinic and, in just 20 minutes, gaining a complete picture of how inflammation is affecting your body. Thanks to cutting-edge research, that's now a reality. A ground-breaking total-body PET scanner is transforming the way psoriatic arthritis is diagnosed and managed, offering new hope for thousands of UK patients.

Until now, diagnosing psoriatic arthritis has been a challenge. Doctors have relied on physical examinations and targeted imaging, methods that often miss inflammation hidden deep within the body. This can leave many patients struggling with unexplained pain and stiffness.

The new total-body PET scanner changes everything. This technology provides a full-body view of inflammation in minutes, using a small amount of radioactive sugar to detect active disease. The results are more precise diagnoses, earlier interventions, and lower radiation exposure for patients.

A study by UC Davis Health in California, involving 71 patients with psoriatic arthritis, rheumatoid arthritis, and osteoarthritis, uncovered startling findings. Previously undetected inflammation was found in 15% of joints, 20% of entheses (where tendons and ligaments meet bone), and 13% of nails. Some patients who had been told certain areas were unaffected actually had active disease.

This technology is already making an impact in the UK. In November 2024, a new total-body PET scanner was unveiled at St Thomas' Hospital in London, part of a nationwide effort to revolutionise disease diagnosis. It is up to 40 times more sensitive and 10 times faster than existing machines, meaning patients get results more quickly and with greater accuracy.

Sarah Corfield, one of the first UK patients to use the new scanner, described the experience as a major improvement over traditional scanning: *"The new scanner was a good experience, it felt very open, and not at all claustrophobic. It was much quicker, I was done in 15 minutes, and they told me the images were much higher quality."*

For those living with psoriatic arthritis, this breakthrough could be life-changing. Clinicians will now have a clearer understanding of the disease, leading to better treatments and more personalised care. The technology also has the potential to detect inflammation in other organ systems, aiding research into autoimmune diseases, cancer, dementia, and heart conditions.

The new scanner is part of the National PET Imaging Platform (NPIP), a UK-wide initiative supported by a £32 million investment to improve diagnosis and treatment across multiple diseases. With government backing, more of these scanners are expected to be deployed across the country, offering hope for faster, more effective care.

With its potential to revolutionise diagnosis and treatment, there is growing optimism that total-body PET scanning could become a key tool within the NHS. The ability to detect disease earlier, monitor treatment more effectively, and improve patient outcomes makes this a significant step forward in psoriatic arthritis care and beyond.

As the technology develops and more data is gathered, the impact of total-body PET scanning on healthcare in the UK could be profound, offering patients a clearer path to diagnosis and better long-term management of their condition.

Sources:

UC Davis Health, California.

Department for Science, Innovation & Technology UK

Ultra-processed food

Ultra-processed foods (UPFs) have become a major part of modern diets, especially in Western countries. These foods are made mostly or entirely from substances extracted from foods or synthesised in laboratories, and are often high in sugar, unhealthy fats, salt, and artificial additives. Examples include packaged snacks, sugary drinks, instant noodles, processed meats, and ready-made meals. While they are convenient and appealing, mounting evidence suggests that UPFs can have serious negative effects on health, including an increased risk of chronic inflammatory diseases like psoriasis.

How UPF affects the body

Ultra-processed foods are associated with a higher risk of developing psoriasis because of the way they impact the body's inflammatory and immune systems. Unlike natural or minimally processed foods, UPFs are often low in fibre, vitamins, and minerals, but high in calories and substances that can trigger inflammation. The high levels of refined sugars and unhealthy fats in these foods can lead to spikes in blood sugar and fat levels, which in turn promote chronic, low-grade inflammation throughout the body, which is a key driver of psoriasis flares.

Moreover, many UPFs contain artificial additives, preservatives, and emulsifiers that can disrupt the balance of healthy bacteria in the gut (the gut microbiome). A healthy gut microbiome is essential for regulating the immune system. When this balance is disturbed, it can lead to a 'leaky gut', where harmful substances pass from the gut into the bloodstream, further stimulating the immune system and promoting inflammation. This cycle of inflammation and immune activation is particularly problematic for people who are genetically susceptible to psoriasis, as it can trigger or worsen the condition.[1,2]

Evidence from recent research

A recent large-scale published study provides strong evidence for the link between UPFs and psoriasis.[1] The study followed more than 120,000 adults for nearly 13 years, collecting detailed information about their diets and health outcomes. The researchers found that for every 10% increase in the proportion of UPFs in a person's diet, the risk of developing psoriasis increased by 6%. Those in the highest group of UPF consumption had a 31% higher risk of psoriasis than those in the lowest group.

Importantly, the association between UPF intake and psoriasis remained strong even after accounting for other risk factors such as age, sex, body weight, alcohol intake, and smoking. This suggests that UPFs themselves, not just their contribution to weight gain or other unhealthy habits, play a direct role in increasing psoriasis risk.

The study also found that the risk was even higher for people with a family history of psoriasis, indicating that genetics and diet can interact to further raise the risk. Being overweight explained part of the increased risk, as extra body fat can lead to more inflammation, but the link between UPFs and psoriasis persisted even after adjusting for body mass index (BMI) and markers of inflammation in the blood.

Why is this association important?

Psoriasis is a lifelong condition and is also linked to other health problems like psoriatic arthritis, heart disease, and depression. With UPFs making up a large part of many people's diets today, understanding their role as a modifiable risk factor is crucial.

The good news is that the study found even small dietary changes can make a difference. When people replaced a portion of their UPFs with more natural, unprocessed foods, such as fresh fruits, vegetables, nuts, or plain meats, their risk of psoriasis reduced. This suggests that it's not just about cutting out unhealthy foods, but also about adding more wholesome, nutrient-rich foods to the diet.

Practical implications

This research highlights the powerful connection between diet and skin health. For people with psoriasis, or those at increased risk due to family history, focusing on a diet rich in natural, minimally processed foods is a simple but effective step toward better skin and overall health. Even small changes, like swapping a sugary drink for water or choosing fresh fruit over packaged snacks, can reduce inflammation and lower the risk of psoriasis or its flare-ups.

Beyond psoriasis, reducing UPF intake is likely to benefit overall health, lowering the risk of obesity, diabetes, heart disease, and other inflammatory conditions.[3,4]

Conclusion

In summary, ultra-processed foods are strongly associated with a higher risk of developing psoriasis, largely because they promote inflammation and disrupt the immune system. The recent large study shows that this risk is significant and persists even after accounting for other factors. Since diet is something we can control, making healthier food choices by reducing UPFs and increasing natural, whole foods offers a hopeful and practical way to prevent or manage psoriasis and improve overall wellbeing.

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You may be also interested in PAPAA's information on lifestyle and nutrition, which can be downloaded from our online shop: **www.papaa.org/shop**

Health scams

As healthcare becomes increasingly digital, people with psoriasis and psoriatic arthritis are more connected than ever, accessing information, managing prescriptions, and communicating with healthcare providers online. While these advances offer convenience and improved care, they also bring new risks such as health scams and cyber threats.

Recent news headlines about cyber attacks on large national organisations such as supermarkets and, in some cases, hospitals, demonstrate why the NHS highlights just how real these dangers are.

Here's what you need to know, how to protect yourself, and what the UK is doing to keep patients safe.

What are health scams?

Health scams are tricks used by criminals to steal your money or personal information by pretending to help with your health. These scams can come through emails, texts, phone calls, websites, or social media.

Common examples include:

- **Fake cures and products:** Adverts or emails for miracle creams, pills, or devices that claim to "cure" psoriasis or psoriatic arthritis. These often do not work and can even be harmful.
- **Phishing emails or texts:** Messages that look like they come from the NHS or your GP, asking you to click a link or provide personal details. These are usually fake.
- **Phone scams:** Calls from people pretending to be from your healthcare provider or the NHS, asking for your bank details or NHS number. Real health services will never ask for this information over the phone.

- **Fake prescription services:** Websites offering cheap medicines without a prescription. These can be unsafe or offering counterfeit products.

Why are chronic conditions targeted?

Living with a long-term condition like psoriasis or psoriatic arthritis can be stressful. You may spend a lot of time looking for new treatments or ways to feel better. Scammers know this and may try to trick you with promises of miracle cures or special offers. If you're less familiar with digital technology, it can be even harder to know what's real and what's a scam.

In the news

Recent news has shown that cyber threats to healthcare are not just theoretical.

NHS cyber attacks (2024-2025): Several NHS trusts and hospitals have been targeted by ransomware attacks, temporarily shutting down IT systems, delaying appointments, and risking patient data. In May 2025, a major cyber incident disrupted hospital operations in the South West, highlighting the vulnerability of health services.

- **Data breaches:** In the past year, sensitive health data from private clinics and NHS suppliers has been leaked online after cyber attacks, putting patients' privacy at risk.
- **Fake NHS messages:** Authorities have warned about a surge in phishing texts and emails claiming to be from the NHS, especially around vaccine campaigns and digital prescription services.

These incidents show that both individuals and the health system itself need to be vigilant.

What can I do?

To protect yourself from health scams and cyber threats, it's important to be vigilant with all messages and calls you receive.

Avoid clicking on links in emails or texts from unknown senders, and never share personal information such as your NHS number, passwords, or bank details with anyone who contacts you unexpectedly.

If you're ever unsure about a message or call, it's best to hang up or delete the message and then contact your GP or hospital using a trusted, official

number. When seeking health information, booking appointments, or ordering prescriptions, always use the official NHS website (www.nhs.uk) or the NHS App, and avoid downloading health apps or purchasing medicines from unfamiliar websites.

Be cautious of any product or treatment that promises a quick fix or miracle cure for psoriasis or psoriatic arthritis. If it sounds too good to be true, it probably is, so always consult your doctor or nurse before trying anything new.

Keep your devices secure by ensuring your phone, tablet, or computer is updated with the latest software, use strong, unique passwords, and enable two-step verification whenever possible.

If you have any doubts about the legitimacy of something online, don't hesitate to ask a family member, friend, pharmacist, support group, or your doctor for advice. Regularly check your health records through the NHS App or online services for any unusual activity, such as appointments you didn't make, and report anything suspicious to your GP or the NHS immediately.

Finally, if you suspect you've been targeted by a scam, tell someone you trust and report it to Action Fraud or your healthcare provider to help protect yourself and others (call 0300 123 2040 or visit www.actionfraud.police.uk).

What is being done?

The UK Government Counter Fraud Functional Strategy (2024-2027) focuses on detecting and preventing fraud against the public sector, including the NHS. The Public Authorities (Fraud, Error and Recovery) Bill grants authorities additional power to investigate and combat fraud. Starting in September 2025, a new offence, "failure to prevent fraud", will make it easier to hold organisations accountable if they fail to stop fraud committed by their employees.

The government is working with social media companies to take down scam posts and warn the public about common frauds, including fake health products and phishing messages.

Cyber Security and Resilience Bill (expected 2025): This new law will require NHS suppliers and service providers to meet strict cyber security standards to protect patient data and keep services running, even during a cyber attack. Organisations will have to report

more cyber incidents, helping the government spot threats faster and improve defences.

NHS groups have their own cyber security plans, including regular staff training and better risk management. The Department of Health and Social Care aims for all health and social care organisations to be cyber-resilient by 2030.

What does this mean for you?

- The NHS and its partners are working to keep your health records and online appointments safe from hackers.
- New laws and strategies make it harder for scammers to trick you with fake treatments or phishing messages.
- There are more resources and trained staff to help spot scams and cyber threats, and to offer advice if you're unsure about something online.

Final tips

Staying safe online is important for everyone, especially if you live with a chronic condition like psoriatic disease. By being careful and asking for help when you need it, you can protect yourself from scams and keep your health information safe. Remember, your GP, healthcare provider and the NHS are there to help you. If you have any doubts, ask them.

Sources:
https://digital.nhs.uk
www.actionfraud.police.uk

Delays in diagnosis

Delays in diagnosing and treating psoriatic arthritis are potentially causing irreparable damage to people's health. This damage could be avoided by catching the condition earlier and treating it effectively, according to research led by scientists in the Department of Life Sciences at the University of Bath.

The new study, published recently in the *Annals of the Rheumatic Diseases*, evaluated exactly where diagnostic delays are occurring and the treatments people are receiving. The results confirm a suspicion, long held by the authors, that early symptoms of psoriatic arthritis (PsA) often persist for some time before the condition is diagnosed and treated.

The researchers are calling for improved diagnostic systems to be established, where people with PsA and the doctors treating them are supported to recognise the initial phases, and diagnostic scans are offered earlier. A prompt response can prevent joint damage and reduce pain and inflammation, resulting in far better physical function and quality of life for most patients.

The study was led by Dr William Tillett, a researcher at the University of Bath and a consultant rheumatologist at the Royal National Hospital for Rheumatic Diseases (RNHRD), which is based at the Royal United Hospitals trust in Bath. He said: *"Work from our group and other researchers shows that delays to diagnosis of just six months can result in worse physical function for a patient in ten years, so diagnosing and treating the disease early, to prevent structural damage and preserve function, is vitally important."*

He added: *"This disease can have a massive impact on people's lives and make it difficult for them to work and manage regular daily activities."*

Visible signs of PsA appear months or even years before a person develops the full-blown condition, generally giving clinicians plenty of time to intervene with appropriate treatment. However, signs are variable and can include the rash of psoriasis, joint stiffness, lower back pain, fatigue, swollen fingers and toes, and changes to the quality of finger and toenails. These signs can easily be confused for less serious chronic conditions, leading to misdiagnoses. As a result, valuable time is often lost before a patient is referred to a specialist, leading to delays in the diagnosis and treatment of PsA.

Elaborating, Dr Tillett said: *"With rheumatoid arthritis, symptoms are quickly visible, so the condition is generally diagnosed without too much delay. It's harder to detect inflammation in the joints affected by psoriatic arthritis, as these joints, such as those in the spine, are often not visible, and it takes an ultrasound to see the damage. Too often, scans don't happen for some time after the patient starts noticing symptoms."*

For the new study, funded by Janssen Pharmaceuticals, the authors collaborated with the British Society of Rheumatology and National Early Inflammatory Arthritis Audit to evaluate people who were diagnosed with PsA between May 2018 and October 2019, and explore why there were delays in diagnosis.

The reasons were found to be multiple: people are slow to present to their GP with symptoms, and once patients find their way to a specialist, there is a long wait before diagnostic tests are carried out. The reasons for the delays between seeing a specialist and undergoing a

scan remain unclear. The researchers plan to investigate this issue further in future studies.

The research team believes screening people at high risk of developing psoriatic arthritis, along with more streamlined diagnostic facilities, are essential interventions to stop the occurrence of irreversible damage.

Dr Rachel Charlton, the study's first author and a life sciences researcher at Bath, said: *"We need more education around clinicians assessing people with arthritic symptoms and better access to scans. We also need to focus on early intensive treatment before damage sets in; there is a window of opportunity that we may be missing at the moment."*

In future work, the researchers plan to probe the experiences of patients and clinicians in the face of PsA, to develop a fuller picture of the reasons behind diagnostic delays.

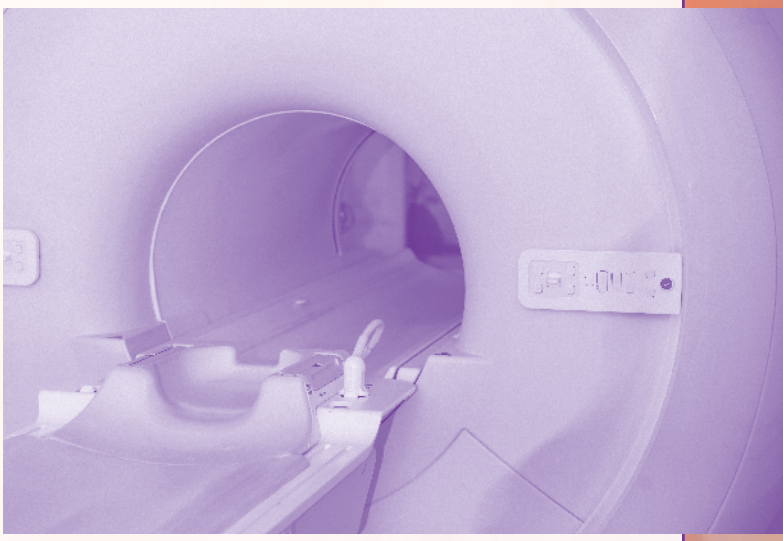
Predicting a patient's risk

In a separate study on PsA, also published recently, researchers from the University of Bath and the RNHRD investigated the possibility of predicting a patient's risk of developing PsA based on information collected routinely in their GP records.

Alex Rudge, a PhD student in the Department of Mathematical Sciences at Bath, used a statistical model (a system for analysing data) to interpret information from a massive database originating from primary care practices across the country.

His model found some important indicators of PsA, including patterns of symptoms and medicine use, that may in time help clinicians identify a person at risk of developing PsA. It is hoped that a software tool will eventually be developed to flag at-risk patients to their GP, thereby reducing the time between experiencing early symptoms and diagnosis.

Mr Rudge said: *"The software would say: We've identified a person who is showing an interesting pattern, based on their symptoms and prescriptions; have you considered psoriatic arthritis?"*



Improving the detection of debilitating diseases and improving outcomes are priorities for most countries in the global north and are at the heart of the NHS Long Term Plan.

"If clinicians were to focus their attention on people who are considered at higher risk, they could be more targeted in the way they care for patients, and screening would be more cost-effective for the health service," said Dr Tillett, who supervised the database project.

Dr Liz Price, national clinical lead for the National Early Inflammatory Arthritis Audit (NEIAA) at the British Society for Rheumatology, said: *"The NEIAA has been running since 2018, intending to improve standards of care for patients with early inflammatory arthritis. From the outset, it was apparent that early treatment improved outcomes, and 60% of patients in England and Wales now start disease-modifying drugs within six weeks of treatment. However, variation in care still exists, and we must understand the factors behind this to ensure that care is improved for everyone with inflammatory arthritis. Studies such as these, which utilise the data collected by the audit, are an important way of identifying sub-groups where care is suboptimal, raising awareness and allowing targeting of resources to improve outcomes across the patient population."*

Source:
University of Bath
News release April 2025

The cross-sector Commission for Healthier Working Lives has called for a new focus on early intervention to prevent rising numbers of people with health conditions leaving employment.

The Commission's report, published recently, recommends a new approach to support people in ill health before they are forced to leave work, in place of the current system where help is provided only when people are on benefits or have left the workforce.

The report has been released as ministers discuss reforms to the welfare system ahead of a government green paper on health and disability expected in the coming weeks. The Commission argues that supporting more people to stay in work is essential to increase economic growth, reduce the benefits bill and build a healthier UK.

With more than eight million people reporting a work-limiting condition, the deteriorating health of the workforce, particularly young people, presents an increasing risk to employers, public finances and people's wellbeing. The Commission, comprising employers, worker representatives and policy experts, concludes that the current system of support for people in poor health is fragmented, inconsistent and too focused on helping people after they have left work, rather than supporting those in work. It argues that a new partnership between government, businesses and individuals is needed to deliver the long-term changes needed.

The report is published alongside new research highlighting significant concern among businesses about employee health, with 51% of employers saying they expect workforce health challenges to increase over the next five years. Employers cited higher workloads for team members (54%), reduced productivity among affected employees (40%), and increased stress and burnout for managers (39%) as the top three impacts of poor workforce health on their business.

Initial modelling for the Commission suggests that its proposals for a more proactive approach to employee health could keep at least 100,000 more people in work over the next five years. The report includes recommendations to:

- review job design, accessibility and best practice in workforce health and retention, with a focus on priority sectors such as health and social care, transport and education, and tailored support to ease the burden on small and medium-sized enterprises (SMEs);
- roll out a caseworker-led service to provide independent advice to employers, advocacy for workers and referrals to wider support, ensuring that action is taken before people fall out of employment;
- review statutory sick pay to improve financial security for people when they fall unwell and ensure it does more to keep people in work, coupled with help for businesses to manage any additional costs;

- introduce a vocational rehabilitation benefit to support people for up to 12 months to help them stay in work after statutory sick pay ends; and
- introduce a bold new back-to-work offer guaranteeing that people will not lose their benefits for at least 18 months if they are trying to get back into work.

More than eight million people (20% of the working-age population) now report a long-term health condition that limits their ability to work, an increase of two million over the past decade. Analysis for the Commission shows that around 300,000 people a year move from being in work to being out of the workforce with a work-limiting health condition. Once people leave employment due to ill health, it is very difficult for them to return, with only 3% of people with work-limiting health conditions returning to employment after 12 months out of work.

Losing work can have serious and lasting effects on people's income, health and wellbeing, as their confidence, skills, and workplace connections decline over time, with young people particularly affected. The wider costs to government and the economy of health-related job loss are also significant and growing, acting as a brake on economic growth and leading to rising spending on incapacity benefits.

Sacha Romanovitch OBE, chair of the Commission for Healthier Working Lives, said:

"Intervening early can help people with health conditions to stay healthy and in work. It's vital that government and employers work in partnership to remove the barriers that force people with health conditions to leave work, so that individuals, businesses and our economy can thrive.

"We know that good work can help people feel a sense of purpose, social connection, and financial security. Too often, thinking on this can be binary and unhelpful. We know that many people with health conditions want to work but they need the right support, at the right time. To help people stay in work we need good job design, case worker-led support and a welfare system that truly makes work pay, however many hours they work. People are being let down by the current system and this has to change."

Jo Bibby, director of health at the Health Foundation, said:

"A healthier workforce is essential to delivering economic growth. Yet, the current support for people in poor health isn't working – for them or for employers. Nor have historic approaches to reducing benefits, with the welfare bill continuing to rise. A new approach is needed - one that helps people with health conditions to get back to work quickly and prevents them from leaving in the first place.

"Taken together, the practical recommendations in today's report would improve the advice and support available to employers, strengthen workplace support for employees and build a fairer benefits system. The prize is a healthier, more productive workforce and more opportunities for those currently excluded from work."

Source:
The Health Foundation

Psoriasis and endometriosis

Recent research has shed light on a possible connection between psoriasis and endometriosis. While these conditions may appear unrelated at first glance, emerging evidence suggests there may be important links, particularly when psoriasis is accompanied by joint involvement.

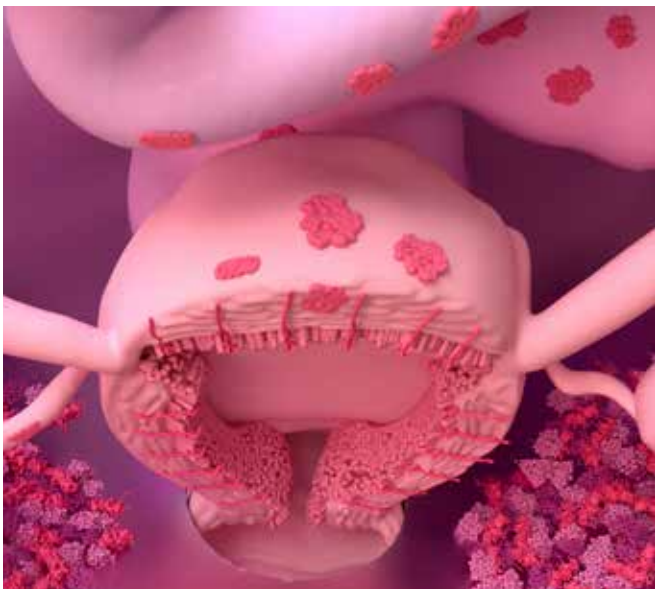
What is endometriosis?

Endometriosis affects women and is a condition in which tissue similar to the lining of the uterus grows outside the womb. This can result in significant pelvic pain, heavy menstrual bleeding, and, in some cases, infertility.

What does the research show?

A large-scale study, following over 100,000 women for more than 20 years, investigated the relationship between psoriasis, psoriatic arthritis, and endometriosis. The key findings were as follows:

- psoriasis alone does not appear to increase the risk of developing endometriosis;
- psoriatic arthritis (psoriasis with joint pain and swelling) is associated with approximately double the risk of developing endometriosis compared to women without these conditions;
- the association is primarily in one direction: women with psoriatic arthritis are more likely to develop endometriosis, but women with endometriosis are not necessarily at higher risk of developing psoriasis or psoriatic arthritis.



What is the link?

Both psoriasis (particularly psoriatic arthritis) and endometriosis involve immune system dysregulation and chronic inflammation. In both conditions, the immune system can mistakenly target the body's tissues, leading to pain and other symptoms. Researchers believe that shared genetic and immunological factors may explain why these diseases sometimes occur together.

If you have psoriasis and begin to experience joint pain or swelling, it is important to inform your healthcare provider, as this may indicate the development of psoriatic arthritis. Additionally, if you experience symptoms such as severe menstrual pain or difficulty conceiving, it may be worthwhile to discuss the possibility of endometriosis with your doctor.

Why is this important?

Both psoriasis (especially with joint involvement) and endometriosis can significantly impact quality of life, causing pain, fatigue, and emotional distress. Awareness of the potential connection between these conditions can facilitate earlier diagnosis and more effective management.

Conclusion

In summary, while psoriasis on its own does not appear to increase the risk of endometriosis, women who develop psoriatic arthritis may face a significantly higher likelihood of experiencing both conditions. This connection highlights the important role of the immune system and inflammation in both diseases. For individuals living with psoriasis, especially those who notice new joint symptoms or severe menstrual pain, open communication with healthcare providers is essential.

Early recognition and comprehensive management can help improve quality of life and ensure that both conditions are addressed promptly and effectively. Staying informed and proactive are key to achieving the best possible health outcomes. If you have psoriasis with joint symptoms and also experience severe menstrual pain or fertility issues, consult your healthcare provider.

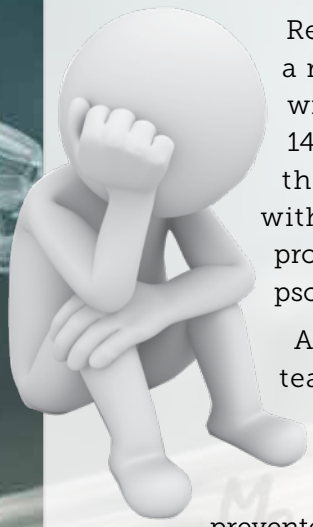
Reference:

Dominguez, F. et al. (2023). Bidirectional Association Between Psoriasis/Psoriatic Arthritis and Endometriosis: Results from Nurses' Health Study II. JAMA Dermatology, 159(3), 282–290.

Stress and flares

It is well recognised that stress tends to make psoriasis worse, but recent research provides compelling evidence that it may actually trigger relapses.

In this fascinating study, 25 immunodeficient mice with human psoriatic skin grafts were treated initially with topical steroids to completely heal the skin lesions. The mice were then exposed either to sound stress or no sound for a period of 24 hours, with the recurrence of psoriasis tracked over the following 14 days.



Remarkably, sonic stress led to a relapse of psoriasis in all mice with human skin grafts within 14 days. This included increasing thickness of the epidermis, with inflammation and cellular proliferation – all key elements of psoriasis.

At the same time, the research team tested the efficacy of an anti-nausea drug, aprepitant, which is usually used in chemotherapy. Aprepitant prevented relapse of psoriasis in 80% of cases and normalised most inflammatory markers.

Comment:

The study underscores the complex link between the nervous system and the immune response in psoriasis. It also offers a potentially effective treatment for stress-induced psoriasis flares, though much more work is needed before aprepitant could be routinely used in this context.

Reference:

Presentation at the European Academy of Dermatology and Venereology (EADV) Congress, September 2024.

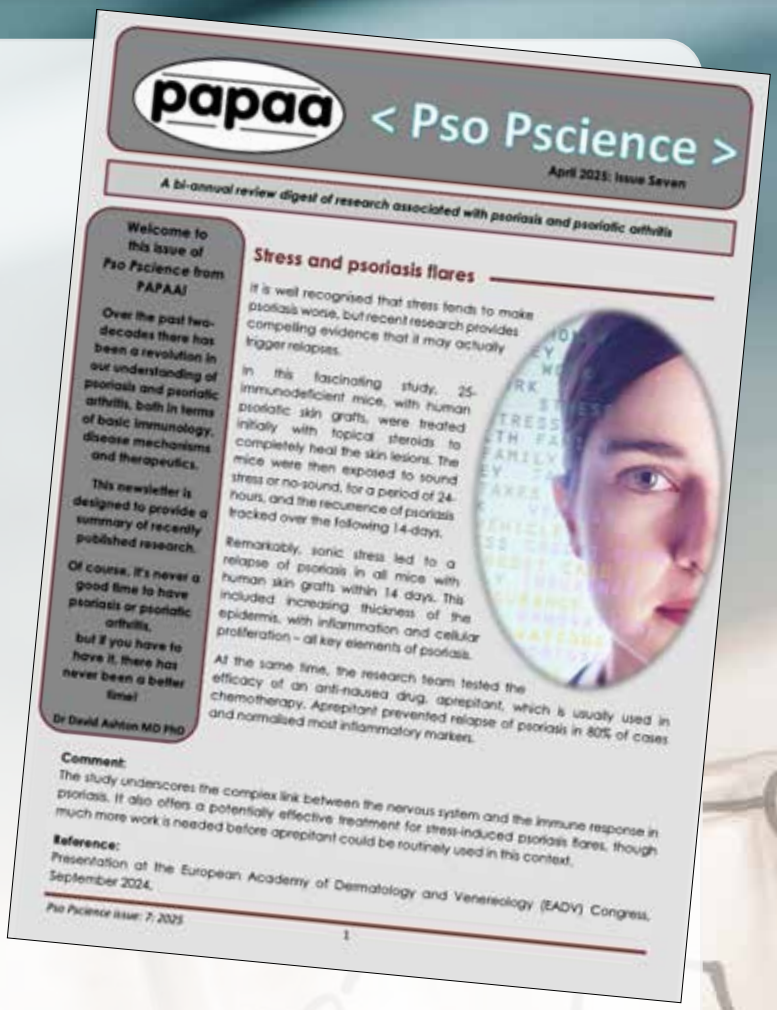
Childhood obesity and psoriasis

A remarkable study from Korea shows how childhood obesity can contribute to the development of common immune-mediated skin diseases (IMSDs), such as alopecia areata, atopic dermatitis, and psoriasis. These conditions have a significant detrimental effect on the quality of life for both the children and their families. Childhood obesity rates have surged in recent years, compounded by the impact of the Covid-19 pandemic and lockdown.

Numerous studies have examined the association between obesity and skin disease in children, but they have mostly been based around a particular point in time. Very few studies have followed children over an extended period to see how their body weight affects the development of these skin conditions.

This study is remarkable in that it used a national database to investigate the relationship between obesity or changes in body weight and the development of skin disease in more than two million Korean children, followed between 2009 and 2020.

The results demonstrated that childhood obesity is associated with an increased risk for all skin diseases – alopecia, dermatitis, and psoriasis. However, the strongest association for weight and


papaa < Pso Pscience >

April 2025: Issue Seven

A bi-annual review digest of research associated with psoriasis and psoriatic arthritis

Welcome to this issue of Pso Pscience from PAPAA!

Over the past two-decades there has been a revolution in our understanding of psoriasis and psoriatic arthritis, both in terms of basic immunology, disease mechanisms and therapeutics.

This newsletter is designed to provide a summary of recently published research.

Of course, it's never a good time to have psoriasis or psoriatic arthritis, but if you have to have it, there has never been a better time!

Dr David Ashton MD PhD

Stress and psoriasis flares

It is well recognised that stress tends to make psoriasis worse, but recent research provides compelling evidence that it may actually trigger relapses.

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Pso Pscience issue: 7: 2025

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weight change, was for atopic dermatitis. Children who gained weight (normal to overweight) had a higher risk of developing atopic dermatitis than children who maintained their normal weight, and children who lost weight (overweight to normal) had a lower risk of developing atopic dermatitis than children who maintained their overweight.

Comment:

This study unambiguously shows that obesity is a significant predictor of skin diseases – including psoriasis – in childhood, though the precise mechanisms involved remain unclear. Targeted interventions, primarily through physical activity and nutrition, are fundamental to preventing obesity in childhood and thus reducing the risk of IMSDs.

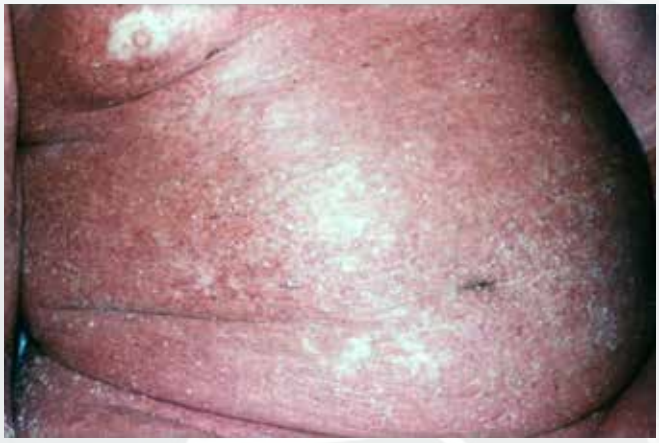
Reference:

Seong Rae Kim, Seong-Joon Koh, Hyunsun Park. Childhood Obesity, Weight Change, and Pediatric Immune-Mediated Skin Diseases. Journal of Investigative Dermatology, 2024, 144:1975-1984.

Two in one

Numerous studies confirm that obesity is a risk factor for psoriasis, with rates of obesity and overweight being significantly higher in psoriatic patients. It is also well recognised that weight reduction may reduce the severity of psoriasis in overweight individuals. This is because both obesity and psoriasis have a common origin: inflammation.

Over the last few years, the advent of a new generation of weight loss drugs, such as semaglutide (Ozempic) has ushered in a revolution in treatment for the overweight and obese. The latest addition to this rapidly expanding family of medications is tirzepatide (Zepbound or Mounjaro). Given the observation that weight loss improves psoriasis, it might be expected that these drugs would have a similar effect, through a reduction in obesity-associated inflammation. A recent study showed exactly this. A 73-year-old male patient with diabetes and severe plaque psoriasis underwent treatment with semaglutide. Not only did he lose weight and improve his diabetes, but there was dramatic improvement in his psoriasis.



However, along with the growing list of weight-loss drugs, we continue to see new biologic treatments for psoriasis, the latest being ixekizumab (Taltz). So, the obvious next step in the treatment of overweight or obese psoriatic patients would seem to be a combination of tirzepatide and ixekizumab. And this is precisely what is happening.

Eli Lilly & Co. is set to begin recruiting for trials to test a combination of tirzepatide (Zepbound) with ixekizumab (Taltz) and, according to reports, is also exploring combination studies with Zepbound in inflammatory bowel disease.

Comment

The combination of an effective weight-loss treatment with a biologic in the management of overweight patients with psoriasis would be a game-changer. While drug trials invariably take longer than anticipated, it is reasonable to think that this new combination therapy could be available in the next two or three years.

Nabokov and psoriasis

Vladimir Nabokov (1899-1977) was one of the greatest writers of the twentieth century, best known for his novel *Lolita*, which was published in France in 1954.

Many reports refer to the fact that Nabokov suffered with chronic psoriasis, but few have had much to say about its psychological impact on the writer. However, a research letter published some years ago in the British Journal of Dermatology has suggested that the condition caused Nabokov considerable distress.

Researchers analysed Nabokov's letters to his wife written between 1923 until his death in 1977 and found that psoriasis was a recurring theme. He complains that his skin was extremely itchy, causing severe insomnia and a depressed mood – a common complaint among psoriasis sufferers. He writes:

"I don't sleep at night because of its furious itchy – and this greatly affects my mood", and "Sometimes I simply thought I was losing my mind."

He also complains about stigmatisation and worries about his personal hygiene. He says that he has *"...constant thoughts about my bloody underwear .... and the scales pouring down on the carpet."*

The researchers speculate that a particularly severe flare of psoriasis that occurred during Nabokov's time in France may have been linked to the stress of being unfaithful to his wife. Adultery is a theme addressed in Nabokov's work, notably in novels such as *Lolita* and *Pnin*. So, severe though his psoriasis clearly was, it evidently did not get in the way of his infidelity.

Comment

This fascinating report paints a vivid picture of a man tormented by his psoriasis and struggling to deal with his anxiety and sense of shame. Of course, at the time when Nabokov was writing and long after his death, psycho-dermatology – the management of psychosocial impact of skin conditions – did not even exist as a discipline. Treatments for psoriasis have come a very long way since Nabokov's time, as has the availability of psychological support. Nevertheless, Nabokov's

experiences remain a powerful testimony even today and serve to highlight how important it is for patients to feel in control of their condition and fully engaged with both the physical and psychological aspects of their treatment.

Reference:

Rousset L, Halioua B. The psychological impact of psoriasis on Vladimir Nabokov British Journal of Dermatology, 2019; 80, 925-926.

Pso Pscience is written and brought together by PAPAA senior medical advisor Dr David Ashton MD PhD.

To read/download all issues go to:
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www.papaa.org/news/digital-newsletter/

Making a difference

At PAPAA, we believe no one should face the challenges of psoriasis and psoriatic arthritis alone. Our mission is to provide everyone affected by these conditions with the best resources, and trusted information, they need to live healthier lives.

How we help

- **Informed choices:** We provide clear, reliable information to help people manage their conditions confidently.
- **Real stories:** People living with psoriatic disease share their experiences to inspire and show that no one is alone.
- **Interactive tools:** From self-help programmes to helpful articles, we aim to give people the tools to take charge of their health.

Creating change

We work to improve lives through education, research, and advocacy. By supporting medical research and training healthcare professionals, we aim to make sure people with psoriatic disease get the care they deserve.

How we are helped

PAPAA depends on supporters to drive its mission.

Here's how you can help:

Fundraise:

Organise events or nominate PAPAA to receive funds.

Subscribe:

Stay updated on research and ways to help.

Spread awareness:

Share materials and raise awareness.

Donate:

Fund vital resources for those living with psoriatic disease.

Give regularly:

Boost impact through regular donations and Gift Aid.

Volunteer:

Support research, review materials, and advocate for the cause.

Supporters: Make PAPAA's work possible and change lives.

Why support matters

Psoriasis and psoriatic arthritis affect millions, but too many still lack the knowledge they need. Help, whether through donations, fundraising, or raising awareness, makes a real difference. Together, we can ensure that no one faces psoriatic disease alone.

PAPAA is funded by donations, subscriptions, and grants, ensuring our work remains independent and focused on the needs of people with psoriatic disease. This means that all support provides an ongoing legacy for today and tomorrow.

Together, we can create change. Visit our website to learn more and get involved: **www.papaa.org/donate**

www.papaa.org