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Dear Reader

This issue reminds us that psoriatic disease reaches beyond the skin, affecting joints, eyes, heart, metabolism, and sleep (see page 3 and pages 4-5 for eye involvement).

Our collection highlights the growing importance of holistic care and early intervention.

Thanks to global collaboration and advances in treatment, including biologics and new therapies (pages 6 and 19), there is increasing hope for better health worldwide. Practical guidance on navigating work life (pages 8-9), pregnancy and fertility (pages 14-15), and emergencies (page 13) empowers individuals to live confidently and safely.

Together, through education and innovation, we are transforming lives. This issue champions whole-person care with optimism, showing that with knowledge and support, a brighter, healthier future is within reach.

Managing editor

Transparency:

To uphold our independence and provide unbiased support and information, we primarily rely on donations, subscriptions, grants, and other sources of not-for-profit income. When we collaborate with for-profit organisations, we follow strict guidelines to protect our integrity. If the organisation is a pharmaceutical company, we also comply with ABPI standards. All partnerships are evaluated transparently to ensure they align with our mission and benefit our constituents.

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Disclaimer

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.

We believe that at the time of printing all information is correct and cannot be held responsible for any inaccuracies that may occur, nor do we endorse any products that may appear in this journal.

All opinions are of the contributors and not necessarily those of the Psoriasis and Psoriatic Arthritis Alliance.

Always consult your own doctor or medical healthcare provider.

PAPAA is an independently funded UK patient-centred charity that supports both patients and professionals by providing material that can be trusted (evidence based), which has been approved and contains no bias or agendas

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:

Early intervention can make a difference

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Psoriasis is more than a matter of skin symptoms. Even if you're familiar with its usual flare-ups, it's important to recognise how psoriasis can impact overall health and bring other challenges that often go unseen.

Joint issues are a significant concern. Psoriatic arthritis develops in about one third of people with psoriasis, causing stiff, swollen, often painful joints. Early diagnosis and treatment are essential to limit long-term damage and keep you moving comfortably.

Heart and blood vessel health should be on your radar, too. Chronic inflammation in psoriasis doesn't stop at the skin; it also affects the cardiovascular system. This increases the risk of heart attacks and strokes, even in those with no obvious risk factors. Testing often shows higher levels of inflammatory markers in people with psoriasis, but systemic treatments can help protect blood vessels and lower the risk.

The connection with metabolic health means paying attention to weight, blood pressure, cholesterol, and blood sugar levels. Psoriasis is more common in people with metabolic syndrome, an overlap of insulin resistance, type 2 diabetes, obesity, and high cholesterol, which itself raises cardiovascular risk. Managing these alongside psoriasis can make a real difference for long-term health and is highlighted in current European and UK recommendations.

Mental health deserves equal attention. Anxiety and depression are more frequent in people with



psoriasis, not just because of how the disease looks or feels but also due to its chronic nature. Seeking help and addressing emotional wellbeing are as important as physical treatments.

Other associated conditions, including inflammatory bowel diseases and some liver problems, occur more often in people with psoriasis and may need regular screening and monitoring.

The good news is that modern treatments, including biologics, can help manage systemic inflammation and improve a range of health markers, not just skin symptoms. European, UK, and American guidelines now recommend regular comorbidity screening and a multidisciplinary approach to care, making sure management is tailored to each person's health profile.

Working with your healthcare team to closely monitor and manage these overlapping risks can lead to a healthier, more comfortable life.

Selected recent publications:

- Amara S, et al. Psoriasis management tree based on comorbidity. *Int J Dermatol*. 2025.
- Bernardini N, et al. Psoriasis severity, comorbidity burden, and biologic therapy: An update. *Journal of Dermatological Treatment*, 2025.
- Chen W et al. Comorbidity Pattern in Patients with Moderate-to-Severe Plaque Psoriasis: Network Analysis of a Hospitalized Database in China. *Clin Cosmet Investig Dermatol*. 2025.



This article follows on from *Beyond the skin* on page 3, which explored how psoriasis can affect joints, the heart, and other organs through widespread inflammation. Here, we look at another part of the body that can be affected, the eyes. Psoriatic eye involvement may be less recognised, but awareness can make a vital difference in protecting long-term vision and overall health.

When inflammation reaches the eyes

Psoriatic disease begins with inflammation, and that same process can sometimes affect the eyes. The most common eye condition linked to psoriasis and psoriatic arthritis is uveitis, an inflammation inside the eye that can cause pain, light sensitivity, and blurred vision.

The uvea is the middle layer of the eye, made up of the iris (the coloured part), the ciliary body, and the choroid. Inflammation here is called uveitis, and it may involve:

- the front of the eye (anterior uveitis)
- the middle section (intermediate uveitis)
- the back part (posterior uveitis), or, more rarely,
- the whole of the uvea (panuveitis).

Anterior uveitis is the type most often seen with psoriatic disease. Symptoms usually



appear suddenly and may include red or painful eyes, blurred or hazy vision, tiny moving spots or threads called floaters, and sensitivity to light. If left untreated, inflammation can damage eye structures and cause long-term vision problems.

Why can psoriatic inflammation affect the eyes?

Psoriasis and psoriatic arthritis are systemic inflammatory conditions, meaning the inflammation can reach well beyond skin or joints. The immune system becomes overactive, sending signals that mistakenly inflame healthy tissues.

Research shows that people with psoriasis are more likely to develop uveitis than the general population. Around 2 in every 100 people with psoriasis may experience it at some point, and the risk is higher in those who also have psoriatic arthritis.

Uveitis linked to psoriatic disease can affect one or both eyes. It may last for weeks or months and sometimes becomes chronic, recurring from time to time. It can even occur years after the first signs of psoriasis.

Recognising symptoms early

The tricky part about uveitis is how its warning signs can mimic more common eye issues, such as dryness or infection. Because damage can develop quickly, it's vital not to ignore new or unusual symptoms.

See a doctor, optician, or ophthalmologist promptly if you notice any of the symptoms described above. Early examination and treatment can stop inflammation before complications arise.

Diagnosis and treatment

An ophthalmologist will check for uveitis using a special microscope called a slit lamp and may suggest eye scans or blood tests to look for possible underlying causes.

Treatment depends on the type and severity, but aims to calm inflammation quickly and protect the eye from damage. Options may include:

- corticosteroid eye drops, tablets, or injections
- pupil-dilating drops to prevent scarring inside the eye, or
- immunosuppressant or biologic medicines to manage persistent inflammation.

Some of the same biologic medicines that treat psoriasis and psoriatic arthritis, such as those targeting TNF-alpha, also help reduce the risk and recurrence of uveitis by addressing the underlying immune activity.

Because psoriatic disease can affect several systems, clear communication between your dermatologist, rheumatologist, and ophthalmologist is essential for long-term success.

Caring for your eyes every day

Taking small steps can help keep your eyes healthier and more comfortable.

- Schedule regular eye checks, even if you have no symptoms
- Protect your eyes from strong sunlight with ultraviolet (UV) blocking sunglasses
- Avoid rubbing your eyes if they feel irritated
- Keep your general health in check; managing blood pressure, avoiding smoking, and maintaining a healthy weight all help reduce inflammatory stress on the body.



Simple awareness and routine care give you the best chance of preventing flare-ups and protecting your sight over time.

A complete picture of psoriatic health

Psoriatic disease affects the body as a whole. Joints, blood vessels, metabolism, and vision all connect through inflammation. The better we understand these links, the better we can manage health as a complete system rather than as separate parts.

For those already living with psoriasis or psoriatic arthritis, that means staying proactive: looking after skin, joints, heart health, mental wellbeing, and eyes, together. With modern treatments and joined-up care between specialists, it is now possible not only to control flares but to protect long-term health and quality of life.

Selected source references:

- Fotiadou C, et al. Psoriasis and uveitis: links and risks. PMC – PubMed Central. 2019.
- Hijazi N, et al. The risk factors for uveitis among psoriatic arthritis patients: a population-based cohort study. PubMed. 2024.
- Lambert JR, et al. Eye inflammation in psoriatic arthritis. PubMed. 1976.

Psoriatic disease affects millions worldwide, yet the experience of living with it, and the quality of care available, can vary dramatically depending on where someone lives. This chronic condition, which combines the challenges of visible skin inflammation and complex joint problems, exposes broader issues of global healthcare disparities, advances in medicine, and the critical need for patient-centred care.

Globally, psoriatic disease impacts more than 125 million people, but the burden is unevenly shared. Wealthier countries with advanced healthcare systems often report higher prevalence due to better diagnosis and reporting, alongside genetic and environmental factors. Conversely, in many lower-income regions, access to basic dermatology or rheumatology services can be scarce, leaving many patients untreated or diagnosed too late. Within most countries, urban centres usually offer far superior resources compared to rural or underserved areas.

Keeping pace with rapid advances in psoriatic disease treatment is a formidable challenge. Revolutionary therapies such as biologics and targeted synthetic drugs are transforming lives, while technologies using artificial intelligence improve early diagnosis and personalised care. However, not all healthcare providers worldwide can access these innovations. Updating clinical guidelines, training clinicians, and reconfiguring healthcare infrastructure takes time, producing a gap between scientific progress and the realities patients face.

Delivering truly patient-centred care becomes both a challenge and a beacon of hope. It requires clinicians to look beyond disease control to the whole person, acknowledging symptoms, mental health, social needs, and personal goals. This approach calls for shared decision-making, compassionate communication, and holistic management addressing physical and psychological impacts. Structural barriers such as limited specialist availability, medication rationing, and cultural differences can obstruct these ideals. Yet, these challenges present opportunities: leveraging technology, fostering multidisciplinary collaborations, expanding education, and advocating to empower patients and healthcare teams.



Positive global movements offer hope. International collaborations strive to harmonise guidelines, creating adaptable frameworks sensitive to local needs. Awareness campaigns, like World Psoriasis Day last October, spotlight the disease's systemic effects to fight stigma, and promote inclusion. Integrating mental health support and comorbidity screening into standard care is on the rise, shifting toward whole-person health.

The call to action is clear. Improving outcomes demands more than medical breakthroughs. It requires sensitivity to regional and social nuances, investment in education and infrastructure, and centring patient voices in healthcare design. Only through such multifaceted efforts can we close the gap between scientific promise and lived experience, ensuring every person with psoriatic disease receives care that heals, supports, and respects their entire life.

We are committed to this cause. Through accredited education based on real patient stories, we deepen healthcare professionals' understanding worldwide. Our trusted, evidence-based resources bridge knowledge gaps, promote early diagnosis, and support effective treatments.

By empowering clinicians and patients alike, our global education efforts drive better care, improved outcomes, and stronger partnerships, turning challenges into lasting opportunities across borders and communities.

See how we support healthcare professionals, not just in the UK but globally, at:
www.papaa.org/hcp

Diet is increasingly recognised as an important factor that may influence disease activity and patient quality of life. Recent studies show that specific dietary patterns can impact inflammation pathways central to psoriatic arthritis (PsA). Anti-inflammatory diets, such as the Mediterranean diet rich in whole grains, fruits, vegetables, nuts, and olive oil, have been associated with reduced disease activity and improved quality of life in PsA patients. This diet's benefits may stem from healthy fats like oleic acid and antioxidant compounds that reduce inflammatory markers such as cytokines and C-reactive protein (CRP).



Low-calorie diets: potential risks

Interestingly, genetic research suggests that very low-calorie diets might slightly increase the risk of developing PsA. This counterintuitive finding highlights that excessive calorie restriction can lead to nutrient deficiencies that disrupt immune regulation, potentially triggering inflammation in the skin and joints.

Plant-based diets and symptom improvement

Whole food plant-based diets (WFPBD) that exclude added salt, oil, and sugar have shown promise. Case reports describe patients achieving remission and reducing medication reliance after adopting WFPBDs, likely due to their antioxidant richness and ability to improve gut microbiome health. Vegan and low-fat diets following fasting protocols also show benefits in symptom reduction and lowered medication needs.

Weight loss and disease activity

Weight management remains a key factor; studies show that losing at least 5% of body weight improves chances of reaching minimal disease activity in PsA. Hypocaloric diets (low-calorie) that promote safe weight loss, supplemented with essential nutrients, may safely reduce joint inflammation and improve function.

Current limitations and future directions

Most dietary studies in PsA are small or observational, with heterogeneous methodologies. More large-scale randomised controlled trials are needed to establish clear guidelines. Nonetheless, evidence supports adopting balanced diets emphasising anti-inflammatory foods, weight control, and nutrient adequacy to support the skin and bones involved in PsA.

PAPAA has become more interested recently in the role of weight loss as a treatment; see the article in Pso Pscience on page 19, which looks at GLP-1 agonists, the so-called “skinny jabs”, and psoriasis.

Reference:

Yu Y, et al. Causal Relationships Between Popular Diets (Low-Calorie, Vegetarian, and Gluten-Free Diets) and Inflammatory Skin Diseases: A Mendelian Randomization Study. Clin Cosmet Invest Dermatol. 2025;18:2605-2615.

Living with psoriasis or psoriatic arthritis can present unique challenges in the workplace, from managing symptoms and flare-ups to facing stigma or discrimination. Fortunately, UK law protects people with these conditions, recognising them as disabilities under the Equality Act 2010 (amended 2024) when they substantially and long-term affect daily activities. Knowing your rights and how to access support at work is essential for maintaining your employment, health, and wellbeing.

Disability in the UK

The Equality Act 2010 is the key legislation that protects disabled people from discrimination at work and in wider society. Under this Act, a person is considered disabled if they have a physical or mental impairment that has a "substantial" and "long-term" adverse effect on their ability to carry out normal day-to-day activities. "Long-term" usually means the impairment has lasted or is expected to last at least 12 months.

Psoriatic arthritis often meets this definition due to its impact on mobility and daily function. Even psoriasis alone may qualify as a disability if it severely affects a person's skin and causes pain, discomfort, or emotional distress that substantially limits normal activities. However, the exact determination depends on individual circumstances, including symptom severity and overall impact.

Your rights at work

Once you are recognised as disabled under the Equality Act 2010, you have the right to:

Protection from discrimination: Employers cannot treat you less favourably because of your condition. This covers all stages, including hiring, promotion, work tasks, and dismissal.

Reasonable adjustments: Your employer has a legal duty to make reasonable changes to help you overcome workplace barriers caused by your disability. These adjustments should support you in doing your job effectively and comfortably.

Confidentiality: Your medical information and disability status must be kept confidential unless you consent to sharing.

Equal access: You have the right to be considered fairly in recruitment and career development with any necessary adjustments provided.

Reasonable adjustments

Reasonable adjustments are practical changes that an employer makes to accommodate your needs related to psoriatic disease. These adjustments might be temporary or ongoing, depending on your symptoms and the nature of your work. They are intended to remove or reduce workplace disadvantages caused by your condition.

Common examples

Flexible working hours or remote work to manage fatigue or flare-ups, including time off for medical appointments. Modifying the workplace environment by providing ergonomic chairs, adjustable desks, or ensuring temperature control to avoid extreme conditions that worsen symptoms. A change in types of work to avoid physically demanding tasks, if you have joint pain or reduced mobility. Other simple changes could include additional breaks, extra protective clothing, and some exemptions from rigid uniform requirements.

Employers are required to discuss with you what adjustments would be helpful and explore reasonable options. They cannot refuse adjustments because they involve some cost or inconvenience unless these are disproportionate.

Potential employers have limited rights to ask about your health during recruitment. They may only ask questions aimed at identifying if any adjustments are needed in the recruitment process itself, for example, "Do you need any special arrangements for the interview?" After a conditional offer is made, they can ask more detailed questions about your ability to perform the job with reasonable adjustments.

It is your choice whether to disclose your psoriasis or psoriatic arthritis, but sharing can help ensure you receive appropriate support and protection.

Challenges at work

If you encounter workplace difficulties due to your psoriatic disease:

- **Talk to your employer or HR department:** Open communication often leads to solutions and adjustments.
- **Request a formal occupational health assessment:** Occupational health professionals can advise on suitable adjustments.
- **Seek advice from specialist organisations:** Groups like Citizens Advice provide guidance.
- **Use formal grievance or complaint procedures** if you face discrimination.
- **Know your legal rights:** Ultimately, employment tribunals can address unlawful discrimination or failure to make reasonable adjustments.



What support is available

In the UK, there are welfare benefits that can help if psoriatic disease affects your ability to work:

- **Personal Independence Payment (PIP):** A non-means-tested benefit to help with extra costs caused by disability or long-term health conditions. Note, though, that it is being reviewed, with the results expected in late 2026.
- **Employment and Support Allowance (ESA):** Provides financial support if you're unable to work due to illness and offers help to find work again. This is being phased out, to be replaced by Universal Credit.
- **Access to Work Scheme:** Provides grants to pay for practical support in work when necessitated by disability or health conditions, such as special equipment or travel to work. Eligibility includes those receiving Universal Credit, Jobseeker's Allowance or Income Support.

Practical tips

- **Plan for flare-ups**
 - Have a strategy for managing difficult days, including notifying your employer about emergency leave or flexible working.

■ Keep medical documentation

- This can help in discussions about adjustments or benefits.

■ Look after your mental health

- Psoriatic disease can affect emotional wellbeing.
- Ask about Employee Assistance Programmes (EAP) or counselling support.

■ Educate your employer and colleagues

- Increasing awareness can reduce stigma.

■ Stay informed

- Employment laws and workplace support evolve, so keep updated on your rights.

Employment should be accessible and supportive for everyone, including those living with psoriatic disease. By understanding your rights under the Equality Act, knowing what reasonable adjustments you can ask for, and accessing available support services, you can better manage your condition while maintaining a fulfilling work life.

The government information 'Discrimination: your rights' can be found on the following page:
<https://www.gov.uk/discrimination-your-rights/discrimination-at-work>

For more tailored advice and assistance in navigating employment challenges, Citizens Advice (www.citizensadvice.org.uk) offers invaluable resources.

Diagnostic imaging revealed: Your questions answered by a radiographer.

If your doctor has recommended imaging, the reason may be clear, like getting an X-ray for a suspected broken wrist. But sometimes the need for a scan isn't obvious, such as when you're referred for a chest X-ray before starting steroid medication.

Many people feel anxious before imaging appointments, especially when unsure of what to expect. You have the right to be fully informed about any procedure or test, ensuring you can give informed consent.

This article will address common questions about diagnostic imaging, particularly for those with psoriasis, psoriatic arthritis, or other inflammatory conditions.

A brief history of diagnostic imaging

Diagnostic imaging began in 1895 with Wilhelm Roentgen's discovery of X-rays, allowing doctors to view the body without surgery. Since then, imaging has expanded to include CT, MRI, ultrasound, and nuclear medicine, playing a vital role in modern healthcare.

What is a radiographer?

So, who's performing your scan? In most cases, it's a radiographer, a specially trained professional who

holds a degree and has completed extensive clinical training. Some radiographers further specialise, gaining titles like senior radiographer, advanced practitioner, or reporting radiographer. You may also meet a sonographer for ultrasound scans, who often starts as a radiographer before undergoing specialised training.

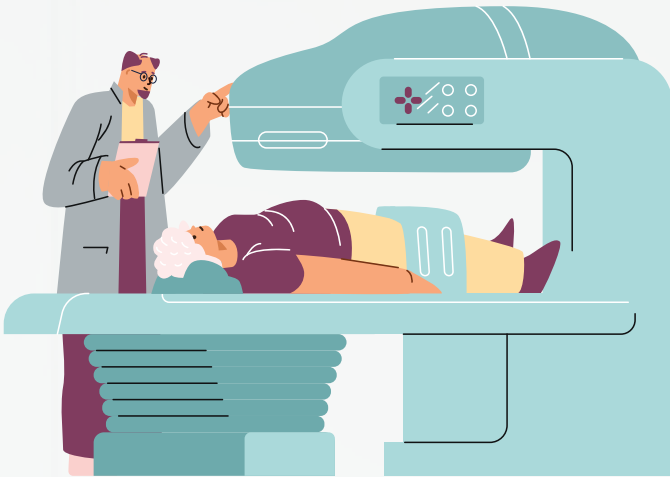
Sometimes, a **radiologist**, a medical doctor with expertise in diagnostic imaging, will interpret your results.

Where might you encounter radiographers?

Radiographers work in various hospital areas, including:

- **General X-ray:** Outpatients, inpatients, GP referrals
- **Accident and emergency (A&E):** X-ray, CT for trauma
- **Theatres/operating rooms:** Imaging during surgery
- **CT and MRI:** Outpatients, inpatients, A&E
- **Ultrasound:** GP referrals, maternity, community sites
- **Nuclear medicine:** Imaging with small amounts of radioactive material.





Types of diagnostic imaging

Here's a quick guide to common imaging types.

- **X-Ray:** Quick, often used for bones and chest/lung assessments.
- **CT scan:** Detailed, cross-sectional images, often with contrast dye to highlight structures.
- **MRI:** Uses magnets and radio waves for detailed images of soft tissues, joints, and organs.
- **Ultrasound:** Real-time imaging using sound waves, common for abdominal scans and pregnancies.
- **Nuclear medicine:** Involves a small amount of radioactive tracer to assess organ function.

Radiation risks – Should you be concerned?

Many people worry about radiation. X-rays, CT scans, and nuclear medicine do involve small amounts of ionising radiation, but the risks are low and balanced against the benefits. Before scans, especially for people of childbearing age, you may be asked about pregnancy.

MRI and ultrasound don't use ionising radiation. However, MRI guidelines suggest avoiding non-urgent scans in the first trimester of pregnancy.

Why are you having this scan? The role of imaging in inflammatory conditions

For conditions like psoriasis and psoriatic arthritis, imaging helps:

- assess joint damage or inflammation (e.g., MRI for soft tissue inflammation)
- track disease progression (e.g., X-ray for joint erosion)
- rule out other conditions with similar symptoms, and
- guide treatment decisions (e.g., lung checks before starting immunosuppressants).

Different scans provide different insights, which is why your doctor chooses a specific modality.

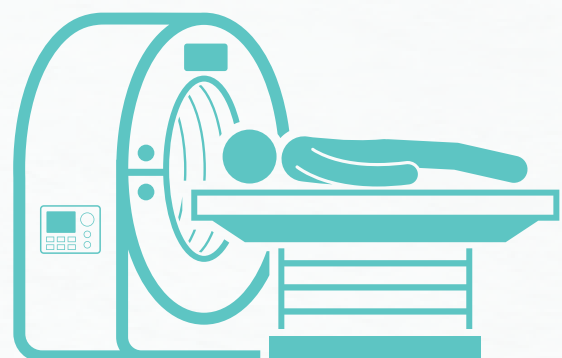
Choosing the right scan: Why this test?

Doctors select imaging based on various factors, such as the clinical question, patient safety, and prior imaging results. For example:

- **Joint inflammation:** MRI or ultrasound
- **Joint erosions or joint space loss:** X-ray
- **Soft tissue swelling or fluid:** ultrasound
- **Internal organ check:** chest X-ray or CT
- **Joint inflammation extent:** MRI or nuclear medicine.

Limitations of imaging

Imaging is just one piece of the diagnostic puzzle. While MRI can show joint inflammation, it doesn't always explain why. X-rays might look normal even with early disease, and imaging can't replace clinical exams or blood tests. Your doctor will combine imaging with other tests and your medical history to make a diagnosis and decide on the best treatment.



Common questions radiographers may ask

You might hear questions like:

- “Are you pregnant?” (to avoid unnecessary radiation exposure)
- “Where does it hurt?” (to target the right areas)
- “Have you had this scan before?” (to prevent unnecessary repeat testing)
- “Can you confirm your name and details?” (for accuracy and safety)

Can I request more areas to be scanned?

If you mention additional pain, the radiographer can't scan other areas without a doctor's request, as imaging is targeted for clarity and safety. Disclose and discuss all pain with your doctor in advance.

Can the radiographer tell me what they see?

Radiographers may spot abnormalities, but they cannot provide a diagnosis. Your results will be reviewed by a radiologist or your doctor, who will interpret them alongside your medical history.

Final thoughts

Diagnostic imaging is a powerful tool in healthcare, helping to rule out, confirm, or monitor conditions. Understanding why certain scans are chosen can

reduce anxiety and make you more informed about your care. If you have any questions or concerns, don't hesitate to ask your radiographer; they're there to help guide you through the process safely.

References:

NHS England. (2024). *Tests and Treatments*. Available from: <https://www.nhs.uk/tests-and-treatments/>

The College of Radiographers (2025). *Patient Information*. Available from: <https://www.collegeofradiographers.ac.uk/patient-advisory-group/patient-support-and-information-network/patient-information>

The Health and Care Professions Council (2023). *The HCPC: About Us*. Available from: <https://www.hcpc-uk.org/about-us/>

About the author:

Hannah Chandler is a diagnostic radiographer at London North West University Healthcare NHS Trust with 10 years of experience. She holds a BSc in diagnostic radiography and an MSc in nuclear medicine, specialising in compassionate patient care and advanced reporting. Hannah is also passionate about teaching and mentoring in clinical practice.



Imagine you're out running errands or meeting friends and suddenly feel unwell. You end up in A&E, and doctors need to act fast. If you're on a biologic for psoriasis or psoriatic arthritis, having a simple medical alert card can make all the difference.

Biologics are powerful medicines that help control psoriasis and psoriatic arthritis by targeting the immune system. But because they affect your immunity, you're more likely to get infections or have complications. Some vaccines and medicines aren't safe for you, and certain symptoms need urgent attention.

In an emergency, doctors may not know your medical history. If you're too unwell to explain, they might not realise you're on a biologic, which could lead to unsafe treatments or missed warning signs.

How a medical alert card helps

A medical alert card is a small card you keep in your wallet or purse. It tells healthcare professionals what medicine you're on and who your specialist is. This helps them:

- quickly see that you're on a medicine that affects your immune system



papaa MEDICAL ALERT:
IMMUNOSUPPRESSED

Name: NHS No:

DOB: NHS No:

CONDITIONS:
☐ Psoriasis ☐ Psoriatic arthritis ☐ Other

Medication:

This patient is taking an immunosuppressive drug for psoriasis and/or psoriatic arthritis.

- Increased risk of infection, may not show typical signs.
- Live vaccines are contraindicated.
- In case of illness, infection, or before surgery/dental work, consult their specialist/GP.

Specialist/Hospital/GP contact:

Emergency contact (Next of kin):

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- avoid unsafe vaccines and watch for infections, and
- give you and your family peace of mind that you'll get the right care.

The NHS and many specialists recommend carrying a medical alert card if you're on a biologic, but not everyone has one. It's a simple step that could save your life.

What should you do?

If you're taking a biologic, ask your healthcare provider for a medical alert card. If they don't have one, tell them that PAPAA can supply them free of charge (UK only).

Keep it with you at all times, update it if your medication changes, and let your family know where to find it.

Summary

Keeping a medical alert card close is a small step that can make a big difference. It helps ensure that emergency teams know exactly what you need, even when you can't speak for yourself. It's not just about safety, it's about confidence that your psoriasis or psoriatic arthritis is managed properly, wherever you are. Take a moment today to get your card, keep it with you, and stay prepared.

When planning a family, it's natural to wonder how psoriatic disease might affect pregnancy and your future children. Whether you are the person with psoriasis or psoriatic arthritis, or your partner has the condition, understanding the latest research and advice can help you make informed decisions.

How does pregnancy affect psoriatic disease?

For many women with psoriatic disease, symptoms improve during pregnancy. This is because pregnancy causes changes in the immune system and hormones that can calm inflammation. About half of women with psoriasis see their skin get better while pregnant. However, after the baby is born, many experience a flare-up where symptoms come back worse than before. The same can happen with psoriatic arthritis, although effects are less predictable, and joint symptoms may sometimes worsen during or after pregnancy.

Potential risks for pregnancy

Having active psoriatic disease during pregnancy can increase risks for both the mother and baby. Inflammation related to the condition can affect the placenta and the baby's growth, potentially leading to low birth weight or early delivery. Women with psoriatic disease also often face other health challenges like obesity or diabetes, which can add risk. Managing disease activity well before and during pregnancy is important to reduce such complications.



Planning pregnancy

Many usual treatments for psoriasis and psoriatic arthritis need adjusting when planning pregnancy and during pregnancy. Some medicines, like methotrexate, can harm a developing baby and must be stopped months before trying to conceive. Others, such as certain creams and phototherapy (light treatment), are generally safe. Always speak to a healthcare provider before stopping any medication.

Treating safely

Newer biologic therapies, medicines that target specific parts of the immune system, are increasingly used during pregnancy. Certolizumab pegol is one such biologic, with evidence showing it poses minimal risk to the baby.



Working with your midwife and healthcare team to find the safest treatment plan that keeps symptoms under control while protecting your baby is vital.

What about after the baby is born?

Many women experience a return or worsening of psoriasis or arthritis symptoms after delivery. It's important to have a follow-up plan to manage these flares safely. Breastfeeding can influence which treatments are options, but many medicines are compatible with breastfeeding. Talk to your midwife or health visitor.

When psoriatic disease affects a man

If the father has psoriatic disease, there is good news: psoriatic disease itself usually does not affect fertility or pregnancy outcomes. However, some medications taken by men, like methotrexate, can impact sperm quality and may require stopping treatment months before trying for a child.

Genetics does play a role in psoriatic disease, so children of parents with the condition have a higher chance of developing it, but it's not certain. Being aware and watching for early signs in children can enable timely support.



Planning as a couple

Couples planning a family where one or both partners have psoriatic disease benefit from early discussion with their healthcare providers, genetic counselling might be helpful. This helps ensure both partners get advice tailored to their health and treatment choices.

Key points to remember

- Pregnancy often improves psoriasis, but may cause flares after birth
- Active disease can raise pregnancy risks; good disease control is important
- Some treatments are safer than others during pregnancy; planning is essential

- Fathers' medications can affect fertility; discuss with your doctor
- Genetics increases risk to children, but does not guarantee disease
- Multidisciplinary care and open communication support healthy pregnancies and families.

Pregnancy and parenthood can be joyful times with the right support and planning. Keeping well-informed and working closely with your healthcare team can help you navigate psoriatic disease and family growth confidently.

Useful resources

- NHS Fertility Services: NHS clinics provide assessment and treatment for fertility concerns.
- Fertility Network UK: Offers support and information about fertility issues, including those related to autoimmune conditions. They provide guidance and peer support for people planning families.
- British Fertility Society: Professional body offering evidence-based guidance on fertility and pregnancy, useful for healthcare professionals and patients seeking authoritative advice, inclusive of chronic disease considerations.

Important note about this information

This article is based on current research and clinical guidelines from trusted health organisations and specialists. However, it is intended for informational purposes only and should not replace advice from your own healthcare provider.

Everyone's situation is unique, and decisions about managing psoriatic disease during family planning and pregnancy should always be made with qualified medical guidance.

If you live with psoriatic disease, you may already know that sleep disturbances are a common and frustrating part of the experience. But why exactly does sleep get affected by autoimmune conditions like psoriasis and psoriatic arthritis? Understanding this can help you manage symptoms better and improve your quality of life.

The immune system's role in sleep

Autoimmune diseases occur when your immune system mistakenly attacks your own body's tissues. This leads to chronic inflammation as your immune cells release substances called cytokines to fight what they perceive as threats. Unfortunately, these cytokines, including interleukin-1 beta (IL-1 β) and tumour necrosis factor-alpha (TNF- α), can interfere with normal brain functions controlling sleep.

Research shows that these inflammatory cytokines influence the brain circuits that regulate your sleep-wake cycle, often increasing sleepiness initially but also causing fragmented and less restful sleep overall. In psoriatic disease, ongoing inflammation could contribute significantly to this disruption, making it harder to get restorative sleep.

Direct effects

Some autoimmune conditions, especially neurological ones, directly affect areas of the brain that control sleep. For example, autoimmune attacks on the hypothalamus, a brain region crucial for balancing sleep and wakefulness, have been documented in conditions like narcolepsy. While psoriatic disease primarily involves the skin and joints, systemic inflammation may still indirectly impact neurochemical systems governing sleep.

Amplifying sleep problems

Fatigue, the overwhelming exhaustion common in autoimmune diseases, is closely linked to poor sleep but also stems from other factors. Chronic pain from joint inflammation can make falling and staying asleep difficult. Additionally, the stress of managing a chronic illness further disrupts sleep patterns by activating hormonal pathways (like cortisol release) that interfere with sleep quality.

A vicious cycle

Sleep deprivation itself worsens inflammation and immune system imbalance, leading to a feedback



loop. Poor sleep can heighten inflammation in your body, potentially worsening psoriatic symptoms. This means improving sleep is more than comfort; it can be a critical part of managing the disease effectively.

What can help?

Managing sleep disturbances in psoriatic disease involves addressing inflammation with appropriate treatment, practising good sleep hygiene, managing pain effectively, and reducing stress. In some cases, healthcare providers may explore therapies targeting inflammation to help improve sleep quality.

Summary

Sleep problems in autoimmune diseases like psoriatic disease occur because inflammation from the overactive immune system disrupts the brain's sleep regulation, worsened by chronic pain and stress. This creates a cycle where poor sleep promotes more inflammation, affecting disease outcomes. Understanding this interplay highlights why addressing sleep is essential in overall disease management.

References

- Iranzo A. Sleep and neurological autoimmune diseases. *Neuropsychopharmacology*. 2019.
- Zielinski MR, Systrom DM, Rose NR. Fatigue, Sleep, and Autoimmune and Related Disorders. *Front Immunol*. 2019.

Fungal infections in psoriasis

Over the past decade, the connection between inflammatory skin disorders and the microbiome (the collection of all microbes, such as bacteria, fungi, and viruses, that naturally live on the skin and inside the body) has been increasingly accepted.

There is evidence that an imbalance between the types of natural microflora of the skin and mucosa could accelerate the onset of skin diseases in vulnerable hosts, such as patients with autoimmune disorders, including psoriasis. Various microorganisms, including fungi, can play the role of superantigens, triggering inflammation in the skin. However, the role of fungi in this process has not been investigated adequately in patients with psoriasis. A 2021 study aimed to identify the incidence of fungal infection in patients with psoriasis.

In all, 289 patients with a prior diagnosis of psoriasis were included in this study.¹ Various species of fungus were isolated, principally candida and malassezia. In all, 46 out of the 289 (15.9%) were found to have active fungal infections. Diabetes mellitus (19.6%), atopic dermatitis (13%), use of corticosteroids (10.9%), and use of broad-spectrum antibiotics (8.7%) were the most predisposing factors for fungal infections.

Comment:

This is an important study that suggests that a significant proportion of psoriatic patients are carrying fungal infections, which may make their psoriasis worse and more resistant to treatment. There would seem to be a case for more frequent use of mycological (fungus) testing in patients with chronic psoriasis and the addition of antifungal agents to their treatment regimen where indicated.

Reference:

1. Chadeganipour M, Shadzi S, Mohammadi R. Fungal Infections among Psoriatic Patients: Etiologic Agents, Comorbidities, and Vulnerable Population. *Autoimmune Dis* 2021 Sep 15;2021:1174748. 7 pages.



New emollient cream

Psoriasis is a chronic, incurable inflammatory skin condition that causes skin cells to multiply too rapidly, leading to scaly, itchy, and sometimes painful patches. It is triggered by an overactive immune system and tends to flare up in cycles that can last for weeks or months.

Current treatments include emollients and medicated creams containing corticosteroids, vitamin D analogues, or retinoids. These treatments are effective but often limited by side effects when used over long periods. (NB: an emollient is a type of skin moisturiser that softens the skin by forming a protective barrier, trapping in moisture and preventing dryness and irritation.)

Now scientists at the Universities of Birmingham and Naples have discovered that a protein made of just three amino acids (a tripeptide) has been shown to significantly reduce the severity of psoriasis when applied in a standard emollient cream.¹



This tripeptide fragment is part of a much larger anti-inflammatory molecule called PEPITEM, which has 14 amino acids (NB: amino acids are the building blocks of proteins).

In an animal model of psoriasis, daily topical application of the most active tripeptide for just seven days resulted in a 50% reduction in disease severity, as measured by the Psoriasis Area and Severity Index (PASI).

This outcome was comparable to the effects of clobetasol propionate 0.05%, a commonly prescribed steroid cream. In other words, the new cream can deliver the same benefits as steroid creams, without the potential side effects.

Comment:

This is an important discovery which could lead to the development of a range of new topical therapies, with an efficacy comparable to standard steroid creams but without the well-known side effects, i.e., skin thinning, easy bruising, stretch marks, and skin colour changes.

Reference:

1. Saviano A, Apta B, Tull S, et al. PEPITEM, its tripeptide pharmacophores, and their peptidomimetic analogues regulate the inflammatory response through parenteral and topical dosing in models of peritonitis and psoriasis. *Pharmacological Research*, 2025; 213: 1-17.

Psoriasis and 'leaky gut'

Previous research has shown that people with psoriasis have more gastrointestinal problems than the general population. However, the explanation for this has not been clearly identified. Now, a study has shown that part of the explanation may be that people with psoriasis often have invisible inflammation in their small intestines, with an increased risk of what is called leaky gut syndrome (LGS).

Normally, the lining of the gut (mucosa) acts as a protective barrier that allows water and nutrients to pass through it. In some autoimmune diseases, this intestinal barrier may not function correctly, leading to harmful substances and bacteria passing into the gut wall and into the bloodstream, causing inflammation. The purpose of this study from Uppsala in Sweden was to determine whether LGS is a common finding in patients with psoriasis.



The study involved 18 patients with psoriasis and 15 healthy controls as subjects.¹ None of the participants had been diagnosed with gastrointestinal diseases. Samples were taken from both the small and the large bowel, and the researchers then studied different types of immune cells in the intestinal mucosa.

They found that psoriasis sufferers had higher numbers of certain types of immune cells in the small bowel, which also showed evidence of inflammatory activity. The same type of immune cells can be found in skin from patients with psoriasis, suggesting that inflammation of the skin may have an impact on the gut and/or vice versa.

Overall, half of the psoriasis patients in the study had evidence of LGS. Interestingly, these same patients also reported more gastrointestinal symptoms, such as abdominal pain and bloating, than patients with a normal intestinal barrier.

Comment:

This is an important study that points towards a link between inflammation of the skin and the lining of the intestine, i.e., LGS. It may help to explain why psoriasis sufferers are more likely to have gastrointestinal diseases such as ulcerative colitis and Crohn's disease.

Reference:

1. Lundquist P, Hagforsen E, Wagner M, et al. Mild-to-moderate psoriasis is associated with subclinical inflammation in the duodenum and a tendency towards a disturbed intestinal barrier. *Biochimica et Biophysica Acta (BBA) – Molecular Basis of Disease*; Volume 1871, Issue 3, March 2025, 167634.

Treating weight loss and psoriasis

Patients with psoriasis and psoriatic arthritis are more likely to be obese or overweight. Furthermore, there is a clear association between body weight or body mass index (BMI) and the severity of psoriasis: the heavier you are, the more severe your psoriasis is likely to be. There is also evidence to suggest that being overweight reduces the efficacy of many of the medications used to treat psoriasis. Put simply, if you are overweight, you are more likely to have worse psoriasis, and the medications used in your treatment will be less effective.

Conversely, losing weight helps reduce overall inflammation, which results in less severe skin disease and fewer flares. The problem, of course, is that losing weight and maintaining a healthy weight is very difficult. However, a new generation of medications called GLP-1 agonists, the best-known examples of which are semaglutide (Ozempic) and tirzepatide (Mounjaro), is now well established for its efficacy in promoting weight loss. Given the link between psoriasis and obesity, treating obesity with GLP-1 agonists may offer a promising approach to improving psoriasis outcomes in those who are also obese.

In fact, a number of studies have demonstrated the efficacy of GLP-1 agonists in treating psoriasis in patients with type 2 diabetes. All subjects in these studies showed significant improvements in their psoriasis, as measured by standard questionnaires, such as the psoriasis area and severity index (PASI) and the dermatology life quality index (DLQI). The problem is that these were very small trials,

sometimes containing only one or two patients and 25 patients at the most. This makes it impossible to draw any firm conclusions. Moreover, when it comes to disease impact in patients without type 2 diabetes, the evidence is inconclusive. In a study involving 20 non-diabetic obese patients, participants were given either liraglutide, a GLP-1 agonist, or a placebo for eight weeks. No significant improvements were observed either in the PASI score or in the DLQI in the study, and there was no improvement in the level of inflammatory markers in the liraglutide group. Findings suggest that the metabolic status of the patient may influence the impact on psoriasis and that the effects of GLP-1 agonists may be more pronounced in patients with concurrent metabolic dysfunction.

What all these findings amount to is that although initial studies suggest that GLP-1 agonists may offer benefits for patients with psoriasis and type 2 diabetes, they are not believed to be as effective as the current group of biologic therapies, e.g., adalimumab, infliximab, which remain the first choice in treating moderate-severe psoriasis. Note also that no studies to date have included patients with psoriatic arthritis, and there is currently no evidence to suggest that GLP-1 agonists will be effective in treating normal-weight, non-diabetic patients with psoriasis.

Comment:

Clearly, large-scale trials are needed to assess the efficacy of GLP-1 agonists in broader patient populations, including patients with psoriasis, psoriatic arthritis, and other chronic inflammatory conditions. Several such studies are currently underway. Read more at: www.papaa.org/weight



**Pso Pscience is written and brought together
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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.

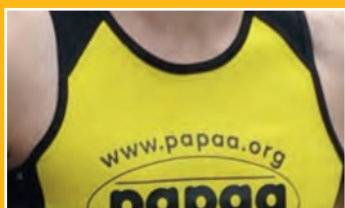
Creating change

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