



Childhood Psoriasis: An overview

This information is produced by the
Psoriasis and Psoriatic Arthritis Alliance



Charity No: 1118192

www.papaa.org

What are the aims of this leaflet?

This leaflet aims to provide an overview and understanding of the likelihood of your child developing psoriasis or psoriatic arthritis, how to spot the conditions, and how to support and manage your child through their early years.

Why is it important?

If, as a parent, you already have psoriasis or psoriatic arthritis, you may be concerned about whether your child is likely to inherit either or both conditions. It may be that psoriatic conditions exist in other members of your family and you are worried that it may be passed on to your children.

What is psoriasis?

Psoriasis (sor-i'ah-sis) is a long-term (chronic) scaling disease of the skin which affects around 1 in 50 people, which is about 1.3 million, or around 2% of the UK population. It usually appears as red raised, scaly patches, known as plaques. In people with skin of colour, the redness is less pronounced, and psoriasis may appear as purple or darkened areas of skin with grey scales. The cause of psoriasis is currently unknown. Any part of the skin surface may be involved but the plaques most commonly appear on the elbows, knees and scalp. It can be itchy but is not usually painful. Nail changes, including pitting and ridging, are present in nearly half of all those who have psoriasis. For those that have psoriasis, around 1 in 4 may develop an associated psoriatic arthritis (PsA), which is about 325,000 people, or around 0.5% of the UK population. PsA causes pain and swelling in the joints and tendons, accompanied by stiffness particularly in the mornings. The most commonly affected sites are the hands, feet, lower back, neck and knees. For more detailed information, see our leaflets **What is psoriasis?** and **What is psoriatic arthritis?**

What happens?

Normally a skin cell matures in 21-28 days and during this time it travels to the surface, where it is lost in a constant, invisible shedding of dead cells. In patches of psoriasis the turnover of skin cells is much faster, around 4-7 days, and this means that even live cells can reach the surface and accumulate with dead cells. This process is the same wherever it occurs on the body. The extent of psoriasis and how it affects an individual varies from person to

person. Some people may only be mildly affected with a tiny patch hidden away, which does not bother them, while others may have large, visible areas of skin involved that significantly affect daily life and relationships. Psoriasis is not contagious; therefore, you cannot catch it from another person.

Is psoriasis inherited?

Psoriasis has a strong and complex genetic component; people with psoriasis, often have a near or distant relative with psoriasis. If one parent has psoriasis there is a 1 in 7 chance that their child will develop it too. If both parents have it, this increases to about a 3 in 4 chance.

What does psoriasis look like in children?

Psoriasis can have similarities to how it looks in adults, but there can be differences which make it harder to recognise. Psoriasis in children can more often be found affecting the scalp, inside the ears, the umbilicus, in the flexures (axilla and groin), as well as scaly patches on the body, elbows and knees. Psoriasis in children is often not as thick and scaly as it is in adults. In young children, psoriasis can mostly be found in the nappy areas called napkin psoriasis and may be confused with other conditions such as 'nappy rash', eczematous rash, thrush, irritant or infected contact dermatitis, impetigo, or streptococcal infection.

Psoriatic arthritis in children

For psoriatic arthritis, it is more likely that the small joints will be swollen, but there could be a number of other symptoms such as morning stiffness, back pain or single swollen joints such as a knee, ankle or whole finger. There are other associated conditions that also can be seen in children, such as inflammation of the eyes, known as uveitis.

Juvenile idiopathic arthritis

Generally, if a child develops joint pains and swellings, it will be classed under the general heading of juvenile idiopathic (unknown cause) arthritis (JIA), which is the most common type of arthritis found in children. It is believed that around 1 in 16 of children with JIA will be classed as having psoriatic arthritis.

Differential diagnosis

If a family member has psoriasis that doesn't necessarily mean that a child will develop it. There are many conditions that affect children that at first glance could be confused with psoriasis (differential diagnosis). It is important for any parent to make sure their healthcare provider is aware of the family history of psoriasis, if their child develops any type of rash or joint pain. Diagnosis can sometimes be difficult and establishing a correct diagnosis is important before treatment starts.

There are, of course, conditions that children may pick up through contact with other children. It needs to be remembered that psoriasis is **not contagious** and will not be picked up through contact with somebody who already has a psoriatic condition.

What may trigger psoriasis?

As with adult psoriasis, the triggers in children are much the same. It sometimes follows an infection such as streptococcal throat infection, exposure to environmental factors, trauma to the skin and obesity. Stress is also considered as a potential trigger, but in many cases, there are no obvious reasons.

It is not fully understood why an adult develops psoriatic arthritis following psoriasis, and equally the same applies to children.

What should happen next?

Given that children are often unable to explain how something affects them, it is always important for you as a parent to get advice from your healthcare provider to seek a diagnosis regarding current or past skin changes, especially if they persist. If you have concerns that your child has developed something unusual or their behaviour is out of character, seek advice soon instead of delaying until routine check-ups. There may be, in some instances, a need for specialist referral to secondary care.

Multidisciplinary approach

If your child develops psoriasis or psoriatic arthritis, there is plenty of help and support for children and parents. Firstly, there are your GP and health visitor. You may also see a paediatric dermatologist or rheumatologist. There are also specialist physiotherapists plus other professionals who will form part of the healthcare multidisciplinary team.

Prognosis

Psoriasis is a life-long condition which can be variable in how it affects people. The skin problems can be mild and managed successfully, with long periods where the symptoms settle completely. For others it could be present most or all of the time. With modern treatment, psoriasis or psoriatic arthritis should not affect a child's development and ability to have a full and active life.

It is important to get a correct and early diagnosis and follow the course of treatment offered. Your healthcare provider will discuss treatment options, including the risks and benefits. Encouraging and supporting your child with treatment will help them to gain the maximum value from the therapies being offered.

Is there a cure?

Currently psoriasis and psoriatic arthritis cannot be cured but there are a large range of treatments that can help manage the conditions successfully, with paediatric versions available to suit the needs of children with these conditions.

Treatments

There are various treatments available and your healthcare providers will discuss the suitable options with you and your child. They will always consider the potential risks and benefits of any therapy before offering a course to your child.

In general, doctors try to treat psoriasis in children using topical treatments (creams and ointments) because they are the safest. Occasionally they may use ultraviolet light or tablets/injections. The needs of each child and family are different. See our **Treatments for psoriasis: An overview** leaflet for more information.

The main aims of treating psoriatic arthritis are to reduce joint inflammation, maintain mobility and prevent damage. Physiotherapy is as important as drug treatment. Daily exercises and hydrotherapy (supervised exercise in a warm pool), are important for long-term joint mobility. The aim of treatment is for your child to have as normal and active a life as possible. See our **Treatments for psoriatic arthritis: An overview** leaflet for more information.

Remember, if the treatment is not working or causing side effects it should be reported to the healthcare provider or another member of the medical team.

Complementary therapies

Many people wonder if there are other ways of managing these conditions instead of using standard pharmaceutical treatments, particularly in children. The dilemma for parents is to understand whether a complementary therapy provides any benefit. Currently there is very limited evidence to suggest that many of the therapies offered, provide equivalent or better outcomes than standard pharmaceutical products. Research and studies are ongoing. Advice should always be sought from your healthcare provider, before embarking on any therapy outside of those prescribed.

Dietary needs

For your child it is particularly important in order to maintain their development and growth for them to have a diet that is balanced with all the main food groups. There is very limited evidence to suggest that inclusion or removal of particular foods will improve the skin and joints in psoriasis. For some conditions such as atopic eczema, coeliac disease and irritable bowel syndrome there is evidence to suggest that certain groups of food may

aggravate the conditions. If you are worried about your child's diet and how it affects their health, discuss it with their healthcare provider or health visitor as they are best placed to offer advice. See our **Psoriatic lifestyle and nutrition** leaflet for more information.

Should your child be immunised?

The National Health Service (NHS) promotes vaccines as the most effective way to prevent serious infectious diseases. Some people may worry about introducing vaccines into their children, and the chance of it triggering a condition. If you are worried or have any concerns, you should speak to the person responsible for managing your child's vaccination programme, they will be able to answer any questions and reassure any fears or anxieties concerning your child.

Living with the conditions

For some people, having psoriasis and/or psoriatic arthritis can affect more than just the skin and joints. It is accepted that there may be a psychological impact for those with the conditions. If your child seems low in mood or anxious, seek advice from your health care provider.

Children with psoriatic conditions may need to take or apply treatments on a regular basis. It should not mean their lives are totally controlled or dominated by it. They should be encouraged and supported to grow up happy into adulthood, accepting and learning to manage their condition.

Entering education

When your child starts school, it is important for those who look after or educate them to completely understand the sensitivities and the limitations that they may have related to the conditions.

Concerns about your child's education should be open and discussed in a non-frightening way. You may want to share, if you feel it is necessary, your child's medical details and concerns with their place of education. Schools should then make appropriate adjustments if needed, so that your child's wellbeing, ability to take part, and gain a fulfilling and effective education are not affected. For example, activities such as physical education might need to be adjusted.

Learning how to cope

Having a child with any health condition can be consuming and frightening for parents, the child and siblings. It is important that you learn to give caring pastoral support to all members of your family who may not understand the condition. Being informed with accurate information and delivering that in a composed normal way will help everyone to cope. The PAPAA website will help inform you and support your child and other family members, as will

PAPAA information leaflets, which you may wish to share with your child's nursery or school.

Conclusion

Psoriasis and psoriatic arthritis in children can be very worrying for parents, as can any other health or related problem. It is important to support your child and make sure that they get the most out of the available help.

Learning more about psoriasis and psoriatic arthritis will help allay many of the fears and misconceptions that surround the conditions. This will help you to explain to your child and answer questions they may have as they grow up, which in turn, will help them to explain what is happening to their skin or joints.

Further reading

This information is only a small part of the resources produced by PAPAA. The main website contains images, stories, interactive learning and an extensive Knowledge Bank, to aid anyone who wishes to learn more about psoriasis and psoriatic arthritis.

Useful contacts

For information about health matters in general and how to access services in the UK, the following websites provide national and local information.

- NHS UK: www.nhs.uk
- NHS England: www.england.nhs.uk
- NHS Scotland: www.scot.nhs.uk
- Health in Wales: www.wales.nhs.uk
- HSCNI Services (Northern Ireland): <http://online.hscni.net>

These are the official sites for the National Health Service and provide links and signposting services to recognised organisations and charities.

Child-friendly psoriatic communities

You may find it useful to seek out groups where you can talk to other parents affected by similar issues relating to their children. Try asking your healthcare provider if such groups are accessible locally. Beware that some groups (including online social media) may not always provide the best support for you and your child, as individual circumstances may differ. Always proceed with caution before engaging or exchanging personal information in such situations. To learn more about cyber safety, see the UK Council for Internet Safety, which is accessible via www.gov.uk

About this information

This material was produced by PAPAA. Please be aware that research and development of treatments is ongoing.

For the latest information or any amendments to this material please contact us or visit our website: www.papaa.org The site contains information on treatments and includes patient experiences and case histories.

Original text written by PAPAA March 2023. Dr Esther Burden-Teh, clinical associate professor and consultant dermatologist, University of Nottingham, fully reviewed this leaflet in May 2023.

A lay and peer review panel has provided key feedback on the content used in this leaflet. The panel includes people with or affected by psoriasis and/or psoriatic arthritis.

Quality and accuracy

To learn more about how this material was developed and produced and the criteria we use to deliver quality support and information, go to our website and read the PAPAA Pledge: www.papaa.org/pledge

If you have any views or comments about this information or any of the material PAPAA produces, you can contact us via the details on the back page or online at www.papaa.org/user-feedback

Published: June 2023

Review date: May 2027

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