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head to toe

Scaling all difficulties

There is much more to psoriasis than what is commonly known Text Dawn Sin

Contrary to popular belief, psoriasis is not merely an inflammatory skin condition. Estimated to afflict 90,000 Singaporeans with a mean age of onset of about 34 years, it is now recognised as an immune-mediated disorder with manifestations not only on the skin, but on the joints as well. Faulty signals in the immune system cause skin cells to regenerate too quickly and result in inflamed, scaly patches or lesions that itch, crack and even bleed.



According to Dr Wong Su-Nee, consultant dermatologist and chief of the Psoriasis Unit at the National Skin Centre (NSC), the lesions can take many forms. The most common is the chronic plaque type, with well-demarcated salmon-pink or silvery plaques or scales appearing mostly on the knees, elbows, lower back and scalp. Another type is guttate psoriasis, in which droplet-like patches or scales pop up all over the body. Teenagers and children are said to be more prone to this form of psoriasis. Pustular psoriasis is a rare type of symptom, characterised by blisters of pustules that are either localised to the palms and soles, or



Pustular psoriasis

generalised over the body.

Other manifestations include nail psoriasis and psoriatic arthritis. In the former, fingernails and toenails may discolour, and there may be some pitting (depressions) or separation from the nail bed. The latter condition of psoriatic arthritis is estimated to afflict one in 10 people with psoriasis. Occasionally, the backbone is also involved.

Quality of life

The cosmetic burden of psoriasis is not all that psoriasis patients have to contend with. Dr Colin Theng, president of The Psoriasis Association of Singapore (PAS) and associate consultant at the NSC, shares that psoriasis patients are affected in many different ways.

A US study found that itch and scratching were named as the worst of psoriasis symptoms, just ahead of appearance. Those presenting with psoriatic arthritis also face difficulty using their limbs. Anxiety, depression, shame, avoidance of sex and even suicidal thoughts were some commonly reported mental health impacts. Consequently, social interactions and relationships were negatively affected, with some patients

reporting severe problems at hair salons, swimming pools and health clubs. Some even have difficulties finding jobs as a result of this problem. Here are two accounts of living with psoriasis:

Tan See Ngee, 36, insurance agent

HOW IT ALL STARTED

It started with very persistent and severe scalp dandruff 12 years back in 1993. I had then graduated from the National University of Singapore (NUS) and started work, frequently clocking in 10- or 12-hour days. I also drank and partied hard, often sleeping about three in the morning and waking up barely four hours later. Then, what I thought was scaly dandruff initially started to spread to my legs and the rest of my body. After seeing a doctor, I finally realised it was actually the manifestations of psoriasis.

ANY OTHER SYMPTOMS?

Five years ago, I started to experience psoriatic arthritis. It started as a stiff neck that would not abate and gradually affected my lower back as well. Despite measures like sunning my pillows and changing my sleeping posture, I was in tremendous pain. Even sitting on a chair and getting up was torture; the pain went all the way up to my brain and it would take me about 10 minutes to get out of bed or getting in or out of a car. At one point, I was even hospitalised as my condition was too severe. But luckily everything is under control now and I count myself fortunate that my hands and fingers are fine.