# JDPA

## Journal of Dermatology for Physician Assistants

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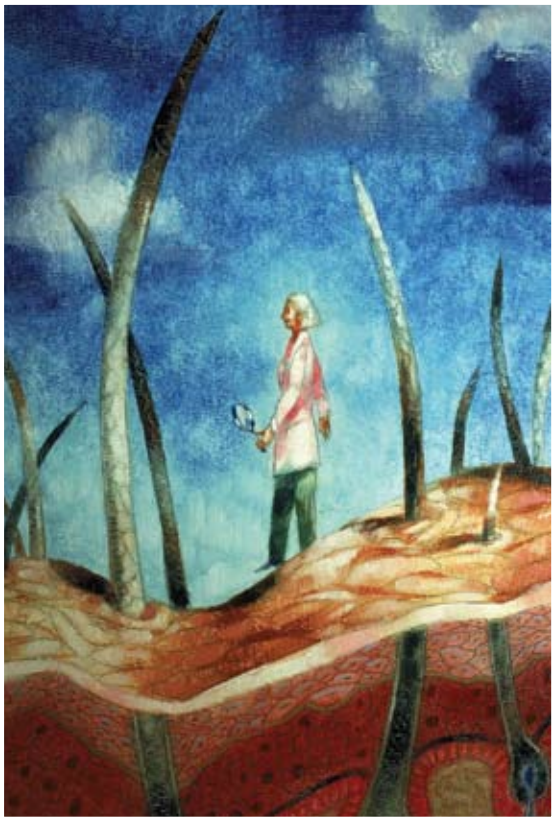

SUPPLEMENT for the National Psoriasis Foundation (NPF)

Official Journal of the Society of Dermatology Physician Assistants

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## Journal of Dermatology for Physician Assistants





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# From The Patient's Perspective
## *Words of Wisdom for Providers Treating Patients Who Have Psoriasis*

*By Katherine Fisher*

For many people who live in the northern half of the United States as I do, winter is a season with a good number of perks: anticipating the year's first snow (which paints everything a clean and sparkly white), sitting by a warm fire, and going skiing, sledding, or ice-skating. Even the unending rainy days are welcome in the valley in which I live because they translate to snow in the nearby mountains. But for me, winter is the worst season because it means a constantly itchy scalp, time-consuming (not to mention greasy) morning and evening skincare rituals, and the banishing of dark-colored blouses and sweaters from my wardrobe. For a person with psoriasis, winter *(and for many the whole year through)* is a challenge.

Living with psoriasis means nonstop anxiety that the pink scaly patches in the creases beside your nose and on your cheeks and elbows will draw stares from coworkers, classmates, and strangers. It means having to constantly check the shoulders of your jackets and shirts and to sift through your hair for dandruff-like flakes. Psoriasis means having to combat the urge to scratch your scalp and trying to be mindful not to unconsciously scratch, particularly in public. With psoriasis comes the frustration that a spot of acne, a scrape, or a shaving bump could be the start of a new psoriasis plaque. This is known as the Koebner phenomenon and it presents special challenges to psoriasis sufferers. Although you can slather your body with oils and creams to keep your skin soft and moist, bug bites, irritated hair follicles, and pimples cannot always be avoided. If they scab or dry up as they heal, they often become the site of a new plaque. For me, this was particularly frustrating as a teenager when both acne and self-consciousness were at a peak. These are not winter-only concerns. Even with just a mild-to-moderate case, psoriasis has kept me from going to the beach with friends and as a child, from attending slumber parties because my body was speckled with dime or quarter-sized plaques. Psoriasis has kept me from going to the hair salon because the patches on my scalp were such an embarrassment.

I have had psoriasis for thirty years. Over the years, it has presented itself in varying degrees of severity, worsening in the cooler, less sunny seasons or climates and flaring with the onset of the flu or a strep infection (for me, psoriasis first appeared when I contracted strep at the age of five). Having had psoriasis for most of my life, I have tried many medications including prescription, over-the-counter *(OTC)*, and natural. Each has its pros and cons, but there is not one that doesn't require some amount of effort. Few psoriasis treatments are as simple as popping a pill. From rubbing corticosteroids or synthetic vitamin D into tens or hundreds of plaques morning and night to swallowing copious dietary supplements to soaking one's scalp in olive oil and taking apple cider vinegar baths to relieve the itching, it has not been easy.

There are a couple of things that I want dermatology practitioners to know about those of us with psoriasis: First, although psoriasis cannot always be seen—it hides under our hair and clothes—it is a continuous battle to keep both the plaques and related stress and frustration at bay. A person with just a few small plaques needs as much support as a person whose body is 40% or more affected because plaques grow quickly and new ones form easily thanks to weather, stress, diet, and the Koebner phenomenon. Although my family and friends are sympathetic, they do not know first-hand the effort required to keep psoriasis at bay or the additional insecurities that result from having visible psoriasis. It is important for health practitioners to not just provide prescriptions and advice but to also ask patients how they are handling the emotional side of psoriasis. The National Psoriasis Foundation's website provides additional support for psoriasis sufferers and for the practitioners who treat them. Knowing that I am not alone in this helps, particularly during flare-ups.

## From The Patient's Perspective

Second, both psoriasis sufferers and practitioners need to be reminded that treating this condition requires effort, time and most of all, commitment *(regardless of the treatment path).* Making huge lifestyle changes like moving to a sunny, humid climate or overhauling one's diet may not be realistic. Even seemingly smaller changes like adding a thirty-minute medication regimen into an already busy schedule can present challenges. Health practitioners should talk to patients about this and about the variety of treatments that are available: prescription pharmaceuticals, OTC lotions and shampoos, as well as foods and nutrients that promote healthy skin and hinder inflammation. For me, looking at treatment both as a long term practice because there is no cure and as something that can be healed systemically has helped. I have had many years to learn what causes my flare-ups and I have learned to treat the plaques with pharmaceuticals but to also rely on sunlight and incremental dietary changes for maintenance. In short, I believe that the best dermatology practitioners are those who are open-minded about a variety of treatments and tune into each patient's life circumstances, attitudes, and emotional state.

*Katherine Fisher lives in Eugene, Oregon, with her husband, Matthew. She is an administrator at the University of Oregon. Her guttate psoriasis surfaced during a childhood strep infection thirty years ago.*

*In addition to using a combination of holistic medicine and pharmaceuticals, she has found sunlight to be the best therapy. In fact, Fisher enjoyed two psoriasis-free years while living in the humid, warm climate of central Florida. She has taken a layperson's research interest in the effects of diet on psoriasis and while living in Japan, found it fascinating that the incidence of psoriasis is nearly non-existent among the native populations where fish, rice, and vegetables are the dietary mainstays.*

### TAKE HOME POINTS for DERM PAs:

*By Steven K. Shama, MD, MPH*

- **We always need to be reminded that no matter how small a patch of psoriasis may be, if it is visible, it may be as significant and emotionally devastating to a patient, as is a large patch in a concealed area.**
- **How often do we write a few prescriptions for a patient who has psoriasis and ever consider how much time it may take to comply with the treatment? And even more significant, how often do we check with the patient to say "How are you doing with everything I am asking you to do?" I sometimes let patients know that I'll check with them by phone in between visits. Phone calls can be done off hours. A call from a caring provider can go a long way.**

# Dermatology Physician Assistants

**Physician Assistants (PAs) in dermatology play a number of varied and vital roles.**

PAs are medical providers licensed to practice medicine with physician supervision. From patient care and education, to skin surgery, treatment of chronic skin conditions, and cosmetic procedures, PAs are dynamic members of the healthcare team. PAs practice in every medical and surgical specialty and have been collaborating with dermatologists for 30 years, providing a wide variety of services. These include diagnosing, prescribing medications, ordering and interpreting lab tests, wound suturing, and medical or surgical treatment of a wide variety of clinical diseases. As with all PAs, dermatology PAs are legally and ethically bound to practice only under physician supervision.

**PAs are trained in intensive, accredited education programs.**

Because of the close working relationship that PAs have with physicians, PAs are educated in the medical model designed to mirror and complement physician training. PAs take a national certification examination and to maintain their certification, they must complete 100 hours of continuing medical education every two years and take a recertification exam every six years. Graduation from an accredited PA program and passage of the national certifying exam are required for state licensure.

How a PA practices dermatology varies with training, experience, and state law. In addition, the scope of the PA's responsibilities corresponds to the supervising physician's scope of practice. In general, a PA will see many of the same types of patients as the physician. Referral to the physician, or close consultation between the PA and physician, is based on the dynamic relationship between the physician and PA.

**The Society of Dermatology Physician Assistants** (SDPA) is a non-profit professional organization, composed of members who provide dermatologic care or have an interest in the medical specialty of dermatology. Fellow members provide medical services under the supervision of a board certified dermatologist.

More information can be found at **www.dermpa.org** and **www.aapa.org**.