



## PATIENT INFORMATION LEAFLET

# PSORIASIS IN CHILDREN AND YOUNG PEOPLE

*Written for parents, children and young people*

## WHAT IS PSORIASIS?

Psoriasis is a common condition that makes parts of the skin sore, scaly and itchy. It is not infectious – this means it cannot be caught from one person to another.

Psoriasis affects people differently. The treatments that help and how much the skin is affected can vary. There is no cure, but many treatments can help, depending on where it is on the body and how much it bothers you.

## WHY HAVE I GOT THIS CONDITION?

Psoriasis affects about 1 in every 50 people. It can start at any age but often begins between ages 20 and 30.

Psoriasis is a condition caused by the immune system being overactive.

The immune system normally protects the body from illness and infections. In psoriasis, it attacks healthy cells by mistake, causing inflammation in the skin. This can make the skin itchy, sore and inflamed.

Psoriasis also makes the skin produce new skin cells too quickly. Normally, skin cells grow and are shed over 2-3 weeks. In psoriasis, this happens much faster. As a result, skin cells build up on the surface of the skin and form scaly patches.

It's important to remember that psoriasis is not your fault. You did nothing to cause it.

## WHAT CAUSES PSORIASIS?

The exact cause of psoriasis is unknown. However, many things can make psoriasis worse. These are called triggers. Triggers can make the immune system more active and cause inflammation, which can lead to psoriasis getting worse, quickly (called a flare-up).

Common triggers include skin infections, injuries to the skin and insect bites. In some children and young people, psoriasis can flare

up after infections such as colds, sore throats or ear infections.

Psoriasis can also run in families, so you may be more likely to get it if someone in your family has psoriasis.

## WHAT DOES PSORIASIS LOOK AND FEEL LIKE?

Psoriasis causes raised inflamed (sore, itchy) patches of skin that are often thick and scaly. The patches are clearly outlined and the skin around them looks normal. They can look different depending on skin tone:

- On white skin, patches may look red.
- On brown or black skin, they may look darker, purple or grey.

The patches can be itchy, sore and sometimes feel as if they are burning. There are a few different types of psoriasis that can affect children and young people.

## WHAT ARE THE COMMON TYPES OF PSORIASIS?

- Guttate psoriasis: Small, dot-like patches across the body. This can be seen sometimes following an infection such as a cold or sore throat. Guttate psoriasis can happen once (a single episode that then goes away) or can come back again. In some people, it can change into other forms of psoriasis.
- Chronic plaque psoriasis: This is the most common type. The patches of psoriasis are plaques. Chronic means that it can last a long time if it is not treated. It can appear on the scalp, elbows, knees, belly button, armpits and private parts. Nails can develop small dents or can become thicker.

Psoriatic arthritis is a condition that often affects people with psoriasis. In some people, the overactive immune system affects the joints, making them feel sore, stiff (hard to



bend), or swollen. This is called psoriatic arthropathy.

### **DOES PSORIASIS VARY IN DIFFERENT AGES?**

Yes, psoriasis can occur at any time and can change as you get older. Babies may get psoriasis in the nappy area. Older children might get it on the face and scalp. In children, it can be itchier than in adults and may look like eczema.

### **HOW MIGHT PSORIASIS MAKE ME FEEL?**

Having psoriasis can affect how you feel about yourself. Some people may feel upset, worried or embarrassed. It can lower your confidence or make you want to avoid things you usually enjoy.

If you feel like this, talk to someone - your family, friends, teacher or healthcare professional. They can help you find support and the best treatment. Psoriasis should not stop you from doing things you enjoy or being who you want to be. Sharing your concerns with others helps them support you and make sure your skin gets the best care

### **DO I NEED ANY TESTS ?**

Usually, no tests are needed. Your healthcare professional will recognise psoriasis by examining your skin. Very occasionally a small skin sample (biopsy) can be taken to confirm the condition. This is to make sure that it is psoriasis and not another skin condition.

### **CAN PSORIASIS BE CURED?**

Although psoriasis cannot be cured, treatments can control it and make the skin feel better. Even with effective treatment, sometimes the symptoms may come back.

### **DO I NEED TREATMENT?**

Not always. You may not need treatment if the psoriasis is not causing you problems. Your doctor can discuss the choices with you.

### **CAN I USE SUNLIGHT TO HELP MY SKIN?**

Sunlight can help improve psoriasis and many people find their psoriasis improves after being in the sun. Being active outside when it is sunny is good and may make you feel better.

However, it is important to not get sun burnt, as this is painful and can harm your skin, both now and when you are older.

### **HOW IS PSORIASIS TREATED?**

Treatment depends on:

- The type of psoriasis
- How much skin is affected
- How much it is concerning you
- Which parts of your body are affected

Treatments aim to reduce soreness, scaliness and itch. There are many different treatments, and no one option works for everyone. Your healthcare professional will help you choose the best for you.

### **WHAT TOPICAL TREATMENTS ARE USED FOR PSORIASIS?**

Topical treatments are medicines that are put directly on the skin, such as creams and ointments. These include:

- Moisturisers (also called **emollients**) – these can help if your skin feels dry. They can reduce scaling, make the skin feel smoother, and help with itching.
- Active treatments – these help calm inflammation and reduce soreness and scaliness. Different treatments work better on different areas of the body. Your healthcare professional will talk with you about the best options and show you how and where to apply them.

Many topical treatments for psoriasis are often used 'off licence' in children and young people under 18. This does not mean that they are not safe. It means they were originally licensed for adults or for other conditions but are also safe and commonly used based on national guidelines. Your healthcare professional can explain this if you have any questions. *(For more information, see the resources for unlicensed and off-licence medicines in the last section of this leaflet)*

### **WHAT IF TOPICAL TREATMENTS ARE NOT ENOUGH?**

If psoriasis is severe or affects a large area of skin, creams or ointments may not be enough



on their own. In these cases, other treatments may help.

These include:

- Phototherapy (known as narrow-band ultraviolet B) – [NB-UVB](#) phototherapy uses controlled ultraviolet light to treat the skin.
- Tablets – medicines taken by mouth such as [methotrexate](#), [acitretin](#), and [ciclosporin](#)
- Injections (known as biologic medicines) – these can be used in severe psoriasis.

Your dermatologist will advise which treatment is best for you. Some people try several different treatments before finding the one which works best for them.

#### **CAUTION:**

This leaflet mentions 'emollients' (moisturisers). Emollients, creams, lotions and ointments contain oils. When emollient products get in contact with dressings, clothing, bed linen or hair, there is a danger that they could catch fire more easily. There is still a risk if the emollient products have dried. People using skincare or haircare products should be very careful near naked flames or lit cigarettes. Wash clothing daily and bedlinen frequently, if they are in contact with emollients. This may not remove the risk completely, even at high temperatures. Caution is still needed. More information may be obtained at [www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions](http://www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions).

## **WHEN IS THE TREATMENT APPLIED?**

Your doctor, nurse or pharmacist will tell you how and when to use your treatments.

- Moisturisers can be used regularly.
- Some are used only when the psoriasis gets worse quickly (flare-up). This is called 'active treatment'.
- Other treatments (for example, moisturisers or special shampoos that help reduce scaling) may be used every now-and-then to help prevent flare-ups.

## **WHEN CAN YOU STOP TREATMENT?**

Moisturisers can be used regularly. Active treatment can usually be stopped when the psoriasis patches feel flat, are not itchy, and are not scaly. Your healthcare professional will guide you on when to stop using medicines or creams.

Sometimes the skin may look red, lighter or darker in areas where psoriasis has cleared. This is called post-inflammatory change. This is common and not harmful. It usually fades over time, and treatment is not needed.

## **WHAT CAN YOU EXPECT?**

Treatments can help control psoriasis for many people, but it can flare up again, especially if there is a trigger.

Some triggers can cause a low level of inflammation in the body. This means the immune system becomes more active than it needs to be, which can make psoriasis worse. Common triggers include:

- feeling stressed or worried
- being overweight
- smoking
- drinking alcohol regularly or in large amounts
- not getting enough sleep
- skin injury (cuts, sunburn, insect bites)

Not everyone has the same triggers. What affects one person may not affect another. You can discuss this in more detail with your healthcare professional.

Psoriasis should not stop you doing the things you enjoy. Support is available if you are finding it hard to cope – speak with your healthcare professional about this.

## **WHAT OTHER PROBLEMS CAN BE LINKED TO PSORIASIS AND WHAT CAN I DO?**

Psoriasis can sometimes affect more than just the skin. It can also affect how a person feels. Some people may feel worried, upset, embarrassed or low in mood because of the condition. People with psoriasis may have a higher chance of developing some other health problems later in life, such as being



overweight and or having heart problems. Staying active and eating a healthy, balanced diet is important and can help lower these risks.

Staying active and eating a healthy, balanced diet can help lower these risks. Exercise can also help keep you well and may improve psoriasis for some people.

## WHERE CAN I GET MORE INFORMATION?

*Patient support groups providing information:*

Psoriasis Association:

Web: [www.psoriasis-association.org.uk](http://www.psoriasis-association.org.uk)

Email: [mail@psoriasis-association.org.uk](mailto:mail@psoriasis-association.org.uk)

PsoTeen, from the Psoriasis Association:

Web: [www.psoteen.org.uk/](http://www.psoteen.org.uk/)

Psoriasis Help Organisation

Web: <http://www.psoriasis-help.co.uk/>

The Psoriasis and Psoriatic Arthritis Alliance (PAPAA)

Tel: 01923 672 837

E-mail: [info@papaa.org](mailto:info@papaa.org)

Web: [www.papaa.org](http://www.papaa.org)

*Weblinks to other relevant sources:*

PIL on psoriasis for adults:

[www.bad.org.uk/pils/psoriasis-an-overview/](http://www.bad.org.uk/pils/psoriasis-an-overview/)

healthtalk.org:

[healthtalk.org/psoriasis/overview](http://healthtalk.org/psoriasis/overview)

Jargon Buster:

[www.skinhealthinfo.org.uk/support-resources/jargon-buster/](http://www.skinhealthinfo.org.uk/support-resources/jargon-buster/)

Medicines for Children - Information about unlicensed medicines:

[www.medicinesforchildren.org.uk/advice-guides/general-information-about-medicines/unlicensed-medicines/](http://www.medicinesforchildren.org.uk/advice-guides/general-information-about-medicines/unlicensed-medicines/)



*Please note that the BAD provides web links to additional resources to help people access a range of information about their treatment or skin condition. The views expressed in these external resources may not be shared by the BAD or its members. The BAD has no control of and does not endorse the content of external links.*

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Society for Paediatric and Adolescent Dermatology and the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

*This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel*

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