

Investigating psoriasis and hand dermatitis

Learn more, live better. A Canadian dermatologist answers your questions.



Q My psoriasis is interfering with my sex life, both physically and mentally. My dermatologist has recommended I try a biologic treatment. Is this new treatment likely to worsen or improve my difficulties?

A Impaired sexual function is common in patients with psoriasis. Studies have shown that it occurs in approximately 20–40 per cent of individuals with moderate to severe psoriasis. The psychosocial distress, negative self-image and physical symptoms associated with psoriasis can affect intimacy and even the desire to have sex. In addition, psoriasis can be associated with depression, fatigue, aches and itching. In the genital region, it can cause the skin to itch, burn and sometimes bleed during sex.

For some patients, biologics are effective at improving and clearing psoriasis and psoriatic arthritis—and when psoriasis improves, sexual difficulties often disappear. In a large study in which a biologic was used to treat psoriasis, sexual difficulties were seen in 22 per cent of patients before treatment and decreased to only three per cent after 12 weeks of therapy, and the improvement persisted with continuing treatment. In this particular study, the reduction in sexual difficulties correlated with skin improvement.

However, although this study showed that biologic therapy can reduce sexual difficulties in individuals with moderate to severe psoriasis, there are other causes of sexual dysfunction that might also need to be addressed. These can include certain medications, heart disease, diabetes, hypogonadism and depression. It is important to talk through your entire medical history with your family physician or dermatologist.

To relieve any psychological burden, you should openly discuss your concerns and challenges with your partner. This will ensure he or she is part of the journey to a happier sexual connection. Also consider sharing your story with other skin patients who live with the same challenges. Finally, think about seeing a psychologist or other health care professional to give you the tools to build a stronger, more confident you.

Q I am a nurse with hand dermatitis. I have tried everything to resolve it, but my hands are still itchy, red and scaly, and have painful cracks. What can I do?

A Hand dermatitis is a very common condition that is frequently caused or worsened by the work environment. It often occurs in health-care workers, with 50 per cent or more of

nurses being affected. In fact, it is often cited as a reason for a career change, even when a person likes his or her job.

If you have not already had patch testing to determine if you have an allergy to something that could be avoided, ask to be referred to a dermatologist who can perform this test. In addition, try to protect your hands as much as possible with non-latex gloves without powder. Frequently applying moisturizers or emollients is part of basic therapy, since they can improve your skin's barrier function and decrease itching and scaling.

Oral alitretinoin and phototherapy with UVB or psoralen plus UVA (PUVA) are treatments to discuss with your dermatologist. Alitretinoin is the only oral medication currently approved by Health Canada for severe, refractory chronic hand dermatitis. Almost 50 per cent of patients become clear or almost clear of their dermatitis after 12–24 weeks of therapy. In common with other oral retinoids, the drug can cause birth defects and should not be taken during pregnancy or when planning a pregnancy. **CS**

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