

**Get Psorted**

**A guide to  
understanding  
psoriasis**

**getpsorted.com.au**

**Mel —  
Melbourne**



**janssen**  **Immunology**

PHARMACEUTICAL COMPANIES OF 

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**Deepti — Melbourne**

# Welcome

**Learning you have psoriasis can create more questions than answers. From asking ‘why me?’, to wondering about the different treatments available, and even what life will be like going forward, there is a lot to take in.<sup>1</sup>**

While psoriasis generally presents on the skin, its impact can be much more than simply skin deep.<sup>2</sup> As well as needing to learn about things like treatment and triggers, it is common to have strong emotional reactions to having psoriasis.<sup>1,2</sup> Working out how to deal with these feelings is just as important as getting your head around the practical things.

The first step towards managing the condition is being informed,<sup>1</sup> so inside this booklet you’ll find information about everything from the different types of psoriasis to the varying treatments available, as well as lifestyle tips that can help you.

# Understanding Psoriasis

## What is psoriasis?

Psoriasis is a multisystem disease which most commonly presents on the skin<sup>2</sup>. The disease changes the life cycle of skin cells causing cells to build up rapidly on the surface of the skin. The extra skin cells form thick, silvery scales and itchy, dry, red patches (plaques) that are sometimes painful.<sup>3</sup>

Psoriasis is not infectious or contagious which means you do not 'catch' it, and you cannot pass it on to anyone else. It is a chronic condition. This means once it develops, it continues for life, even though it can get better or worse over time and may even seem to disappear for lengthy periods.<sup>3,4</sup>

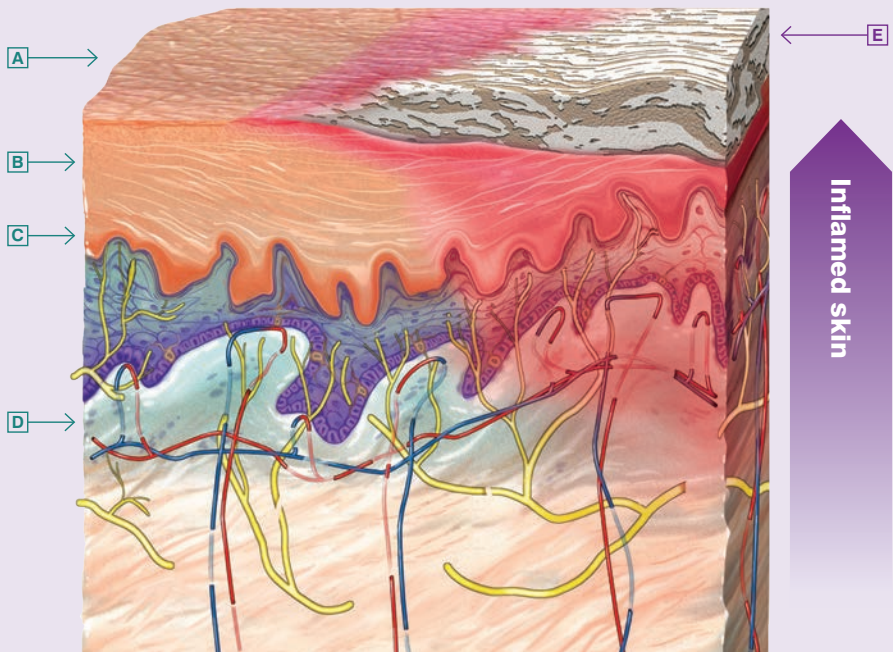
## What causes it?

Psoriasis is an autoimmune condition, which means it is caused by an over-active immune system. This causes immune cells to constantly act as though they are fighting an infection or healing a wound. It is this that leads to the abnormally rapid rate of skin cell multiplication described above.<sup>4</sup>

There is no single 'trigger' for psoriasis. Instead, it occurs because of a combination of things, including environmental factors, genetics and the immune system. For example, whilst inherited factors are known to be important, not everyone with a family history develops psoriasis. This means that environmental triggers, such as stress, an infection, smoking or alcohol, may play a role in the initial development of the disease.<sup>3</sup>

## Normal Skin

## Psoriasis



**A** Keratin layer

**C** Dermis

**E** Scales & plaques

**B** Epidermis

**D** Subcutaneous layer

# Types of Psoriasis

## What types of psoriasis are there?

Most types of psoriasis go through cycles, flaring for a few weeks or months, then subsiding for a time where there are no obvious skin symptoms, even though the psoriasis itself has not been cured.<sup>3</sup> There are several types of psoriasis that can effect adults and children.

These include:



### Plaque psoriasis

Up to 90 per cent of people with psoriasis have the plaque type, which causes dry, red lesions (plaques) covered in silver scales to form on the skin. While the plaques can occur anywhere on the body, they normally appear on the elbows, knees, scalp and lower back. They can be itchy or sore – or both.<sup>3,4</sup>



### Scalp psoriasis

As the name suggests, red patches of skin covered in thick, silvery-white scales appear on the scalp. For some people, it can be extremely itchy, while others do not experience any discomfort. It can cause hair loss in extreme cases, although this is usually only temporary.<sup>3,5</sup>



### Nail psoriasis

This type of psoriasis consists of tiny dents, discoloration and abnormal growth of the nail and its bed. This leads to the nails separating from the nail bed, or crumbling of the nails.<sup>3</sup>



## Palmoplantar psoriasis†

This is a less common form of psoriasis. It occurs on the palms of the hands or soles of the feet. It has characteristic scaling, redness or pustules (small blisters or pimples on the skin containing pus).<sup>4</sup>



## Guttate psoriasis\*

A type of psoriasis that most often affects younger people, it causes small, drop-shaped lesions that mainly appear on the chest, arms and legs, but sometimes on the face and scalp as well. The lesions are covered by a fine scale and are not as thick as



## Paediatric psoriasis

Children diagnosed with psoriasis can present with similar symptoms to adults. Early diagnosis and management is very important to children with psoriasis as it can have an impact on other physical conditions like obesity, hypertension and rheumatoid arthritis but it can also have significant impacts on their mental health and wellbeing.<sup>23, 27</sup>



## Psoriatic arthritis

While psoriatic arthritis is not a type of psoriasis, people with psoriatic arthritis can also experience psoriasis. It can take about 5 - 12 years to develop after having psoriasis. It can start with swollen joints and pain in large and small joints. Some people may also experience stiff joints when they wake up.<sup>24</sup>

\* Image courtesy of Professor J Prinz.

† Image courtesy of DermNet NZ.



# Diagnosis

## How is psoriasis diagnosed?

Only a healthcare professional can clinically diagnose psoriasis. PASI (or Psoriasis Area and Severity Index) is a formal system used to measure the severity and extent of a person's psoriasis, before and after treatment.<sup>5-7</sup>

It is required to assess whether patients with psoriasis qualify for treatment funded by the Australian Government. A PASI score takes into account how much of the skin is covered by psoriasis plaques also how red, thick and scaly the plaques are.<sup>5-8</sup>

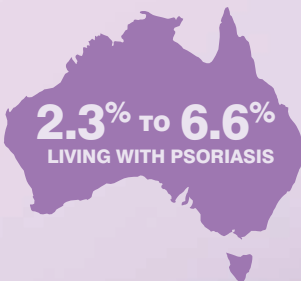
Understanding your PASI score can empower you to speak to your GP about your condition, and if necessary, request a referral to a dermatologist for specialist care.

**The higher the PASI score, the greater the psoriasis severity, as the table below shows.**<sup>8-10</sup>

PSORIASIS SEVERITY	Mild	Moderate	Severe
PASI score	<10	10 – 15	> 15

## How common is psoriasis?

About 2.3–6.6 per cent of Australians are living with psoriasis.<sup>11</sup> Both men and women can develop it and, although the disease occurs in all age groups, the condition usually starts in young adults in their early 30s, with 75 per cent of affected people developing psoriasis before the age of 45 years.<sup>4</sup>





## Are you at risk of other chronic and serious health conditions?<sup>1</sup>

Psoriasis is associated with numerous debilitating and sometimes chronic conditions also known as “comorbidities.” It is estimated that up to 30 per cent of people with psoriasis develop psoriatic arthritis. People with psoriatic disease are also at greater risk of developing cardiovascular disease, depression, Crohn’s disease, diabetes, liver disease, uveitis (an inflammatory disease of the eye) as well as other health conditions.<sup>3</sup>



# Treatment Options

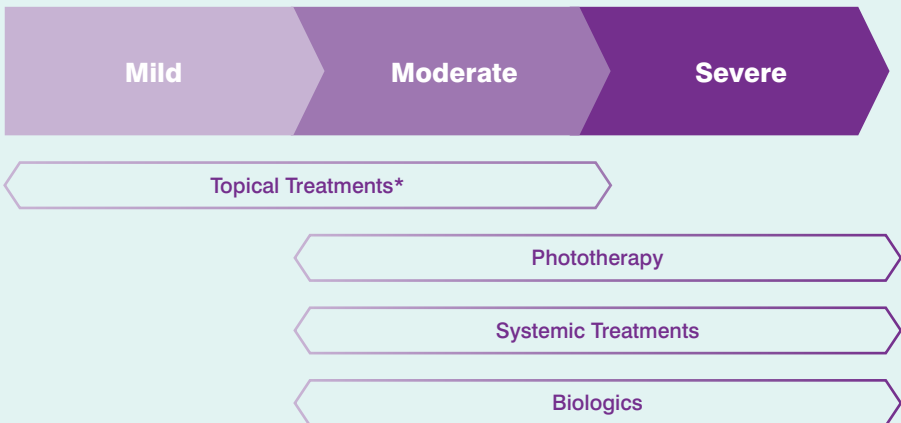
While there is no cure for psoriasis, symptoms can be decreased, and in some cases, disappear, if they are well managed with treatment. A variety of treatments are available for psoriasis, and which is best for you will depend on a number of factors. In making a treatment decision, your GP or dermatologist will consider with you: the severity of your psoriasis, its location, how it is affecting your quality of life, and whether you have other health concerns.

Finding the best treatment plan for you can take some time. When developing a treatment plan, your doctor will mostly follow a step-by-step approach. This approach works through the various therapies for psoriasis as necessary for your condition.<sup>3,12</sup> By doing this, your

doctor ensures that the best treatment for your psoriasis severity is chosen for you, as your response to treatment may change over time.

Speak to your GP or dermatologist if you have any questions about the treatment options that are explained on the following pages.

## Treatment based on psoriasis severity<sup>10</sup>



\*For severe psoriasis, topical treatments are used in combination with phototherapy and/or systemic treatments



## Topical treatments

Topical treatments are typically recommended when psoriasis is mild.<sup>10</sup> 'Topical' means these treatments are applied directly to the skin, to help slow down excessive skin cell production and/or reduce the inflammation that psoriasis causes. They address psoriasis from the outside. Topicals include a variety of creams, ointments, gels and lotions some available over-the-counter, and some only available with a prescription. Cortisone creams, the most commonly prescribed treatment for psoriasis, are a topical treatment. Other examples include creams that contain calcipotriol, tar-based creams and shampoos.<sup>3,12</sup>

Topical Treatments	How it works <sup>5</sup>
<b>Topical corticosteroids</b>	Reduce inflammation or the swelling and redness of lesions
<b>Vitamin D analogues (calcipotriol)</b>	Slow the production of skin cells. They also have an anti-inflammatory effect
<b>Vitamin A analogues (tazarotene)</b>	Help to slow skin cell growth and may decrease inflammation <sup>25</sup>
<b>Coal tar</b>	How it works is not exactly known, but it can reduce scales, inflammation and itchiness
<b>Dithranol</b>	Works in a similar way to vitamin D by slowing the production of new skin cells
<b>Salicylic acid</b>	Softens keratin, a protein that forms part of the skin structure. This helps to loosen dry scaly skin making it easier to remove



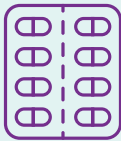
## Phototherapy

Phototherapy (or light therapy) uses ultraviolet light – the same UVA and UVB rays that the sun gives off naturally. This UV light is delivered via specially designed fluorescent tubes. Used to treat psoriasis that is moderate to severe, phototherapy is effective, but there are factors that need to be considered by you and your healthcare professional, including potential long-term skin damage, and the need for frequent treatments (eg. three times a week). When you also include the amount of time taken to travel to the clinic, phototherapy may be time consuming. For many, phototherapy is an effective therapy.<sup>5</sup>

Phototherapy Treatments	How it works <sup>13</sup>
<b>Broad- or narrow band ultraviolet B (UVB)</b>	Using an artificial light to slow down the production of new skin cells
<b>Psoralen plus ultraviolet A (PUVA)</b>	Medication called psoralen (either in cream or tablet form) makes skin more sensitive to light which allows UVA light to penetrate more deeply than UVB light. This helps to slow the production of new skin cells

Psoriasis may not respond or may stop responding to topical treatments and/or phototherapy, in which case, systemic medications may be prescribed.<sup>10</sup>

Learn more about the diagnosis and management of psoriasis at [www.getsorted.com.au](http://www.getsorted.com.au)



## Systemic Treatments

Systemic treatments work to address psoriasis from the inside, via the blood, and are generally only prescribed for people whose condition is moderate to severe.<sup>10</sup> They can be divided into two categories: standard systemic treatments, which are usually taken orally; and 'biologic' treatments, which are given as an injection.

### Systemic Treatments: Standard Treatments

Standard systemic treatments are prescription medicines which work slightly differently depending on the active ingredient. For example, most of them work to reduce the immune system's activity, while some may also affect how the skin cells behave.<sup>13</sup>

Standard Systemic Treatments	How it works
<b>Acitretin</b>	Slows down the production of new skin cells <sup>15</sup>
<b>Cyclosporin</b>	Helps to reduce the harmful activities of the immune system on the skin <sup>16</sup>
<b>Methotrexate</b>	Helps to reduce the harmful activities of the immune system on the skin <sup>17</sup>
<b>Apremilast</b>	Helps to reduce or control skin inflammation <sup>28</sup>

#### Costs Associated with Treatment

Many psoriasis treatments, including topical creams, oral medications and biologic medicines, are listed on the Pharmaceutical Benefits Scheme (PBS). This means if your GP or dermatologist prescribes you a listed treatment you will be eligible for treatment funded by the Australian Government (providing you are a Medicare cardholder and the severity of your condition meets the funding eligibility criteria).<sup>18</sup> If you'd like more information about the PBS Safety Net, speak to your pharmacist.



## Systemic Treatments: **Biologic Treatments**

Biologic treatments work by blocking the action of specific immune cells or chemical messengers that are known to play a role in psoriasis. Unlike standard systemic treatments, which impact the entire immune system, biologics work in a targeted fashion.<sup>19</sup> Biological medicines appear to work in cases of severe psoriasis and are considered to be less likely to impact other organ systems. Speak to your healthcare provider to find out if these treatments are suitable for you.<sup>19</sup>

<b>Biological Treatments</b>	<b>How it works</b>
<b>Tumour necrosis factor (TNF) inhibitor</b>	Decreases inflammation by blocking part of the communication system between cells (TNF) that calls for an immune system response <sup>19</sup>
<b>Interleukin 12/interleukin 23 (IL-12/23) inhibitor</b>	Inhibits or slows down a very specific part of the immune system and targets cells that are thought to be important in the development of psoriasis <sup>19</sup>
<b>Interleukin 17A (IL-17) inhibitor</b>	Inhibits or slows down a very specific part of the immune system (different to IL-12/23 described above) and targets the cells that are thought to play a central role in the development of psoriasis <sup>19</sup>
<b>Interleukin 23 (IL-23) inhibitors</b>	Inhibit or slow down a very specific part of the immune system reducing the production of inflammatory substances <sup>19</sup>

A dermatologist is the best person to advise on whether biologics are right for you. Biologics are only reimbursed or funded for severe psoriasis.<sup>18</sup>

## Work with your doctor to find the right treatment

As each treatment option for psoriasis is different, it might be helpful to write down the most important factors you want from your treatment. Your GP or dermatologist can then help match the most suitable treatment to you or your child's needs.

### Things to consider are:

- |   |   |
|---|---|
| <input type="checkbox"/> Effectiveness of treatment (symptom control) | <input type="checkbox"/> Consistency of results/ response over time |
| <input type="checkbox"/> Side effects and safety                      | <input type="checkbox"/> Control over flare-ups                     |
| <input type="checkbox"/> Convenience of treatment (ease of use)       | <input type="checkbox"/> Time spent on treatment                    |
| <input type="checkbox"/> Frequency of treatment (dosing schedule)     | <input type="checkbox"/> Number of treatments used at one time      |
|   | <input type="checkbox"/> Cost of treatment                          |

### Other considerations:

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### Questions to ask yourself if you have already tried other psoriasis treatments

- Do you feel that your current treatment is helping your symptoms enough?
- Have you had a thorough discussion with your GP or dermatologist about your symptoms and your response to treatment?
- Have you explored all suitable treatment options with your GP or dermatologist recently?



# The Psoriasis Treatment Journey

**PSORIASIS  
DIAGNOSED  
AND INITIAL  
ASSESSMENT**

**Mild**

**Topical Treatments**

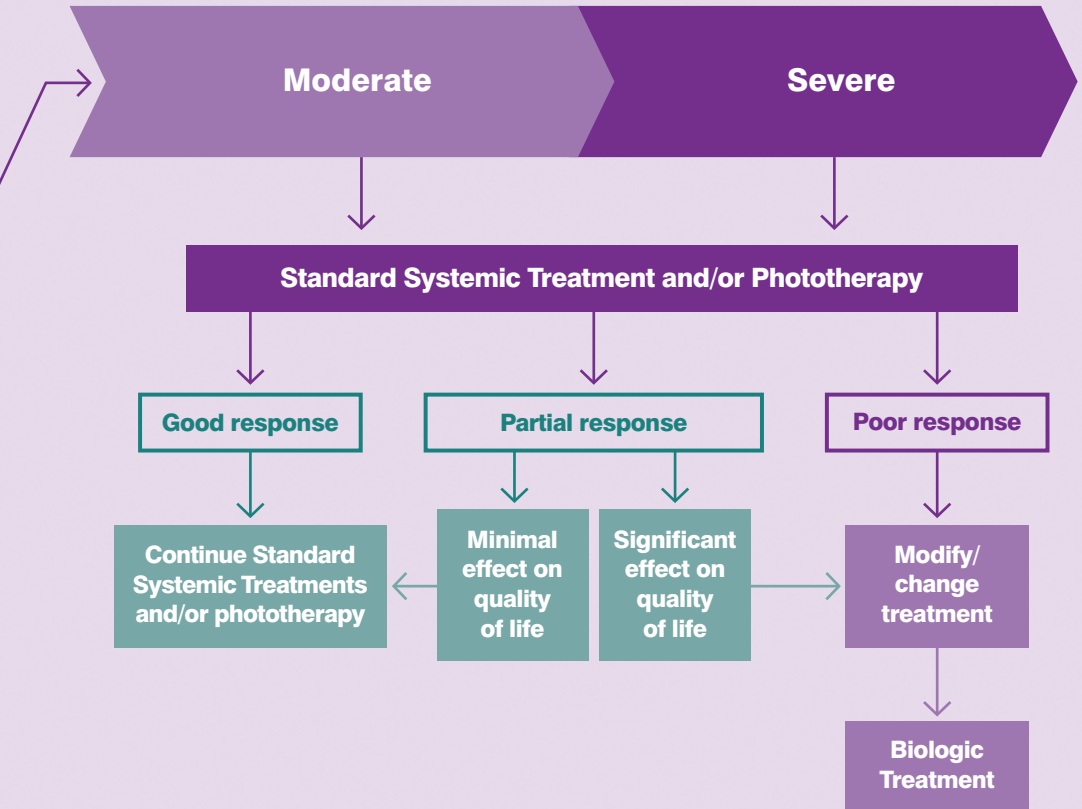
**Remains mild**

**Worsens**

**Continue Topical  
Treatments**



There are now a number of effective treatments available to help keep your psoriasis under control. This treatment pathway shows the typical progression through psoriasis treatment options available in Australia.<sup>10</sup> It is important to talk to your GP or dermatologist to find a psoriasis treatment regimen that works best for you.



# Managing Your Psoriasis

One of the best things you can do to manage your psoriasis is stick to the treatment plan prescribed by your GP or dermatologist, and discuss any questions or concerns that arise throughout your psoriasis journey with them. There are also some lifestyle changes you can make that may have a positive impact on your condition, as well as help you cope better.

## Manage your stress levels:

Stress is a trigger for symptom flare-ups, so it is important to do what you can to reduce and manage your stress levels.<sup>13</sup> For more information about stress, including management tips, visit [lifeline.org.au](http://lifeline.org.au)

## Try to prevent skin ‘damage’:

Cuts, insect bites, scratching and even sunburn can all trigger a psoriasis flare-up or make it harder to treat.<sup>13</sup>

## Track your triggers:

Keeping a ‘health journal’ can help you figure out what triggers, or contributes to, a psoriasis flare-up. Keep a record of everything from your moods and any new products you’re using, to anything that happens to your skin.

## Quit smoking:

As well as increasing the risk of developing psoriasis in the first place, smoking can also make your psoriasis worse.<sup>5</sup> For advice and help to quit smoking, call **Quitline on 13 78 48** or visit [quitnow.gov.au](http://quitnow.gov.au)

**If you have any questions about managing your condition, talk to your GP or dermatologist.**

## Avoid drinking too much alcohol:

This is something else that can make psoriasis worse.<sup>13</sup> For adults, experts recommend no more than two standard drinks per day.<sup>20</sup>

## Stay active and eat well:

Exercise improves mood, sleep quality and is a useful stress-reduction technique, while eating a healthy, balanced diet can help maintain good general health.<sup>1</sup>

## Be emotionally aware if your child has psoriasis

For many children, the main problem with psoriasis is its visibility. This can affect their confidence and self-esteem and can put them at risk of developing depression and anxiety. Keep a close eye on your child’s mood and maintain regular and open communication about how they are feeling.<sup>26</sup>

## Take care of your overall health:

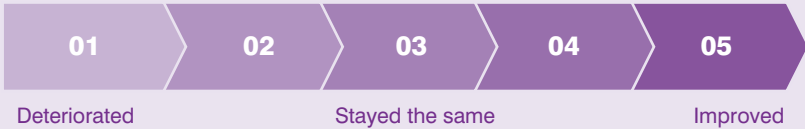
People with psoriasis are at an elevated risk of developing other chronic and serious health conditions, also known as “comorbidities.” These comorbidities include: cardiovascular disease, depression, Crohn’s disease, diabetes, liver disease, uveitis (an inflammatory disease of the eye) as well as other health conditions.

Managing any other conditions as well as your psoriasis is an important part of looking after yourself.<sup>1,21</sup>

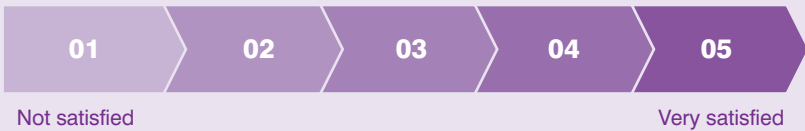
# Getting The Most From Your Treatment

In order to get the most from your treatment, it is important to be open and honest with your GP or dermatologist about your symptoms, goals and treatments. Keep a diary or use the below guide to help you track how your psoriasis is affecting you, your treatment goals and how the treatment is making you feel. Be sure to bring your notes to your appointments so you can refer to them as needed.

**My symptoms, such as plaque thickness, scaling, and redness have changed with my current treatment in the following way:**



**This is how satisfied I am with my current treatment:**



**Notes for my next appointment:**

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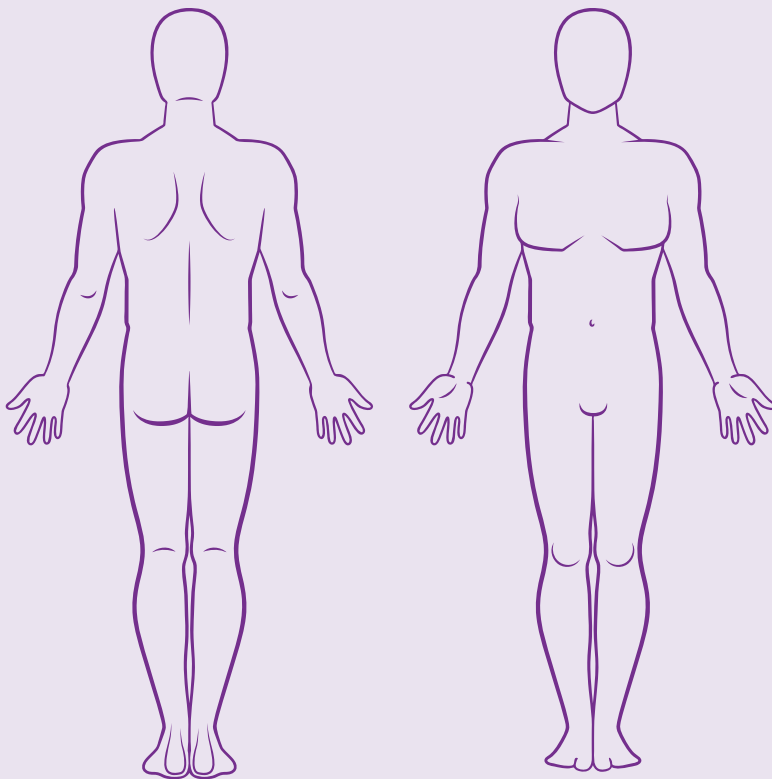
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Cut along this line and take these notes to your next doctors appointment



## Record your symptoms

Circle or colour in all the areas of your body affected by skin symptoms since your last visit. You should also include any flare-ups that you have had in between visits. This will help your doctor get a clearer picture of your condition. Think about all your symptoms, including plaque thickness, scaling, and redness.



Notes for my next appointment:

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Cut along this line and take these notes to your next doctors appointment



# Where Can I Get Further Information?

## About psoriasis

[www.getpsorted.com.au](http://www.getpsorted.com.au)

Get Psorted is a website, created by Janssen, providing information about psoriasis and how it can be treated, as well as practical advice for the management of your psoriasis symptoms on a day-to-day basis. Also, if you or a loved one think you may have symptoms of psoriasis, but are unsure, you can take a quick quiz to help find out where you are on the psoriasis journey.

Answers to some frequently asked questions and links to support tools are also available.

The screenshot shows the homepage of the GetPsorted website. At the top is a purple navigation bar with the logo 'GetPsorted' and menu items: 'Could it be psoriasis?', 'treating psoriasis', 'Living better with psoriasis', 'FAQs', and 'Glossary'. A search icon is on the right. The main content area features a large video player with a woman, Mei, sitting on a chair. Text overlays on the video read 'Mei - Melbourne' and 'From isolation to connection: My video diary'. Below the video is a section titled 'Could it be psoriasis?' with text explaining that skin rashes are not unusual and listing causes like infections, eczema, dermatitis, and acne. It includes a 'Read More' button. To the right of this text is a photo of a man and a woman sitting together, with a vertical label 'Robbie - Melbourne'. At the bottom, there is a section titled 'Treating psoriasis' with introductory text and a 'Jay - Hobart' label next to a photo of a woman.

It's important to talk to your GP or dermatologist about any questions or concerns you may have regarding your condition and treatment.

## Mind the blues

The effect of psoriasis can be far more than skin deep, and cannot be underestimated. In fact, people living with psoriasis have an increased risk of experiencing depression.<sup>22</sup> To learn more about depression or seek help, talk to your GP, Black Dog Institute ([blackdoginstitute.org.au](http://blackdoginstitute.org.au)) or Lifeline ([lifeline.org.au](http://lifeline.org.au))

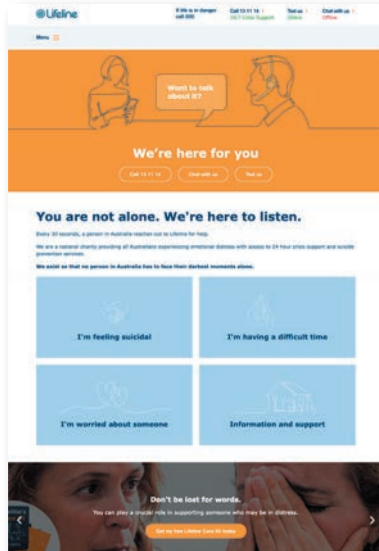
### blackdoginstitute.org.au

Black Dog Institute is a leader in the identification, prevention and treatment of mental illness and the promotion of wellbeing.



### lifeline.org.au (13 11 14)

A national charity providing all Australians experiencing a personal crisis with access to 24 hour crisis support and suicide prevention services.





# Glossary

<b>Autoimmune disease</b>	The result of an overactive immune response, where the body's immune system mistakenly attacks healthy body tissue.
<b>Biologic Treatment</b>	Derived from living sources such as human or animal proteins. Given as an injection, biologic treatments are designed to block crucial steps in the disease process.
<b>Dermis</b>	The skin's middle layer, located beneath the epidermis.
<b>Epidermis</b>	The skin's outer layer.
<b>Multisystem Disease</b>	A generalised rather than localised disease. It can affect the whole body or involve a number of organs and tissues.
<b>PASI Score</b>	An acronym for Psoriasis Area and Severity Index. It is a clinical assessment tool used to measure the severity and extent of a person's psoriasis.
<b>Phototherapy</b>	A light therapy, where ultraviolet rays target the skin cells to help decrease the rapid rate of skin cell turnover associated with psoriasis.
<b>Plaque</b>	A scaly patch that forms on skin affected by psoriasis.
<b>Systemic Treatment</b>	Inhibits or slows down the immune system's activity.
<b>Topical Treatment</b>	Applied directly to affected areas of the skin. Topical treatments include creams, ointments, lotions, gels and shampoos.

**References:** 1. National Psoriasis Foundation (USA) <https://www.psoriasis.org/> (accessed August 2017). 2. Langley RGB et al. *Ann Rheum Dis*;64(Suppl II):ii18-ii23. 3. Mayo Clinic (USA) <http://www.mayoclinic.org/> (accessed August 2017). 4. The Australasian College of Dermatologists <https://www.dermcoll.edu.au/> (accessed August 2017). 5. DermNet NZ <http://www.dermnetnz.org/> (accessed August 2017). 6. Fredricksson T, Pettersson U. *Dermatologica* 1978;157:238-244. 7. Feldman SR, Krueger GG. *Ann Rheum Dis* 2005;64(Suppl II):ii65-ii68. 8. Department of Human Services. Severe chronic plaque psoriasis Initial PBS authority application form (PB112) <https://www.humanservices.gov.au/organisations/health-professionals/forms/pb112> (accessed August 2017) 9. Mrowietz U et al. *Arch Dermatol Res* 2011;303:1-10. 10. Baker C et al. *Aust J Derm* 2013;54:148-154. 11. Parisi R et al. *J Invest Dermatol* 2013;133:377-385. 12. Cohen SN et al. *Clin Exp Dermatol* 2012;37(Suppl 1):13-8. 13. National Health Service (NHS) Choices (UK) <http://www.nhs.uk/> (accessed August 2017). 14. Sullivan JR et al. *Aust Prescr* 2009;32:14-18. 15. ACITRETIN ACTAVIS (acitretin) Approved Production Information 19 November 2013. 16. NEORAL (cyclosporin) Approved Product Information 4 November 2014. 17. DBL (methotrexate) Injection and Tablets Approved Product Information 9 September 2014. 18. Australian Government Department of Human Services <http://www.humanservices.gov.au/> (accessed August 2017). 19. National Psoriasis Foundation (USA). Systemic medications for psoriasis and psoriatic arthritis including biologics and new oral treatments, May 2014. 20. Australian Government Department of Health <http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/guide-adult> (accessed August 2017). 21. Ni C et al. *Clin Cosmet Invest Dermatol* 2014;7:119-132. 22. Kurd SK et al. *Arch Dermatol* 2010;146:891-895. 23. Bronckers I. M. G. G. J. et al (2015). Psoriasis in Children and Adolescents: Diagnosis, Management and Comorbidities. *Paediatric Drugs* 17(5):373-84. Accessed here: <https://pubmed.ncbi.nlm.nih.gov/26072040/>. Last accessed: October 2020. 24. American Academy of Dermatology Association. Accessed here: <https://www.aad.org/public/diseases/psoriasis/psoriatic-arthritis-symptoms> Last accessed: October 2020. 25. NPS MedicineWise. Tazarotene. Accessed here: <https://www.nps.org.au/australian-prescriber/articles/tazarotene>. Last accessed: October 2020. 26. The society for Pediatric Dermatology, 2016, "What is Psoriasis". Accessed October 2020. 27. Salman A et al. 2018. Impact of psoriasis in the quality of life of children, adolescents and their families: a cross-sectional study. *An Bras Dermatol*. Nov-Dec; 93(6):819-823. Last Accessed: November 2020. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6256235/>. 28. British Association of Dermatologists, Aprelimast, Last accessed February 2021, available at <<https://www.bad.org.uk/shared/get-file.ashx?id=5904&itemtype=document>>

# Get Psorted

[getpsorted.com.au](http://getpsorted.com.au)

With life-long conditions like psoriasis, it is important that you work with your doctor to find the treatment that works best for you. This booklet forms part of Get Psorted – a patient education initiative designed to help you:

- Better understand your condition and the different treatments available
- Work with your healthcare team to reduce your symptoms using effective treatments, and
- Identify ways to assist you in managing your psoriasis and live a full and balanced life.



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**janssen**  **Immunology**  
PHARMACEUTICAL COMPANIES OF Johnson & Johnson

Developed in collaboration with



**Psoriasis Australia**

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