Psoriasis Australia
Support Education Awareness

Psoriasis + COMORBIDITIES

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A GUIDE FOR LIVING WITH PSORIATIC DISEASE IN AUSTRALIA

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ucb Inspired by patients. Driven by science.

Psoriasis Australia is the leading Australian not-for-profit patient organisation at the forefront of raising awareness and understanding of Psoriatic Disease (Psoriasis – PSO and Psoriatic Arthritis – PSA) with the medical profession and wider Australian public.

About Psoriasis Australia

Psoriasis Australia aims to:

- Educate patients, families and the general community about psoriatic disease and its treatments
- Provide support patients and their families
- Distribute new information and research results
- Encourage research into new treatments and potential cures.

To support these aims, Psoriasis Australia fundraises at the local level and maintains contact with government departments, health authorities, pharmaceutical companies and psoriasis support groups worldwide.

We welcome your involvement with Psoriasis Australia and encourage you to make contact for further information.

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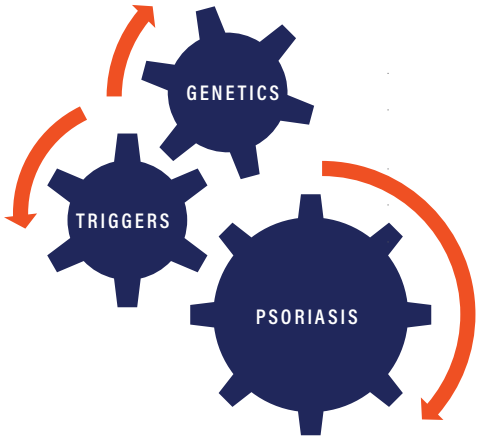
WHAT IS PSORIASIS?

Psoriasis is a common autoimmune condition, with as many as one in 1.6 million Australians living with the condition.

The most common form of psoriasis causes raised, inflamed, scaly, red skin lesions, known as plaques. It is non-contagious, so it cannot be caught from someone else.

WHAT CAUSES PSORIASIS?

Psoriasis is an autoimmune disease – it is caused by overactivity of the immune system in the skin.



Immune cells accumulate and produce a range of chemicals, which act as if they are fighting infection or healing a wound. Skins cells multiply at an abnormally fast rate, forming psoriasis plaques.

Up to half of people with psoriasis have a family history of the condition, and inherited factors are known to be important.[2] However, even if a person is genetically predisposed to the condition, psoriasis may not appear. A trigger is required for it to develop.

HOW MAY PSORIASIS AFFECT MY SKIN?

These triggers or risk factors include:

- Smoking
- Alcohol consumption
- Infections
- Physical trauma
- Injury to site
- Certain medications
- Emotional stress

Plaque psoriasis lesions are usually:

- Dry
- Raised slightly above the skin
- Red
- Covered with silvery scales

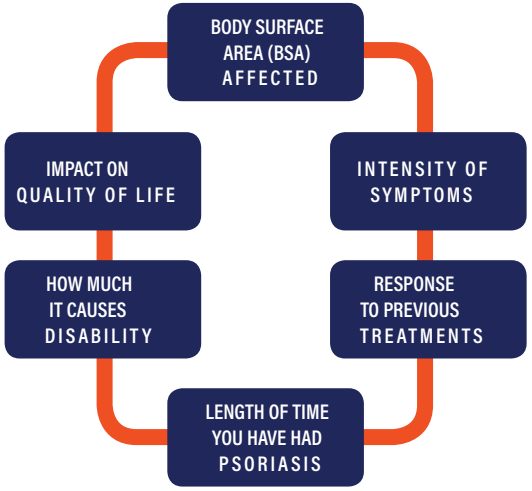
They may also be:

- Itchy
- Inflamed
- Painful
- Cracked
- Bleeding

There may be just a few lesions or there may be many. They can be found anywhere on the body.

Your healthcare professional will need to estimate the severity of your psoriasis in order to decide the most appropriate management strategy for you.

Classification of your psoriasis severity should take into account...

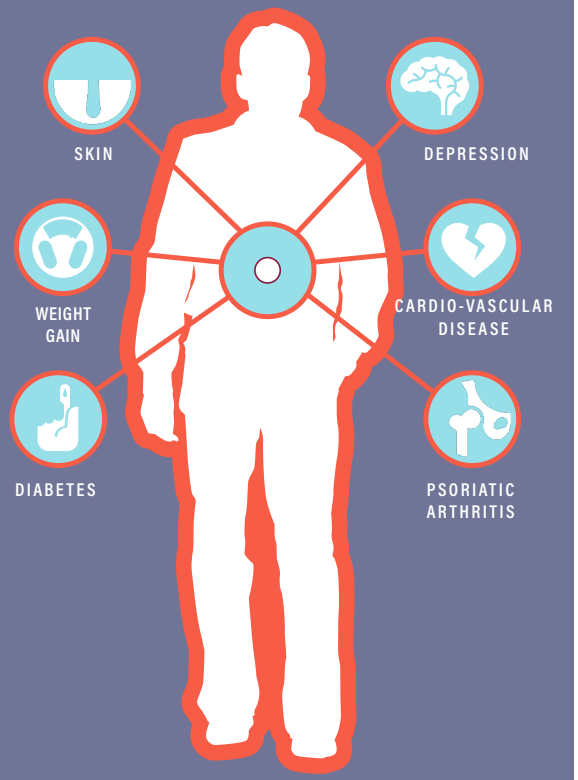


SHOULD I BE MINDFUL OF ANY OTHER POSSIBLE CONCERNS?

You might have come across the information that individuals with psoriatic disease face a heightened risk of associated comorbidities. A comorbidity refers to a health condition related to an existing ailment, like psoriasis. Conditions such as anxiety and depression are recognized as comorbidities linked to psoriasis and psoriatic arthritis. Additional comorbidities associated with psoriatic disease encompass cardiovascular disease, metabolic syndrome, obesity, hypertension, and type 2 diabetes.

The presence of psoriasis or psoriatic arthritis elevates the likelihood of developing a comorbidity. However, it is essential to keep in mind that being at risk does not ensure that a condition will manifest. Various elements, including personal and family health histories, current or past treatments, lifestyle choices, and the severity of your psoriatic disease, play a crucial role in determining your health outcomes.

The most important thing is not to be overwhelmed. Help is available for all associated conditions.



COMORBIDITIES OF PSORIATIC DISEASE

Psoriatic disease affects more than the skin. Because it is an inflammatory condition, it can increase the risk of several other health problems, known as comorbidities.

Understanding these can help you take steps to protect your overall health.

CARDIOVASCULAR DISEASE (CV) RISK

People with psoriatic disease have higher levels of inflammation throughout their body. This long-term inflammation can damage blood vessels, making them narrower or stiffer. Over time, this increases the risk of heart disease, stroke, high blood pressure, and high cholesterol. People with severe psoriasis or psoriatic arthritis are at even greater risk.

WHAT SHOULD I DO?

- Have regular checks of your blood pressure, cholesterol, and heart health with your GP.
- Maintain a healthy weight and quit smoking if you smoke.
- Eat a heart-healthy diet with plenty of fruits, vegetables, whole grains, lean proteins, and healthy fats.
- Stay physically active most days of the week.

PSORIATIC ARTHRITIS (PSA)

Psoriatic arthritis is a type of inflammatory arthritis that affects some people with psoriasis. It occurs when the immune system attacks the joints and the places where tendons attach to bones. This causes pain, stiffness, and swelling, especially in the fingers, toes, back, and heels. Without treatment, PsA can lead to joint damage and loss of mobility.

WHAT SHOULD I DO?

- See your GP or a rheumatologist if you have joint pain, swelling, or morning stiffness.
- Early diagnosis and treatment can help prevent joint damage.
- Treatment may include medications to reduce inflammation and protect joints.
- Stay active with gentle exercise and stretches to maintain flexibility and strength.

INFLAMMATORY BOWEL DISEASE (IBD)

Psoriatic disease shares similar immune pathways with conditions like Crohn's disease and ulcerative colitis. These cause inflammation in the digestive tract, leading to symptoms such as stomach pain, diarrhoea, and fatigue.

WHAT SHOULD I DO?

- Tell your doctor if you have ongoing digestive problems.
- A gastroenterologist can perform tests and provide treatment.
- Follow your treatment plan closely and avoid anti-inflammatory medicines unless prescribed.

DEPRESSION AND ANXIETY

Living with psoriatic disease can be emotionally challenging. Visible skin symptoms, chronic pain, and fatigue can affect self-esteem and social life. Ongoing inflammation may also influence brain chemistry, increasing the risk of depression and anxiety.

WHAT SHOULD I DO?

- Talk openly with your doctor about how you're feeling — mental health is just as important as physical health.
- Seek support from a psychologist, counsellor, or support group.
- Stay connected with family and friends.
- Try relaxation techniques like mindfulness, deep breathing, or yoga.

OBESITY

Many people with psoriatic disease are overweight or obese, partly due to inflammation, lifestyle factors, and reduced activity during flares. Extra body fat, especially around the waist, can worsen psoriasis and reduce how well treatments work. Obesity also increases the risk of other comorbidities like heart disease and diabetes.

WHAT SHOULD I DO?

- Aim for gradual, sustainable weight loss through healthy eating and regular activity.
- Speak with your GP or a dietitian for individual advice and support.
- Stay active in ways that suit you, such as walking, swimming, or cycling.
- Celebrate small, steady progress toward your goals.

NON-ALCOHOLIC FATTY LIVER DISEASE (NAFLD)

NAFLD occurs when fat builds up in the liver and is not caused by alcohol. It is more common in people with psoriasis or PsA, especially those who are overweight, have high cholesterol, or diabetes. If untreated, it can lead to liver inflammation or scarring.

WHAT SHOULD I DO?

- Have regular liver function tests.
- Maintain a healthy weight and manage blood sugar and cholesterol.
- Limit alcohol and eat a balanced diet.

EYE DISEASE (UVEITIS)

Uveitis is inflammation inside the eye, which can occur in people with PsA. It can cause eye redness, pain, blurred vision, and light sensitivity. If not treated quickly, it can lead to vision loss.

WHAT SHOULD I DO?

- See an eye specialist (ophthalmologist) urgently if you notice eye pain, redness, or vision changes.
- Follow treatment instructions — anti-inflammatory eye drops or medicines may be needed.
- Have regular eye check-ups if you have psoriatic arthritis.

OSTEOPOROSIS

Chronic inflammation, physical inactivity, or long-term use of corticosteroids can weaken bones, leading to osteoporosis. This makes bones more fragile and more likely to break.

WHAT SHOULD I DO?

- Get enough calcium and vitamin D through food, supplements, and safe sun exposure.
- Do regular weight-bearing exercise such as walking or resistance training.
- Avoid smoking and excessive alcohol.
- Ask your doctor about a bone density scan.

YOUR HEALTH CARE TEAM

Managing your psoriatic disease and other associated comorbidities works best when you have a team of healthcare professionals supporting you. Not everybody's health care team will look the same. During your treatment journey, you will come across a range of health care professionals who will be responsible for different aspects of your care. These may include:

General Practitioner (GP) or Family doctor

Your GP is your main point of contact for your health. They help coordinate your care, manage your medications, and refer you to specialists when needed. Your GP can also support you with:

- Regular health checks for diabetes and psoriasis
- Monitoring your blood pressure, cholesterol, and weight
- Coordinating care between your specialists
- Set up Chronic Disease or Mental Health Management Plans

Dermatologist
A skin specialist who treats psoriasis and other skin conditions. They can help you manage your symptoms and keep your psoriasis under control.

Rheumatologist
A doctor who specialises in diagnosing and treating arthritis and other joint, muscle, and bone conditions. They help you manage psoriatic arthritis and make sure you're on the best treatment plan for you.

Endocrinologist:
A hormone specialist who helps manage diabetes and related conditions such as thyroid problems or metabolic syndrome. They can help you balance your blood sugar, medications, and lifestyle.

Cardiologist:
A heart specialist. Because both psoriasis and diabetes increase your risk of heart disease, your GP might refer you to a cardiologist for heart health checks.

Ophthalmologist
An eye doctor who can check for diabetes-related eye changes (such as diabetic retinopathy) and for eye inflammation related to psoriasis (called uveitis).

Nephrologist
A kidney specialist who may become involved if you have kidney complications from diabetes or other health issues.

Gastroenterologist
A specialist in gut health. Some people with psoriasis or psoriatic arthritis also develop inflammatory bowel disease (IBD).

Orthopaedic Surgeon
A doctor who treats bone and joint problems through surgery. They may help if joint damage or pain becomes severe.

Dietitian
Helps you make healthy food choices, manage your weight, and keep your blood sugar stable. They can also guide you on foods that may help reduce inflammation.

Exercise Physiologist
Designs safe and effective exercise programs to help you stay active, manage your weight, and protect your joints.

Podiatrist
Looks after your feet and nails — very important for people with diabetes, as well as for those whose psoriasis affects the feet.

Pharmacist
Can explain how your medicines work, check for side effects, and help you use them safely — especially if you take multiple medications.

Occupational Therapist (OT)
Helps you manage everyday activities more easily and may suggest aids or devices to reduce strain on your joints.

Psychologist or Counsellor
Supports your mental well-being. Living with long-term conditions like psoriasis and diabetes can sometimes feel overwhelming — and talking to a professional can really help.

WHERE CAN I GET HELP?

You're not alone. There are many support groups and patient organisations that can offer information, connection, and advocacy. These include:

Psoriasis Australia – Information, support, and community (psoriasisaustralia.org.au)

Heart Foundation Australia – Heart health checks, nutrition, and exercise advice (heartfoundation.org.au)

Australian Psoriasis Centre – Specialist clinics and education

Beyond Blue – Mental health support (1300 22 4636)

Quitline (13 78 48) – Free, confidential help to stop smoking

Healthdirect Australia (1800 022 222) – 24-hour medical advice

Reach out early — support works best when you use it before things feel hard.

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