

Editorial

Perspectives on Psoriasis

Jeffrey M. Weinberg, MD

Psoriasis has many different connotations for those who are and are not afflicted by this disease. Author John Updike devoted a chapter, "At War With My Skin," to psoriasis in his memoirs, *Self-Consciousness*. He found that psoriasis keeps you thinking: "Strategies of concealment ramify, and self-examination is endless."¹ The patient constantly invents new ways of hiding the symptoms. After an attack of measles in 1938, Updike noted that his psoriasis paraded "in all its flaming scabbiness from head to toe."²

The word *disease* is too strong in Updike's opinion because psoriasis is neither contagious nor painful, and it does not weaken the body. However, the disorder does isolate the patient from the "happy herds of the healthy."² When Updike was working on his autobiography, he had been living with psoriasis for 50 years and had come to understand that the war with his skin was solely a matter of self-consciousness, self-esteem, and self-acceptance. He noted: "What was my creativity, my relentless need to produce, but a parody of my skin's embarrassing overproduction?"²

In another vein, on January 20, 2004, the *New York Post* reported that Amy Fisher said that "her former lover Joey Buttafuoco is like a bad rash that won't go away."³ Formerly referred to as the "Long Island Lolita," Fisher expressed her frustrations about Buttafuoco in the column she penned for the *Long Island Press*. She noted that people still ask her about Buttafuoco and she wondered if "she'll ever be able to shake her connection to the sleazy former body shop owner." She also said: "I have spent 12 years futilely attempting to distance myself from Joey Buttafuoco as one might try to get rid of psoriasis."³

My initial reaction to this report was that if Fisher is writing about psoriasis, it must be something

important! But how do patients with the disease feel? How does it impact each of these individuals? Based on my experience, the best way to answer these questions is to ask the patient. Rather than treating a body surface area or a psoriasis area sensitivity index score alone, we should seek and highly value each individual's perspective on the disease.

For example, I am sure that most dermatologists have experienced patients with a 30-year history of psoriasis presenting to us for the first time with 40% or more body surface area involvement. Our first reaction might be to consider light therapy, or a biologic or systemic agent. Oftentimes we have experienced a patient saying, "Just give me a refill of my ointment. This works fine for me." A topical agent sufficiently controls the impact of the disease for this patient; however, another patient with the same presentation may feel totally different and desire a biologic or phototherapy.

The indication for various therapies should be dictated by several factors: the extent of the disease, the impact on the patient's quality of life, and the patient's individual treatment goals. Once these factors are established, it is also important to assess the patient's perspective on the varying risks and benefits of all potential treatment modalities.

When taking all of these factors into account, we often can find a successful approach to treating the patient's disease and meeting his/her individual preferences. All you have to do is take the time to ask the right questions.

REFERENCES

1. Updike J. *Self-Consciousness*. New York, NY: Alfred A. Knopf; 1989.
2. Updike J. *Odd Jobs: Essays and Criticism*. New York, NY: Alfred A. Knopf; 1991.
3. Johnson R. Amy: Make Joey Go Away. *New York Post*. Jan 20, 2004; Page Six:10.

The author reports no conflict of interest.