Psoriasis: Causes & Treatments

by Berkeley Wellness  |  December 29, 2016

Psoriasis is a noncontagious but persistent skin disorder that occurs when the normal cycle of skin cell growth and replacement is disrupted. Normally, new skin cells rise from the deepest layer of skin to the top layer—the epidermis—and replace dead skin cells, which are shed. This process ordinarily takes about 28 days. In areas marked by psoriasis, the process has been accelerated, taking place in only three or four days—and as a result excess cells accumulate, causing the characteristic scaly patches.

Eruptions of psoriasis tend to peak in two different age groups: people ages 30 to 39 and those between the ages of 50 and 69. The rashes can increase and decrease in severity, often for no apparent reason, although they are often more severe during the winter (perhaps because of drier air) and prolonged periods indoors. Psoriasis cannot be cured, and it can be painful and unpleasant to live with, especially in severe cases when skin can crack and blister and nails may become pitted and deformed.

Symptoms of psoriasis
• Distinct rash—like patches of dry, reddened, raised and inflamed skin with white flaking scales (usually appearing on the scalp, lower back, elbows, knees, or knuckles)
• Itching
• In severe cases cracked and blistered skin, often painful and disfiguring
• In some severe cases pitted, crumbly, and loosened fingernails
• May be associated with arthritis

What causes psoriasis?
No one knows what causes psoriasis. Strong evidence points to a genetic component (40 percent of patients have a family history of the condition). There are several things that can increase the risk for psoriasis or make symptoms worse. These include alcohol, smoking, obesity, stress, a recent bacterial or viral infection, anxiety, certain medications, sunburn, and possibly vitamin D deficiency. There is, however, no conclusive link between diet and psoriasis.

Psoriasis also increases the risk for numerous conditions, including some types of arthritis, eye disorders, metabolic syndrome, and inflammatory bowel disease.

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Vaccines
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❖ Only 9 percent have gotten the hepatitis A vaccine, and only 24 percent the hepatitis B vaccine. That's only a small proportion of people in the groups the CDC advises to get these shots.

Many adults don’t get immunizations because they don’t realize how important they are or because they have misconceptions about their safety and efficacy. Some miss out because they don’t have regular health care providers or insurance, or because their providers are not diligent in providing the vaccines.

The CDC concluded that “coverage for all vaccines for adults remained low, and missed opportunities to vaccinate adults continued.” For guidance about vaccines, consult your health care provider.

Psoriasis…
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What if you do nothing?

There is no cure for psoriasis. Since this chronic ailment is often painful and unpleasant to live with, some medical treatment is generally necessary to relieve the symptoms.

Did You Know... Immunizations currently prevent 2-3 million deaths every year.
HOME REMEDIES FOR PSORIASIS

Psoriasis is not curable, but it can be controlled. It’s best to consult a doctor initially. The following home remedies can complement any treatments your doctor recommends. Only trial and error will determine which treatments are most effective for you. Improvement can take a few weeks or as long as several months.

❖ **Get some sun.** Most people should guard against too much exposure to the sun. But to minimize the effects of psoriasis, regular sunbathing offers some benefit. Proceed cautiously, staying in direct sunlight for 15 to 30 minutes a day. About 80 percent of people with psoriasis will see improvement in three to six weeks. Since sunburn on healthy unaffected areas of skin can aggravate the psoriasis or make it resistant to future treatment, apply sunscreen to those areas a half hour before sunbathing. Use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15.

❖ **Moisturize your skin.** Apply moisturizing skin creams liberally to your skin to keep it moist and less likely to crack. Avoid alcohol-based preparations, which can dry the skin; also avoid lanolin-based products if you are allergic to lanolin. When used regularly, petroleum jelly or thick emollient creams can keep the skin from drying. In general, use fragrance-free products.

❖ **Take a soak.** Special bath solutions containing either oatmeal, various oils, or Epsom salts may offer symptomatic relief for psoriasis. Soak for 15 minutes in warm bathwater to soothe the skin and encourage healing. Moisten when you get out.

❖ **Remove skin scales.** Nonprescription creams and ointments that contain salicylic acid, lactic acid, or urea can help to soften and remove scales. Coal tar gels, also available in the pharmacy without prescription, can slow down the rate at which skin cells are produced, thereby improving psoriasis. Some coal tar products can be irritating to the skin, so test it on a small area first. Also, coal tar can make your skin more sensitive to sunlight, so be sure to wash it off before going out in the sun.

❖ **Get some scalp relief.** For psoriasis plaques on the scalp, (Continued on next page)
DO ADULTS NEED VACCINES?
by Amanda Z. Naprawa | February 19, 2015

With almost daily reports of new cases of measles popping up around the country, you may be concerned about your own immunization status. We all know that children are supposed to get vaccinated, and to receive “booster” shots, but what about adults? Here, we take a look at some of the recommended disease-preventing vaccines and boosters for people 18 and older.

MMR (Measles-Mumps-Rubella)

If you were born before 1957, it is very likely that you are immune to measles because people born during that time lived through several years of epidemic measles, and therefore were likely infected themselves at some point. An estimated 95 to 98 percent of adults born before 1957 are immune to measles, according to the CDC. So if you fit this age category, you likely do not need to be vaccinated against measles. However, the “1957 Rule” does not apply to mumps or rubella (German measles). For this reason, your physician may recommend that you have the MMR shot, particularly if an outbreak of either disease is occurring. And if you are at high risk of being vaccinated, since the MMR shot confers the protection to about 99 percent.) And all adults—men and women born after 1957 who have not been vaccinated at least once with MMR definitely need to get the vaccine.

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Men and women born after 1957 who have not been vaccinated at least once with MMR definitely need to get the vaccine—either a single dose or, if desired, two. (The first shot confers about 95 percent protection; a second dose ups the protection to about 99 percent.) And all women of childbearing age should have at least one dose of MMR to protect against rubella, which is particularly dangerous for a fetus. But avoid the vaccine if you are currently pregnant or if you intend to become pregnant within four weeks of being vaccinated, since the vaccine contains live virus and there is a theoretical risk that it could be transmitted to the fetus.

Tdap/Td

There are two vaccines used to protect against the bacterial illnesses tetanus, diphtheria, and pertussis in adults: Td and Tdap. The CDC recommends that adults get a tetanus booster (Td) every 10 years. However, if you never

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had the Tdap vaccine—which protects against pertussis (whooping cough) in addition to tetanus and diphtheria—you should receive that vaccine in place of your Td booster (you can get it immediately; no need to wait for the 10-year mark). Thereafter, you should receive the Td shot every 10 years.

It’s especially important to get vaccinated against pertussis if you are a grandparent or someone who is around infants, for whom pertussis can be extremely dangerous or even fatal. And pregnant women can help protect their newborns by getting a Tdap vaccine with every pregnancy.

Shingles (herpes zoster)

This disease is caused by the same virus that causes chickenpox and produces a painful, even debilitating, rash. Anyone who has had chickenpox is at risk of developing shingles because the virus lies inactive in the body and can resurface years later. The CDC recommends that all people age 60 and older who aren’t immunocompromised get a single dose of the shingles vaccine, regardless of whether they recall having chickenpox or not. But the vaccine is approved for use in people as young as 50, so if you’re in that age group (50 to 59), you may want to talk with your doctor about the pros of having the vaccine now. Additionally, adults born after 1980 who have never had chickenpox or been vaccinated against it should get the chickenpox (varicella) vaccine. As with MMR, avoid the vaccine if you are pregnant or might become pregnant within one month of being vaccinated.

Pneumonia (pneumococcus)

Some 350,000 to 620,000 older adults are hospitalized every year due to pneumonia (either bacterial or viral), and it is the fifth leading cause of death in people older than 65. This vaccine protects against Streptococcus pneumonia, the leading bacterial cause of pneumonia. The CDC now recommends that adults age 65 and over receive two different types of pneumococcal vaccine—the one that has long been advised for older people, Pneumovax 23, plus a newer one called Prevnar 13—to protect against bacterial pneumonia and its complications, such as blood infection and meningitis. Recent studies have shown that the second vaccine provides substantial additional protection in that age group.

When to get the Prevnar 13 vaccine depends on whether you’ve already been vaccinated against pneumonia, and if so, when. If you are over 65 and have never been vaccinated, you should get the Prevnar 13 vaccine as soon as possible, then get a follow-up shot of Pneumovax 23 six to twelve months later. If you have already received the Pneumovax 23

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CONTACT LENSES: How to Avoid Eye Infections

by Berkeley Wellness | January 14, 2016

If you are one of the estimated 41 million people in the US who wear contact lenses, be sure to handle them properly—or you risk getting an eye infection caused by bacterial, fungal, or other microbial contaminants.

According to a recent online CDC survey of about 1,000 contact lens wearers, 99 percent reported engaging in at least one “hygiene-related risk behavior.” And about one-third reported having a red or painful eye related to contact lens use that required medical attention.

The improper practices reported in the survey included:

- Sleeping or napping in contact lenses. Though some lenses are approved by the FDA for overnight wear, sleeping in contact lenses still increases risk of eye infection, the CDC noted.
- Rinsing or storing the lenses in tap water. Tap water is not sterile, which means that lenses are exposed to microorganisms.
- Showering or swimming in contact lenses. This also exposes lenses to microorganisms.
- Topping off disinfecting solution in the case. Adding fresh solution to old solution decreases effectiveness of the disinfection. You should discard the old solution and replace with new solution every day.
- Replacing the cases and lenses beyond the recommended time. Cases should be replaced at least every three months. Lenses should be replaced as directed; the time varies depending on the type of contact lens you use.

For more information about contact lens safety, go to Healthy Contact Lens Wear and Care. (CDC.gov)

Vintage Lemonade

“In the 1800’s this is how people made lemonade! It’s not that difficult, and tastes wonderful!”

5 lemons
1 ¼ cups white sugar
1 ¼ quarts water

Peel rinds from the lemons and cut into ½” slices. Set the lemons aside. Place rinds in a bowl and sprinkle sugar over them. Let stand for one hour, so the sugar begins to soak up the oils from the lemons. Bring water to a boil in a covered saucepan and pour over the sugared lemon rinds. Allow mixture to cool for 20 minutes and then remove the rinds. Squeeze the lemons into another bowl. Pour the juice through a strainer into the sugar mixture. Stir well, pour into pitcher and pop it in the fridge! Serve with ice cubes.

Did you know... Today, we protect children and teens from 16 diseases that can have a terrible effect on their young victims if left unvaccinated.
Vaccines…

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shot, you can get the Prevnar 13 shot anytime as long as it’s been at least a year since the Pneumovax. Additionally, adults ages 19 to 64 who are immunocompromised or otherwise at high risk of pneumococcal infection should also speak with their doctors about receiving one or both vaccines.

Influenza

The CDC recommends that all individuals 6 months and older receive the vaccine annually, but it’s especially important for older adults. The flu not only makes you feel lousy for days, it can have very serious, even fatal, complications. While the shot may not be perfect, it is your best defense against influenza. Additionally, the more people who get vaccinated against influenza, the harder it is for the disease to take root in the community. By getting vaccinated, you are helping those around you stay healthy.

**Bottom line:** Talk with your doctor about what vaccines are right for you. Some adults may need to catch up on vaccines they did not receive as a child; others (such as those with compromised immunity) may need certain adult vaccines earlier than the general population. Your doctor can help you make those decisions. Remember, there is no better way than vaccination to protect yourself and your loved ones from many serious infectious diseases.
Health & Wellness Fair

Vendor Registration

Limited to 45 Vendors

OCT. 19, 2017
9 A.M. – 2 P.M. | First Baptist Church | 20 Brookside Dr. | Danville, PA

In lieu of a table/space fee, vendors are asked to donate a wellness door prize item ($10+ value) for our visiting public.
To promote wellness and safety, we ask that vendors do not provide candy as treats on their tables which can be a choking hazard and/or a dietary restriction to our public visitors. Table covers are not provided.
Lunch will be provided for all vendors. Vendor prizes will be awarded at the end of the event.

Please fill out and send to lgmurphy@geisinger.edu or fax to 570-271-7241

ORGANIZATION: ________________________________________________________________

CONTACT NAME: ______________________________________________________________

CONTACT PHONE #:____________________________________________________________

EMAIL ADDRESS: _____________________________________________________________

TABLE? _______ # OF CHAIRS: _______ ELECTRICITY? _______

# OF PARTICIPANTS ATTENDING (for lunch count): _______

WELLNESS SCREENING? _______ IF SO, WHAT? _________________________________

SPECIAL REQUEST? __________________________________________________________

DESCRIPTION OF RAFFLE ITEM: _____________________________________________