NAIL PSORIASIS

What are the aims of this leaflet?

This leaflet has been written to help you understand more about nail psoriasis. It tells you what it is, what causes it and what can be done about it.

What is nail psoriasis?

Psoriasis is a common, chronic inflammatory disease that affects the skin, the nails and the joints. It affects both genders equally and it can appear at any age. It is not infectious and it is due to a combination of genes and the environment. A large proportion of patients (80-90%) with skin disease develop nail psoriasis at some point during the course of their disease. Sole manifestation of nail psoriasis may develop in up to 10% of patients. Nail psoriasis can be quite debilitating with a huge impact on the quality of life and a high prevalence for psoriatic arthritis (75-80%). It is also associated with a higher risk of moderate to severe skin psoriasis. Moderate to severe psoriasis being a chronic inflammatory disease increases the risk of cardiovascular disease such as heart disease, stroke and kidney disease. There is also association with high blood pressure, high cholesterol, obesity, diabetes and inflammatory bowel disease, therefore, treatment is imperative.

What causes nail psoriasis?

Both our genes and the environment (infection, skin damage, stress, alcohol, medications) play a role in the development of psoriasis. The skin in psoriasis is very thick due to the impaired mechanism of normal skin regeneration and quick division of cells and the subsequent accumulation on the outer layer of the skin. The same occurs in nails. Risk factors such as obesity and smoking are associated with poor response to treatment; therefore optimising the health conditions gives a better chance for treatment success.

What does nail psoriasis look like?

Depending on where the inflammatory insult is on the nail unit is (nail matrix- the site of nail production, or the nail bed), there are different clinical presentations. If the nail matrix is the site of disease, then the nails appear rough, with pits (dents), with grooves across the nails (Beau's lines), they appear white and the lunula (white round structure at the base of nails) is spotted with a red colour. If the nail bed is where the inflammation is, then the nails appear thickened and lifted from the nail bed, with a yellow- red discolouration near the edge of the nail separation from its bed. There are also tiny blood spots at the far-end of the nail bed and on the skin surrounding the nail. Not all nails have the same appearance or the same severity of disease at a given time.

How is nail psoriasis diagnosed?

Your doctor will not only examine your nails but he/she will perform a full body examination in order to check for psoriasis on the skin, scalp and joints. Psoriasis has very characteristic clinical features and therefore the diagnosis is usually quite easy to make.

1. The diagnosis is based on the clinical history and presentation. However, fungal nail infection may coexist with nail psoriasis, therefore it is mandatory to take nail clippings to rule it out.
2. A nail biopsy is sometimes required if the diagnosis is doubted or when the treatment is ineffective.
3. X-rays of the digits are also a test required as they may show psoriatic joint changes and therefore a referral to the Rheumatologists would be indicated, especially if there is associated joint pain.

How can nail psoriasis be treated?

Treating nail psoriasis is very challenging, as there is no cure, unfortunately. Achieving complete clearance of nail psoriasis is very difficult and therefore your dermatologist needs to discuss this with you and be realistic about your expectations. All the risk factors mentioned above need to be discussed and addressed in order to optimise treatment and achieve the best possible results.

There are a number of treatments for nail psoriasis. Your dermatologist will decide which one would be the best one for you based on the clinical presentation, severity, number of nails involved, whether there is skin and joint involvement and the impact of the disease on your quality of life.

Before starting any treatment any simultaneous nail fungal infection needs to be treated. The lifted part of the nail needs to be removed.

Then, the options are:

1. Topical potent corticosteroids or in combination with vitamin D analogues (i.e Dovobet gel / lotion, Enstilar foam) can be used when the nails are not thick and when the separated nail has been removed in order to expose the nail bed and apply the topical treatment easily on the bed and on the surrounding skin.
2. Intralesional steroids (injections into the diseased area) (if maximum 3-4 nails are involved) if the nails are rough and there are nail pits (nail disease originating from the nail matrix) or the nails are very thick.
3. Intralesional methotrexate has also been tried
4. If there is skin disease as well with /without joint involvement then tablet (systemic) treatments may be considered
    - Systemic treatments include medications like Methotrexate, Acitretin, Ciclosporin. If these fail, then the oral medication Apremilast or biologic therapies (injectables) could be considered:
    - Apremilast, a medication taken by mouth, could be an option, especially if there is also psoriatic arthritis.
5. Injections with Biologic therapies: there is a considerable number of biologics available i.e Ustekinumab, Infliximab, Adalimumab , Etanercept , Secukinumab , Ixekizumab, Brodalumab , Guselkumab , Risankizumab, Tildrakizumab. Certain biologics are better for nail disease than others but a holistic approach is usually taken in order to choose the appropriate one for each patient.

Self care (What can I do?)

1. Avoid any mechanical trauma to the nails as this induces further psoriasis (Koebner phenomenon). Therefore any nail manipulation should be avoided i.e nail biting, picking, aggressive filing, manicure /pedicure and the nails should be kept short.

2. The part of the nail that is lifted off the nail bed should be very cautiously clipped off as it can be painful and further nail separation could be induced.
3. Gloves could also be worn for further protection.
4. The shoes should be comfortable and spacious and pointed shoes should be avoided in order to minimise further trauma.

Where can I get more information?

Web: https://www.dermnetnz.org/topics/nail-psoriasis/

Patient support group:

The Psoriasis Association
Dick Coles House
2 Queensbridge
Northampton,
NN4 7BF
Tel: 0845 676 0076
Web: www.psoriasis-association.org.uk

BRITISH HAIR AND NAIL SOCIETY PATIENT INFORMATION LEAFLET PRODUCED JANUARY 2020

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