

What are the symptoms of psoriasis?

Psoriasis is a common skin condition caused by skin cells growing and dividing too rapidly. It's not exactly known why this happens, but it's thought that the immune system is involved. The immune system seems to attack healthy skin cells by mistake, causing a series of events that leads to excess skin cell growth. Psoriasis is not contagious. It cannot be passed from person to person.

The main symptom of psoriasis is a rash on the skin. The rash is typically dry and flaky. In people with lighter skin tones, areas of psoriasis usually appear pink or red. In people with darker skin tone, psoriasis can appear pink, red, purple, or dark brown. The exact appearance of psoriasis, and the body areas affected, differs depending on the type of psoriasis. In the most common type of psoriasis – plaque psoriasis – psoriasis leads to raised, flat, dry and scaly areas (plaques), usually on the elbows and knees. Sometimes, the patches can be itchy or sore.

Psoriasis is a long-term condition. It can significantly impact on people's daily lives. Having psoriasis can affect people's mental health. [Depression](#) is more common in people with psoriasis. Healthcare professionals can offer mental health support. Support groups for people with psoriasis can also be helpful.

In this series of articles centred around psoriasis, you can read about [treatment for psoriasis](#), psoriasis symptoms, and the [causes of psoriasis](#) – all written by one of our expert GPs.

The rest of this feature will take an in-depth look at the symptoms of psoriasis, as, at Patient, we know our readers sometimes want to have a deep dive into certain topics.

Symptoms of psoriasis

Psoriasis is primarily a skin condition but it can also affect nails and joints. The areas affected depend on the type of psoriasis and can vary from person to person - some may have it worse on their scalp, some, around their groin area. Symptoms can include:

- Dry, flaky patches of skin, usually with scales which can be white, silvery, or grey. In people with lighter skin tones, these patches are typically red or pink. In people with darker skin tones, they can also be red or pink but might instead appear purple or dark brown.
- Areas of psoriasis can sometimes feel itchy or uncomfortable.
- Areas of psoriasis may bleed if the scales are removed.
- Pain and swelling in the joints ([psoriatic arthritis](#)).
- Nail problems - [pitted nails](#) (psoriatic nail disease).
- Problems with mental health - people with psoriasis often experience an impact on their mental health. Feeling stressed or depressed can cause psoriasis to flare. Psoriasis itself can also affect daily life. Some people have very visible areas of psoriasis on their skin, which can be distressing.

Typically, psoriasis tends to flare up for a few weeks or months at a time, and then get a bit better in-between flares. Some people can identify triggers for their psoriasis - see [psoriasis causes](#)).

Common types of psoriasis

All types of psoriasis affect the skin, but the signs and symptoms of psoriasis differ a bit depending on the type.

Plaque psoriasis

Plaque psoriasis is the most common type of psoriasis. It's also called chronic plaque psoriasis.

This leads to raised patches of dry skin which usually have silvery-white scales. The colour of the patches varies depending on skin tone. These are typically found on the elbows, knees, lower back, and scalp, but can appear anywhere on the body.

Nail psoriasis

Around one in two people with psoriasis have [nails](#) that are affected. Symptoms and signs of nail psoriasis include:

- Pitting – small indentations on the nail – and ridging of the nail.
- The nail bed separating from the nail itself.
- Thickening and discolouration of the nail.
- Pink discolouration under the nail.
- In severe cases, the entire nail can be lost.

Nail psoriasis can look similar to [fungal nail infections](#).

Scalp psoriasis

Psoriasis can affect the scalp and hair. Symptoms and signs of scalp psoriasis include:

- Red or pinkish patches in the scalp and hairline.
- Flaking and silvery-white scale in the scalp. The flaking can look a bit like dandruff, although dandruff is caused by a different condition ([seborrhoeic dermatitis](#)), though sometimes both conditions occur together – see sebopsoriasis, that follows.
- Itchiness. Scalp psoriasis is more likely to be itchy than other areas of the body.
- Hair loss. If scales are removed, they can take patches of hair with them, causing hair loss. However, this is temporary hair loss – the hair should still grow back.
- A dry scalp. The skin of the scalp can become very dry, even to the point of becoming cracked and bleeding.

People with scalp psoriasis tend to have chronic plaque psoriasis elsewhere on the body too, although sometimes people can get scalp psoriasis on its own.

Guttate psoriasis

Guttate psoriasis behaves differently to other forms of psoriasis. Guttate psoriasis comes on suddenly – over days. It's more likely to affect children and young people. Signs and symptoms of guttate psoriasis include:

- Lots of small teardrop shaped patches, usually over the chest, back, and arms. Guttate means drop, hence the name.
- The patches can be pink, red, purple, or dark brown, depending on skin colour.
- The patches usually have a fine whitish scale.

Guttate psoriasis is often triggered by an infection with [Streptococcus](#) – for example, [Strep throat](#) – and tends to occur one to two weeks after that infection.

Guttate psoriasis tends to go away over time – around two to three months. Around seven out of ten people never have psoriasis again, whereas around three in ten people develop chronic plaque psoriasis later.

Less common types of psoriasis

Psoriasis can also behave differently in other cases. These can be difficult to diagnose, because they are rarer and can look like other skin conditions.

Flexural psoriasis

Flexural psoriasis is also called inverse psoriasis. A flexure is a skin fold – for example, the armpit or groin. In flexural psoriasis, psoriasis affects areas like the armpits, groin, under the breasts, between the buttocks, or anywhere else there are skin folds. Psoriasis affecting the genitals is also usually grouped with flexural psoriasis.

In flexural psoriasis, the friction of skin folds moving against each other causes the areas of psoriasis to look and feel different to chronic plaque psoriasis elsewhere. Symptoms include:

- Red, pink, purplish or dark brown – depending on skin colour – skin patches in skin folds, which tend to be flat.
- These patches tend to be smooth, without scale – which has been rubbed off by friction – but sometimes scale can be present.
- Discomfort, including itching and pain, in affected areas.

Flexural (inverse) psoriasis can be difficult to tell apart from other skin conditions that affect skin folds, like fungal infection (intertrigo).

Pustular psoriasis

Pustular psoriasis is a rare type of psoriasis. In pustular psoriasis, the plaques of psoriasis are covered with small pus-filled blisters (pustules).

Pustular psoriasis can be localised to one or two areas of the body – for example, the hands and feet – see palmoplantar psoriasis that follows.

Rarely, pustular psoriasis can rapidly spread over the whole body. This is called generalised pustular psoriasis. Generalised pustular psoriasis often also causes symptoms like fevers, chills, and otherwise feeling very unwell. Generalised pustular psoriasis is a medical emergency which needs urgent treatment in hospital – it can be life-threatening.

Palmoplantar psoriasis

Palmoplantar psoriasis affects the palms and the soles of the feet.

Palmoplantar psoriasis can lead to:

- Plaques of thickened, scaly skin on the palms and soles.
- Pustular psoriasis can cause palmoplantar psoriasis – in which case, there will be small white or yellow pus-filled spots on the palms and soles.
- Itch, discomfort, and pain of the hands and feet.
- Cracks (fissures) of the hands and feet, which can be painful.
- Difficulty using the hands or walking.

Sebopsoriasis

[Seborrhoeic dermatitis](#) is a common condition which is caused by a reaction to a type of yeast living on the skin. Sebopsoriasis is condition which has features of both seborrhoeic dermatitis and psoriasis. Essentially, it's an in-between or overlap condition, where doctors can't clearly say which of the two is the main problem. Sebopsoriasis causes:

- A flaky rash on the face, ears, or scalp.
- Reddish skin – but more red and inflamed than usually seen in pure seborrhoeic dermatitis.

- Scales on the skin – but fewer scales than are usually seen in pure psoriasis.

Over time, it sometimes becomes clear whether someone has seborrhoeic dermatitis, psoriasis, or both.

Erythrodermic psoriasis

Erythrodermic psoriasis is rare, but potentially serious. Erythrodermic psoriasis causes:

- A red skin rash – the colour can differ depending on skin tone – that involves almost all of the body.
- Peeling, flaky skin over most of the body.
- Itching, pain, and swelling of areas affected by the rash.

Erythrodermic psoriasis needs to be treated urgently, usually in hospital. Erythrodermic psoriasis can stop the skin from doing its normal functions, potentially leading to hypothermia– a very low body temperature, severe, widespread infection, or other serious problems.

When to see a doctor for psoriasis symptoms

You should see a doctor if you think you might have psoriasis. They can confirm the diagnosis and offer treatment to get it under control. If you've already been diagnosed with psoriasis, you should see a doctor if:

- Your symptoms are not well-controlled with your current treatment.
- You've developed pain, swelling, or tenderness of your joints.
- You're struggling with your mental health.
- Your psoriasis symptoms have suddenly got much worse.

A GP can diagnose psoriasis in most cases and offer treatment to control the symptoms. They might suggest a referral to a dermatologist (skin specialist) if:

- The diagnosis isn't clear.

- The right treatments for psoriasis have been tried, and haven't worked.
- The psoriasis is severe.
- There are signs of a complication, such as [psoriatic arthritis](#) – for psoriatic arthritis, you would be referred to a rheumatologist.

How is psoriasis diagnosed?

Psoriasis is diagnosed based on the appearance of the skin. Psoriasis is usually quite straightforward for a doctor familiar with skin conditions – such as a GP – to diagnose.

If the diagnosis isn't clear, an opinion from a dermatologist can be helpful.

Rarely, a dermatologist might recommend a skin biopsy. This is usually only if they think another diagnosis is likely and needs to be ruled out with a biopsy – it's generally not needed to confirm the diagnosis of psoriasis.

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