

# SEXUAL HEALTH

in Psoriasis & Psoriatic Arthritis

Translation of the Swedish information brochure “Sexuell Hälsa”  
by Psoriasisförbundet



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# Sexual health and psoriasis

## Foreword

Our feelings about sexuality and relationships strongly influence how we experience our overall well-being and health. Having a chronic disease such as psoriasis or psoriatic arthritis often affects our self-image and relationships with others. The skin is also our largest and most sensitive organ, so diseases there can affect how we feel about touch, relationships and sexuality. It is also common to worry about how others will react to the rash. Psoriatic arthritis can affect both your desire and physical ability to have sex.

This leaflet is intended to help you if you have concerns about intimacy based on your psoriasis. Feeling comfortable in our own bodies is crucial to how we feel about sex and intimacy. You will get concrete tips and inspiration to not let the disease stand in the way of a vibrant, enjoyable, and intimate sex life, with or without a partner. It is also aimed at your loved ones and others who want to learn more about how sexual health can be affected by psoriasis and psoriatic arthritis. You are not alone!

We also want to help you, as a healthcare professional, increase your understanding of how psoriasis can affect sexual health and how important it is to ask questions and follow up in order to provide help and support.



## What is psoriasis?

Psoriasis is one of our most common diseases, affecting around 300,000 people in Sweden. It is hereditary and chronic, and there is no cure, but psoriasis can be relieved with the right treatment.

Psoriasis means that the body's immune system reacts to and attacks its own tissue, creating inflammation. The disease is not contagious.

*Different types of psoriasis:*

**Plaque psoriasis** is the most common form of psoriasis and is often found on the knees and elbows. It manifests as well-defined patches that vary in size from small dots to palm-sized spots and often form irregular patterns on the skin.

**Guttate psoriasis** appears as spots or drop-shaped skin lesions. This variant is most often triggered by streptococcal infection and is the most common cause of the onset of psoriasis in children.

**Inverse psoriasis** is well defined, red and shiny, and does not scale. It is found in skin folds, for example in the groin region, under the breasts, and on the genitalia, and can cause both burning and itching, which can make sexual intercourse painful.

**Photosensitive psoriasis** affects around 5% of people with psoriasis. The disease is exacerbated by sun exposure or phototherapy and is more likely to affect those with photosensitive skin.

**Pustular psoriasis** is characterized by numerous small, completely sterile blisters (pustules) that can merge into larger patches.

**Palmoplantar pustulosis (PPP)** is a difficult-to-treat form of psoriasis that settles on the palms and soles of the feet. It manifests itself in the form of sterile pus-filled blisters (pustules).  
The disease is strongly related to smoking, and most people affected are women.

**Psoriatic arthritis** is a chronic inflammatory joint disease in which one or more joints become inflamed. It can cause pain, stiffness and swelling in and around all joints of the body. There is a link between psoriasis and psoriatic arthritis. People with psoriasis have a significant risk of developing joint problems and also psoriatic arthritis.

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I wish my healthcare providers had told me that reduced libido is a common side effect of certain drugs.

## How is the severity of psoriasis measured?

The severity of your psoriasis and how well your treatment is working are usually measured using different tools. Most commonly, your doctor will do a PASI assessment.

PASI stands for Psoriasis Area and Severity Index and grades psoriasis on a scale from mild (PASI below 3) to severe (PASI 10 or above). The PASI assessment is based on the size, thickness and delineation of the psoriatic plaques and the percentage of the different body areas affected (head, upper limbs, trunk and lower limbs).

Another common assessment concerns the impact of your psoriasis on quality of life and is measured by a questionnaire called the Dermatology Life Quality Index (DLQI). For example, the DLQI includes questions about how much your psoriasis has affected your work, social life or close relationships. The combination of your PASI and DLQI results can then provide your doctor with guidance on which form of treatment should be most effective for you. People living with a chronic disease such as psoriasis get to know their body and their disease and often know best what is right for them.



## Find the right treatment

There is no cure for psoriasis, but with the right treatment, most people can live a good life. Whether your symptoms are mild or severe, it is important to be aware of your condition and the options available to you, so that you can talk to your doctor and get the best possible treatment.

The basic treatment, and perhaps the most important, is to use emollient and exfoliating ointments, lotions and creams. If treatment later needs to be extended with more powerful prescription medicines, these will be most effective if the skin is as free of scales as possible.

If topical treatment is not sufficient, it is often followed by phototherapy. For more difficult-to-treat psoriasis, internal treatment is used. Different treatments can be alternated and sometimes combined to achieve the best effect and minimize possible side effects.

The aim of treating psoriatic arthritis is to control the inflammation that causes the disease. Slowing down the disease process, before cartilage is destroyed and the joint stops working, and reducing pain are the main goals of treatment. The earlier effective treatment is started, the greater the chance of a good long-term outcome.

## Who will treat me?

The majority of people with psoriasis have a mild form of the disease with a few limited patches or perhaps only on the scalp or in the ears. If you have mild psoriasis, you are usually treated in primary care, i.e., at your local medical center.

If you have a more severe form of psoriasis or suffer from severe flare-ups of the disease, you should be examined by a specialist in skin diseases, a dermatologist. You may be referred back to primary care after assessment by a dermatologist if you do not need to be treated with systemic medicines. For example, biological medicines are only prescribed by specialists, not in primary care. You may also be referred to primary care for certain tests, especially if you are considered to be at increased risk of co-morbidity.

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I want my healthcare provider to ask about my sexual health in relation to my diagnoses and give me information about how the diagnosis may affect me.





# Sexuality is more than just sex

**Sexuality is much more** than intercourse. It is all emotions related to pleasure and intimacy, and is a source of joy, creativity and belonging. For many people, sexuality is also an important way of understanding themselves and relating to other people, while sexuality is not so important in the lives of others.

Sexual health is usually defined as physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not just the absence of disease, dysfunction or injury. Feeling good about sex is an important factor for quality of life, regardless of our degree of interest in sex itself.

## What is sexuality?

Sexuality can be feelings, thoughts, fantasies, body contact, masturbation, kissing, making out, petting and intercourse.

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As I have inverse psoriasis in my lower abdomen, groin and between my buttocks, I need a treatment that will help me with it, without affecting my desire. When I have a lot of rashes, it has a negative impact because it stings a lot.

## How can psoriasis affect my sexual health?

Turning to healthcare for a diagnosis and tailored treatment is important in psoriasis and psoriatic arthritis. However, even if the disease improves with treatment, other feelings such as anxiety, stress, shame, inadequacy, and alienation may remain.

If you have moderate to severe psoriasis, you are also at increased risk of other diseases such as type 2 diabetes, gastrointestinal diseases, cardiovascular diseases, and other inflammatory diseases.

There is also an increased risk of depression and sexual dysfunctions, such as difficulty getting and maintaining an erection. Therefore, it is important that you and your healthcare provider are aware of symptoms that may indicate co-morbidity.

Exactly why there is a risk of co-morbidity is not yet understood. As psoriasis is a genetic disease, it is likely that genes determine who is at risk of developing any type of co-morbidity.

Research shows that psoriasis and psoriatic arthritis can affect sexual health, but it remains to be explained why. The severity of psoriasis, the type of psoriasis, and the location of the rashes or plaques on the body all have an impact on the risk of sexual health problems.

For those with psoriatic arthritis, pain, fatigue, and mobility problems can also affect sexual life.



**The main reasons why psoriasis can affect your sexual health:**

- Severity – how big and widespread the rashes/spots are.
- Type of psoriasis – for example, people who have inverse psoriasis are particularly vulnerable.
- Body image – the experience of body shame, spots, and scaly rashes affects self-image and self-esteem.
- Mental health problems – depression, unrest, and anxiety affecting sexual health.
- Psoriatic arthritis – fatigue and pain in the joints that make it difficult to move around and to have sexual intercourse and assume different sexual positions.
- Certain types of drug treatment can have side effects that reduce sexual desire.
- Lack of or inadequate treatment for psoriasis and psoriatic arthritis.
- Smoking and alcohol intake.
- Overweight and obesity.
- Lack of physical activity.
- Stress can trigger psoriasis. Stress also affects mental well-being, which in turn affects sexual health.

One of the early research studies on sexual health and psoriasis showed that around 40% of patients experienced some form of sexual dysfunction. This can include impotence and difficulty maintaining an erection for men, and for women, pain during intercourse and difficulty achieving orgasm. This means that for some people, sexual activity decreases or stops altogether.

**The right treatment is important!**

Sexual issues can be improved with a well-tailored and controlled treatment. This is more pronounced for women, and it seems that biologics, in particular, can improve sexual health. Review your medication with your doctor and reduce or remove medicines that have a negative impact on your desire or erection.



## Men and women are impacted differently

Psoriasis can lead to erectile dysfunction, making it difficult to get and maintain an erection. This can have various causes. Some medications have side effects that can cause erection problems. Stress and feeling unattractive can lower self-esteem and worsen erection problems.

Cardiovascular diseases are also co-morbidities of psoriasis. Atherosclerosis affects the blood vessels in the penis and is a major cause of erection difficulties in men. If you have difficulty getting and maintaining an erection, it is therefore important to have your heart examined.

Men with psoriasis have lower levels of total testosterone and increased levels of estradiol, a form of estrogen. This can also affect sex drive and erectile function.

Loss of sexual desire is the factor most affected in women with psoriasis, according to a UK study. Other factors that can affect sex life include burning, itching, bleeding and scaly skin, depression and anxiety.

Women with more severe forms of psoriasis experienced more problems with their sex lives than those with milder forms, according to a Dutch study. However, those who received treatment also experienced the greatest improvements.

## Help with erection problems

If you have difficulty getting an erection, it is important to talk to a doctor about it. Lifestyle decisions such as quitting smoking, drinking less alcohol, and exercising more can help. Talking about it with the person you are having sex with can also reduce or eliminate difficulties altogether.

Also, try changing your sex habits. If you have sex in the evening, try having sex in the morning instead. Try to set aside enough time so that you do not feel stressed.

Rubber penis rings, which should be worn for a maximum of 30 minutes at a time, can also help maintain an erection. The vacuum pump is another device used to increase blood flow to the penis.

Have sex in other ways. The important thing is not that you get a hard-on, but that it feels good, and there are many ways to have sex. For example, you and your partner can caress each other, masturbate together or have oral sex.

There are also effective medicines that can make it easier to get an erection by dilating blood vessels. Your doctor should have knowledge about the diagnosis and what medicines are suitable for people with psoriasis and psoriatic arthritis. Ask!

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**I have good sexual health because I know my body and my illness. Talking to my partner and finding solutions together that feel comfortable, even if I am in pain or stiff, is the best thing.**

## Reduced desire

Problems of desire can affect both men and women. Talk therapy and mindfulness can be effective in reducing stress and finding the root causes of problems.

Reduced desire can also be caused by medicines, so it is important to first find out what is causing the problem.

“ When your joints ache, you have neither the energy nor the desire, and medication to relieve the pain is necessary. Rashes in the genital area cause pain and discomfort; they need to be treated with the right ointment/cream, something I have not always been helped with.



# Pregnancy and family building

**Psoriasis does not affect fertility.** If you become pregnant, it is important to tell your doctor as soon as possible. As soon as the medicine is started, the doctor should also inform you about the possible risks of pregnancy. If the doctor doesn't bring it up voluntarily, ask!

## What happens during pregnancy?

Psoriasis can often stabilize and improve during pregnancy, thought to be due to increased estrogen levels, but in about a quarter of women, symptoms worsen. However, the change is not permanent. It is also common to have relapses immediately after giving birth that can make breastfeeding difficult. Therefore, it is important to weigh with your doctor the potential risks of drug treatment against the risk of worsening the disease. You should never start taking medicine on your own.

Women with inverse psoriasis who are about to give birth may need extra help to keep their skin in the best possible condition to reduce the risk of infection.

For those who have problems with aches and pains, this can worsen during and after pregnancy. Most recovery centers in the country have physiotherapists who have extra knowledge about how the body reacts when you are pregnant or have recently had a baby. The physiotherapist can answer questions about exercise during and after pregnancy, assess abdominal and back strength, and design personalized training programs based on your needs.

You may also be provided with assistive devices and pain relief, such as acupuncture or TENS.

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If your body is not well, sex can be complicated. This could be because of pain or just because you feel you look different. The best advice is to take it easy and get to know your partner.



## Medicines during pregnancy

If you become pregnant, there are some medications you can no longer stay on. Some medications should also be avoided while breastfeeding. Ask your doctor for advice.

For localized treatment, emollients can be used indefinitely, but **salicylic acid** should only be used on limited areas.

**Glucocorticoids** can be used safely during pregnancy as long as they belong to the mild (I) and moderate (II) groups. Long-term treatment with the strong (III) and extra-strong (IV) groups should be avoided.

**UVB treatment** can be used during pregnancy. For **Grenz ray therapy**, research in the area of pregnancy is lacking.

**Calcipotriol** should be avoided during pregnancy. **Calcipotriol** with **betamethasone**, which is a group III steroid, should also not be used during pregnancy.

**Calcineurin inhibitors**, such as tacrolimus ointment and pimecrolimus cream, should be avoided in pregnancy.

**PUVA**, which consists of psoralens combined with UVA light, is not used in pregnancy.

**Systemic treatment with Methotrexate** carries increased risks during pregnancy and breastfeeding. The recommendation is that both men and women should avoid getting pregnant/impregnating anyone during treatment and for three months after the end of treatment.

**Acitretin** is used in women of childbearing years only in exceptional circumstances and should be avoided during pregnancy. There are no available data showing reproductive risks for men.

**Cyclosporine** can be used in pregnancy in consultation with specialist maternity care.

**Biologic medicines:** The main rule is that biologic treatment should be stopped in case of pregnancy. In severe psoriasis, treatment with TNF inhibitors can be continued, but should ideally be stopped before 30 weeks of pregnancy. For treatment throughout pregnancy, certolizumab pegol or etanercept is preferred. If the mother has been treated with biologics in the second half of pregnancy, newborn babies should not receive live attenuated vaccines for the first six months. Live attenuated vaccines include vaccines against rotavirus, tuberculosis, MMR (measles, mumps, rubella), chickenpox, some influenza vaccines, and yellow fever vaccines.

During breastfeeding, the best data are available for certolizumab pegol, where studies have not shown detectable levels in breast milk. Adalimumab is also in group II for breastfeeding.

*Source: Swedish Medical Agency treatment recommendations, revised in 2019.*

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Dare to talk to someone. A healthcare provider, a friend or, preferably, your partner.

# Healthcare can help

Sexuality is an important part of health. At the same time, many people with psoriasis and psoriatic arthritis feel that the healthcare system does not pay enough attention to sexual health. As a patient, however, you have the right to be treated well and to have access to effective treatment and medicines. The first step is to raise the issue and ask for help.

As a patient, you should expect to be treated with respect and to receive appropriate treatments and medication. If you are not treated with respect, it is

important

to report it to the manager in charge or the patient board in your region.

The system of free choice of care also allows some people to change care providers, but there may be geographical restrictions depending on where you live.

If you have never talked to your doctor about sexual issues, such as how medication affects desire and sexual function, how to cope with sex if you feel constantly tired, or what lubricants to use in the genital area, it can be difficult to start talking about it.

## Tips for visits to the doctor

### Here's what you can do as a patient to raise sexual health issues:

Formulate in advance what you want to say and identify what you want to get out of the meeting. What problems do you experience related to sexual health? What do you hope to have gotten out of the meeting when it is over? If the doctor cannot help you, ask: Who can you refer me to?

If you are in regular contact with your doctor, you may also find it helpful to prepare him/her for a specific issue you want to discuss the next time you see him/her. This gives the doctor time to check the answer a little more closely, and you have already addressed the question when you meet.

## Tips for caregivers

### Here's what you can do as a care provider to raise sexual health issues:

1. Inform. Explain that sexual health can be affected when you have psoriasis, for example by experiencing pain and fatigue.
2. Question: "Is there anything you would like to talk or know more about"?
3. Listen to the patient and develop a care/treatment plan.

By *first* informing and *then* asking, you create a more permissive atmosphere, compared to just asking directly if someone has sexual problems.

# Take control of your sexual health

For anyone living with psoriasis and psoriatic arthritis, it is first and foremost important to have an effective and adequate treatment for their disease, thereby reducing inflammation in the body. Beyond that, the good news is that there is a lot you can do yourself to improve your well-being and sexual health.

## Exercise helps

For both psoriasis and psoriatic arthritis, exercise is highly beneficial. Physical activity affects anti-inflammatory processes related to psoriasis. A moderate level of exercise increases the level of antioxidants and counteracts oxidative stress that occurs in psoriasis. Movement also improves blood circulation and improves blood flow through the small blood vessels in the genitals, which can improve sexual function. Try to find a workout that suits you and your energy level and that feels fun.

Do you have psoriatic arthritis and feel limited in your sex life? A physiotherapist can help coach and support you in physical activity and suggest exercises to reduce stiffness and pain.

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Remember to plan ahead and apply, for example, Vagifem. It is important to have plenty of foreplay and to have sex in comfortable places.

“We physiotherapists are here for you and your needs. If you need to strengthen certain muscles, for example to cope with a certain position or posture when having sex, we can help you with training for that. Or maybe you need to increase mobility, for example in the shoulder joint to be able to receive hugs? A physiotherapist provides praise and positive feedback to help you feel more positive about your body.”

*Kristina Areskoug Josefsson,  
Physiotherapist and Professor of  
Public Health and Rehabilitation*



## Sex is not synonymous with intercourse

It is easy to assume that heterosexual intercourse is the only 'real' sex because it leads to reproduction and also what we mainly see in movies, learn about in school, and so on. But sex is so much more, and since many people with psoriasis experience difficulties with sexual intercourse, the disease actually provides an extra chance to discover exactly that.

A common perception is that sex should consist of foreplay, intercourse and then cuddling. Instead of thinking "three-course meal", think of your sex life as a buffet where you can pick and choose different parts according to your mood and energy, instead of having sex in a certain order.

A good thing to remember about sex is that the fact that you have special needs or limitations due to your illness “forces” important conversations about how your sex should be, conversations that others easily forget. Talking about how psoriasis

“  
When we were young, I didn't want my husband to see my rash. It turned out that he wanted to make me feel better, he enjoyed rubbing my rashes and feeling that he could do something for me.

affects your sexuality allows both of you to express what you want, and your partner will be reassured that you will be satisfied – and that is the key to having good, enjoyable sex and being seen as a good sexual partner!

## Are you the partner of a person with psoriasis?

If you are the partner of a person with psoriasis and psoriatic arthritis, it is important to be aware that the disease can affect sexual health in several ways.

Fatigue, pain and reduced pleasure are particularly common in psoriatic arthritis. There is also so-called co-morbidity, i.e., a greater risk of developing other diseases, including depression. These are things that are not visible on the outside and are therefore important to know.

### What can you do as a partner?

Touch is important and can be linked to higher oxytocin levels, lower blood pressure and better sleep. Offer to help with lotion and de-flaking. Ask several times if your partner hesitates at first (but don't nag). Give a massage. Understand that the disease can manifest itself in different ways.



# How to boost your sexual health

## **Food and drink**

Avoid tobacco in all forms, and drink alcohol in moderation. Try to wait at least two hours after drinking alcohol or eating food before having sex. Exercise improves the flow of blood through your vessels, which increases your desire.

## **Plan**

Schedule sexual activities when energy levels are highest and when you are relaxed and rested, and on days when symptoms are least severe.

## **Show your skin love**

Be extra kind to your skin and your sensory nerves – take the time to stroke your skin lovingly in the shower or at bedtime, especially the exposed areas. Preferably with a nice lotion or massage oil that works for your rash. Touch, even of yourself, releases oxytocin and other 'cuddle hormones' that reduce stress and make the body feel good.

## **Learn to manage stress**

Stress both triggers psoriasis and blocks desire, so practicing coping skills is good for sexual health. This means reducing stressors such as workload, external demands, flashing screens and so on. You can lower stress hormone levels and show your body that “the danger is over” through, for example, physical exercise that is not measured and performed, long hugs, singing and dancing or having sex if you like.

This “works” the stress out of your system.

## **Take care of your genitals**

In addition to caring for the psoriasis itself, give your genitals love by lubricating on the outside with a nice lotion that works for you, washing with water and not dehydrating soap, and touching your genitals in a loving way, for example, by putting your hand on them when reading or watching TV. This creates a nice feeling of calm and contact with your desire. Wear airy underwear made of natural materials.

## **Dare to talk about sex!**

The more comfortable you are talking about your illness with sexual partners, the more comfortable they will be and the less charged it will feel. Tell them that psoriasis is not contagious and is not an STD, how you want/need to be touched, and if the disease affects what you can do together. Weave it into a conversation about what you both long for and want to do in general, and ask what special needs your partner has! Everyone has something, so it's a great way to come together in joy and vulnerability.

## **Keep your favorite lubricant in store**

Go to the pharmacy or a sex shop and try out what feels good to you, water-based works with condoms and sex toys and minimizes friction if, for example, the penis otherwise hurts during different types of stimulation – for some the skin cracks during erection. Place bottles out where you usually have sex – maybe together with condoms, if you like. When they are close at hand and of a variety you are familiar with, it becomes easy to take them out without it interrupting the sex or becoming a topic of discussion.

**Ask your partner where they best like to be touched and kissed**

Then you will get the same question back and can choose places on the body you are comfortable with, and they will focus their affection there. As a bonus, you both become more comfortable asking for what you want and need, even outside of sex!

**Making the bed right**

So you can focus on the fun! Make sure you have darker sheets if you are afraid of bleeding a little, and white sheets if you easily get visible skin flakes.

**Take care of your own desire**

Nurturing your own sexuality through masturbation, fantasies, and talking about sex with others in a way that feels good is a great foundation for sexual self-esteem. Buy a sex toy that seems exciting or that you think will make stimulation easier for you if the disease affects your genitals. A vibrator with a low vibration is good for those who want to avoid friction on the skin, regardless of gender.

**Lubricants**

Some people use an unscented coconut oil, others use lubricants available at the pharmacy. Try it on yourself, or make it a sexual and sensual game with your partner to find good lubricants that work. Many people with psoriasis prefer odorless and fragrance-free lubricants that do not irritate the skin. Test first in the arm fold.

Be aware that oil-based lubricants and coconut oil can damage latex condoms, so do not use them together. Only water-based or silicone-based lubricants should be used with condoms.

“ Make sure your partner knows what the disease means so there is empathy on the worst days. Communication! Tell your partner what the problems are – there is always another way.”



## Self-care for genital psoriasis

In women with genital psoriasis, the lesions often spread to the labia, groin and inner thighs. The skin is red and shiny. Inside folds such as the groin and labia, the skin often oozes, and small cracks are common.

In men, red, shiny spots can be seen on the glans and on the fold of the foreskin. When the entire foreskin and glans have patches, the foreskin is often swollen. If the rashes are on the shaft of the penis, they are generally more typical, scaly changes.

In both men and women, psoriasis can be found around the anal opening and extend to the buttocks. Anal itching is a common symptom.

Many people cannot tolerate daily washing of the genitals with soap. This also applies to skin-friendly and mild soaps. If you have redness with burning or itching, avoid soap altogether. Washing the genitals once or twice a day with lukewarm water ensures good hygiene. Avoid clothing that chafes and irritates the skin, preferably use underwear made of breathable materials, such as cotton.

Airing the skin is good for hydration, and a thin compress can be placed in the skin folds.

For the treatment of psoriasis in the genital area, a weak to medium strength cortisone cream is often used, which also has an antibacterial and antifungal effect. Stronger cortisone preparations should be avoided where there is skin-on-skin contact. Other drugs used in inverse psoriasis are tacrolimus and pimecrolimus.

The treatment period with cortisone should be limited and the dose should then be tapered and stopped. The treatment time for inverse psoriasis is usually shorter than for plaque psoriasis on other parts of the body. You can apply a mild, emollient cream afterwards. In more severe cases, phototherapy (UVB light) may be prescribed.

Tar or products that are some form of ditranol preparation should generally be avoided as they can cause side effects such as burning and redness. Always consult your doctor about which treatment is appropriate for you.



# Feeling good about your body

**Intimacy and closeness** are basic needs for most of us. How we look at and feel about our bodies is influenced by various factors, mainly our upbringing, comments from friends and possible former partners, and the media.

Surveys show that the experience of having psoriasis and how people view their bodies vary. Some people find it difficult to meet new partners and see rashes and scales on their skin, while others do not view it as a problem.

A common piece of advice is to like your body, no matter what it looks like! But how do you do that?

## Should you tell the person you are dating that you have psoriasis?

If you are worried about your partner reacting to the way your skin looks, it might be a good idea to bring it up before you have sex. Think about what you want to say, for example “I have a skin condition and it causes my skin to flake when I have relapses, but the severity varies.”

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Often you think you're ugly, but most partners I've met have not reflected on the disease.”

### Tips for a stronger body image:

1. There is a myth that the more beautiful a person is, the happier they must be. But remember, there is no research whatsoever to support this. It is a myth.
2. Put the responsibility where it belongs. If you receive negative comments, it says more about the person making the comment than about you.
3. It can take time to get over a negative comment, and it is important not to change your behavior and start avoiding certain situations to avoid being hurt again. On the contrary, it is by trying again that you can create new, positive experiences and move forward.
4. If you get stuck thinking about your appearance, try the following exercise: Close your eyes and think of a person you are friends with or want to be friends with. What qualities do you like about that person? Most people tend to answer things like funny, good at listening, kind or creative. Appearance is rarely the first thing that comes to mind. Similarly, you can think about your own positive qualities and strengthen your self-esteem as a whole.
5. If you feel you are limiting yourself because of negative thoughts about your skin, it is a good idea to talk to a professional to get help and support.

“ You often make a bigger deal of it than it is in terms of what others think of you having psoriasis (rash).



We hope that the content of this booklet can help you feel empowered to be exactly who and what you are! Remember that you are not alone. So if this brochure has raised thoughts that you need to talk to someone about, don't hesitate to talk to your healthcare provider, a friend, or your patient organization.



Our feelings about sexuality and relationships strongly influence how we experience our overall health and well-being. Having a chronic disease such as psoriasis or psoriatic arthritis often affects our self-image and relationships with others.

This brochure is intended to help those who have concerns about intimacy based on their psoriasis. It is also aimed at those who are partners of a person with psoriasis and/or psoriatic arthritis and others who want to learn more about how sexual health can be affected by these diagnoses.

We also want to help health professionals understand how psoriasis can affect sexual health, and the importance of asking questions and following up to provide help and support.



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