

Explore your
treatment
options

P. 6

Psoriasis
affecting your
scalp and nails?
Read this!

P. 22

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**“I’m
finally
loving
my skin
again!”**

Plaque Psoriasis

Emily Hertzberg feared she'd never be rid of the psoriasis that had plagued her since childhood—then a new treatment came into her life.

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SPECIAL THANKS TO OUR MEDICAL REVIEWER



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GAIN BACK YOUR CONFIDENCE!

Better sleep.
Increased energy.
Boosted confidence.
Today's treatment options give you greater control over plaque psoriasis.

For the first time in years, Anthony V. is outside in shorts and a T-shirt.

“It’s such a freeing feeling—after all that time and energy spent hiding my arms and legs, it’s like breaking out of a prison,” says the 36-year-old sales associate.

That’s because, until a few months ago, Anthony suffered from severe plaque psoriasis.

“I had always had ‘spots’ on my elbows, but about 10 years ago they just...exploded. I went from two little itchy patches to patches all over my arms, legs and torso.”

Anthony saw a dermatologist, who prescribed an oral medication as well as light therapy.

“The light therapy was fine, but the medication made me so sick I had to stop taking it after two weeks.”

His doctor then suggested Anthony try an injectable biolog-

ic—but the first one didn’t have any impact. His doctor assured him that biologics work in different ways, so sometimes it takes trial and error. This time they tried one that targets interleukin-23, an inflammatory protein involved in psoriasis. To Anthony’s relief, his plaques began to improve.

“Today my skin is about 99% clear!” he says. “Not only do I feel good about myself again, but the itching is practically gone!”

Get the upper hand

Like Anthony, you may find it frustrating to deal with your plaque psoriasis. But as one of the eight million Americans living with it, you are far from alone. Luckily, there’s much you can do.

Take a moment to read through this guide; arming yourself with knowledge can let you and your care team zero in on a treatment plan that can help clear your skin.

A closer look

Plaque psoriasis is the most common form of psoriasis. It happens when your immune

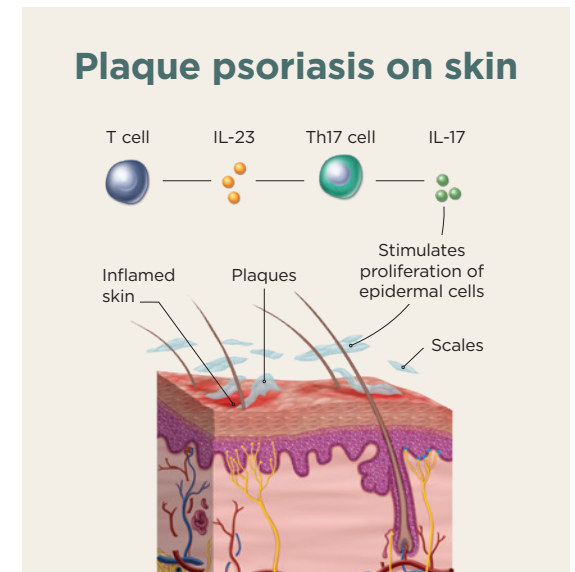
system goes into overdrive and attacks healthy skin cells, causing skin to become inflamed and produce new skin cells at an accelerated rate. Normally, the body takes about a month to produce new skin cells, but in psoriasis, the process can take just three to four days. The result is a buildup of itchy, flaky skin called plaques.

Who gets it?

According to the American Academy of Dermatology,

about 80% to 90% of people living with psoriasis have the plaque form. Researchers believe some people are born with a genetic predisposition to the condition and develop psoriasis after exposure to a certain trigger—this can be anything from an infection like strep to a stressful event, such as a job loss, divorce or move.

Psoriasis often develops between the ages of 15 and 35, though it could come on at any age. ▶



How is it diagnosed?

Your healthcare provider will examine your skin and nails. Occasionally, they may order a biopsy. Your dermatologist will determine the type and severity of your psoriasis, ranking it mild, moderate or severe. One way to assess that is by looking at how much of your body is covered:

- **Less than 3%** = mild
 - **From 3% to 10%** = moderate
 - **More than 10%** = severe
- They may also use the Psoriasis Area and Severity Index (PASI) to measure the severity and extent of your psoriasis on a scale from 0 to 72, where a score higher than 10 suggests severe psoriasis.

How is it treated?

Your plan of attack may include any of the following methods:

1. **Applying topical treatments.** These medications, available as creams and ointments, help reduce inflammation, itching and scaling. Examples include tapinarof, roflumilast, calcipotriene, coal

tar, corticosteroids, retinoids and salicylic acid.

2. **Exposing your skin to light.**

Your dermatologist may suggest phototherapy—the use of ultraviolet light to treat your skin. This therapy helps to clear up plaques and reduce inflammation. Phototherapy involves exposing your skin to a specialized lamp in your doctor’s office or to a prescription home phototherapy unit. Light treatments typically happen a few times a week for three months or longer. Examples include ultraviolet B (UVB), psoralen + ultraviolet A (PUVA) and excimer laser. *Note:* Tanning beds should not be used as a substitute for phototherapy.

3. **Exploring body-wide (systemic) medication options.**

These medications slow skin cell growth and reduce inflammation. Examples include cyclosporine, methotrexate and biologic drugs that block messengers such as tumor necrosis factor- α , interleukin-17A and interleukin-23. Biologic therapies and other treatments impacting the immune system are some of the breakthrough therapies for plaque psoriasis. ●



Meet your psoriasis care team

These are the healthcare professionals who can help you manage your plaque psoriasis:

Primary care physician (PCP):
This MD checks your overall health and likely diagnosed your psoriasis. They may refer you to a dermatologist or other specialist for treatment.

Dermatologist:
This physician specializes in treating conditions affecting the skin, hair and nails.

Dermatology nurse:
This nurse has received additional training in dermatology and may work with your doctor on your care.

Physician associate (PA)/ Nurse practitioner (NP):
These healthcare professionals can help manage your psoriasis and prescribe medications.

Psychiatrist/psychologist/social worker:
Professionals who can help you deal with psychological and social issues related to your psoriasis.

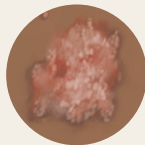
Dietitian/nutritionist:
A nutrition expert who can help you identify foods that may trigger or help combat inflammation.

How plaque psoriasis appears on different skin tones

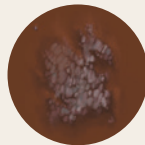
You might know about the plaques and scales that come with psoriasis, but did you know that they develop in different colors depending on a person’s skin tone? Here’s how they look on...



LIGHT SKIN
Plaques can appear as raised red patches with silvery scales.



MEDIUM SKIN
Plaques can appear as raised salmon-colored patches with silvery white scales.



DARK SKIN
Plaques can appear as raised purple or dark brown patches with gray scales.

Another feature unique to darker skin tones?

Dark patches of skin that remain even after the psoriasis clears. “Patients with dark skin often heal with what is called ‘post-inflammatory hyperpigmentation,’ ” says Dr. Mark Lebwohl, MD, who adds you can discuss treatment options for hyperpigmentation with your care provider.

Considering biologics? HERE'S WHAT YOU SHOULD KNOW

When you have plaque psoriasis and feel frustrated by stubborn plaques, it might be time to discuss more aggressive treatment. Unlike other treatments, biologics help clear your skin by zeroing in on the immune system malfunction behind your flares. To learn more, read on.

1. WHAT ARE BIOLOGICS?

A biologic response modifier, or biologic, is a protein-based drug made from living cells cultured in a laboratory. Biologics inactivate the inflammatory molecules that are the culprits behind your skin lesions. Some biologics are more targeted than others, and whether you may benefit from a more targeted or less targeted medication varies from patient to patient.

2. HOW DO I KNOW IF I'M A CANDIDATE?

Take a moment to think about your current regimen and how well it's working for you. For example, is your skin clear or do you have significant patches? Or maybe you have just a few plaques—but they're enough to make you feel self-conscious and cause you to say no to activities you enjoy. And do you have other conditions like obesity or a history of cancer that may impact the selection of a biologic therapy? Discussing concerns like these with your doctor can help you determine whether biologics may be the next step for you.

Note: People who have compromised immune systems or those with infections, such as tuberculosis or fungal infections, may not be able to take a biologic or may require pretreatment of their underlying condition.

3. HOW ARE BIOLOGICS ADMINISTERED?

Biologics are either injected under the skin or given intravenously by infusion.

4. WHAT ABOUT SIDE EFFECTS?

Luckily, they tend to be mild no matter which biologic you use, but some breakthrough biologics block less of the immune system and so far appear to have even fewer side effects. The most common are pain and rash at the injection site, which occurs in fewer than 30% of patients. During an infusion, you'll also be monitored for signs of an allergic reaction—e.g., fever, chills, nausea and drop in blood pressure. “Biologics have been on the market a long time and have a good safety record,” says Francisco Tausk, MD, professor of dermatology at the University of Rochester School of Medicine.

5. HOW LONG WILL IT TAKE TO SEE RESULTS?

“It varies among biologics,” says Dr. Tausk. “Some are faster than others. However, results are usually seen between four and six weeks.” Of course, some people may find it can take several months to get the full benefits. In clinical trials, 50% to 95% of those beginning biologics experienced 75% improvement in psoriasis symptoms within four months. ●

Just ask!

Today, there are more biologics available than ever before. Explore the pros and cons of each with your physician, and ask which option might be best for you.

When cost is an issue

Biologics are usually covered by health insurance. Some biologics are given in your doctor's office by one of your healthcare team members, and may be covered by Medicare Part B. If you need help, ask the staff at your doctor's office.

Good to note!

If you are squeamish about injections, tell your doctor. There are some treatments that can be administered in the office by a member of your healthcare team, which might be more comfortable for you than versions that need to be self-injected.



“I’m *finally* loving my skin again!”

Having lived with plaque psoriasis since childhood, Emily Hertzberg has learned a thing or two about how to manage the condition. Today, with a treatment plan that’s keeping her plaques to a minimum, she’s sharing her wisdom in the hopes it can help others—and inspire them to feel comfortable in their skin, too! —BY AMY CAPETTA



Being an educator is not just Emily Hertzberg’s career, it’s her passion.

When the 40-year-old from East Meadow, NY, is not teaching art in front of her 11- and 12-year-old students, she strives to offer them guidance outside the classroom.

“Kids ask a million questions, which is why I use the patches on my skin as a teachable moment,” she says. “I tell them it’s a type of autoimmune response I was born with and will have for the rest of my life. My hope is to be a role model for them not only in the art world, but also in the medical world.”

Those patches on her skin? Plaque psoriasis, a condition she’s been living with for most of her life. In fact, Emily’s health journey began in childhood when she noticed dry, flaky patches on her scalp. “I was very self-conscious about it because I thought it was dandruff,” she explains.

After undergoing a scalp biopsy at age 18, she was giv-

ing a diagnosis of plaque psoriasis and prescribed medicated shampoos.

—**“Nothing worked!”**

By the time Emily reached her early 20s, flares began occurring elsewhere, and around the age of 26, a terrible flare covered between 30% and 40% of her body.

“I had patches all over—both elbows, behind both of my ears, my scalp line, around my nostrils, my legs, the tops and bottoms of my feet, on my back and little patches above my eyelids.”

As she began on a path that involved stronger prescription meds, she was also advised to begin UVB phototherapy, a treatment that helps clear plaques by exposure to a specialize lamp. “It started to shrink my patches like magic!” she explains. “I swear by this treatment, and it continues to be a godsend to me today.”

While the phototherapy came as a welcome relief, finding a med that was effective and didn’t cause

side effects turned into a challenge. She was prescribed a few biologics and developed severe allergic reactions, including cellulitis (a bacterial skin infection).

“It was torture going from one medication to the next and having no relief.”

—**“Trial and error led to relief!”**

After a few failed attempts, Emily’s physician prescribed another drug class that also suppresses an overactive immune system—yet this medicine caused swelling of the optic nerve. “I almost went blind,” she continues.

Never one to give up, she and her doctor decided to try another biologic about five years ago. It did improve the condition and caused only minimal side effects (“I’d get colds more often and sinus infections here and there”). However, it stopped working last summer. “My right foot basically blew up,” she recalls. The patches also resurfaced on

FIND A TREATMENT THAT'S IN IT FOR

THE Long Haul^{*} with ILUMYA[®]



^{*}Based on 5-year data.



FOR ADULTS WITH
MODERATE-TO-SEVERE PLAQUE PSORIASIS

STARTS
WORKING AFTER

2

DOSES

STILL GOING
STRONG

5

YEARS
INTO TREATMENT

MEDICARE PART B
PATIENTS MAY PAY

\$0[†]

[†]Eligibility limits and
exclusions apply.

Talk to your doctor to see if this treatment is right for you.



What is ILUMYA?

ILUMYA[®] (tildrakizumab-asmn) is a prescription medicine used to treat adults with moderate to severe plaque psoriasis who may benefit from taking injections, pills (systemic therapy), or phototherapy (treatment using ultraviolet or UV light).

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about ILUMYA?

Do not use ILUMYA if you have had a severe allergic reaction to ILUMYA or any of its ingredients.

Get emergency medical help right away if you get any of the following symptoms of a serious allergic reaction:

- feel faint • trouble breathing or throat tightness
- swelling of your face, eyelids, lips, mouth, tongue or throat
- chest tightness • skin rash

ILUMYA is a medicine that may lower the ability of your immune system to fight infections and may increase your risk of infections. Your healthcare provider should check you for infections and tuberculosis (TB) before starting treatment with ILUMYA and

may treat you for TB before you begin treatment with ILUMYA if you have a history of TB or have active TB. Your healthcare provider should watch you closely for signs and symptoms of TB during and after treatment with ILUMYA.

Tell your healthcare provider right away if you have an infection or have symptoms of an infection, including:

- fever, sweats, or chills • muscle aches • weight loss • cough
- warm, red, or painful skin or sores on your body different from your psoriasis • diarrhea or stomach pain • shortness of breath
- burning when you urinate or urinating more often than normal
- blood in your phlegm (mucus)

Before receiving ILUMYA, tell your healthcare provider about all of your medical conditions, including if you:

- have any of the conditions or symptoms listed in the section **"What is the most important information I should know about ILUMYA?"**
- have an infection that does not go away or that keeps coming back
- have TB or have been in close contact with someone with TB

- recently received or are scheduled to receive a vaccine (immunization). You should avoid receiving live vaccines during treatment with ILUMYA.
- are pregnant or plan to become pregnant. It is not known if ILUMYA can harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if ILUMYA passes into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

It is not known if ILUMYA is safe and effective in children under 18 years of age.

What are the possible side effects of ILUMYA?

ILUMYA may cause serious side effects. See "What is the most important information I should know about ILUMYA?"

The most common side effects of ILUMYA include: upper respiratory infections, injection site reactions and diarrhea. These are not all of the possible side effects of ILUMYA. Call your doctor for medical advice about side effects.

You are encouraged to report any negative side effects of ILUMYA to FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

You are also encouraged to report side effects or ADEs (adverse drug events) to our Drug Safety Department at 1-800-406-7984 or drug.safetyUSA@sunpharma.com (preferred) with as much information as available.

Please read Brief Summary of the full Prescribing Information for ILUMYA on the next page and discuss any questions with your doctor.



Scan QR code or visit ILUMYA.com/affordability to discover the support we offer.



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ILUMYA[®]
tildrakizumab-asmn
Injection 100 mg/mL

Consumer Brief Summary

The risk information provided here is not comprehensive. This information does not take the place of talking to your doctor about your medical condition or treatment. To learn more, talk about ILUMYA® (tildrakizumab-asmn) with your health care provider or pharmacist. For more information and to obtain the FDA-approved product labeling, call 888-726-2299 or visit www.ilumya.com

What is the most important information I should know about ILUMYA?

ILUMYA may cause serious side effects, including: Serious allergic reactions. Get emergency medical help right away if you get any of the following symptoms of a serious allergic reaction:

- feel faint
- trouble breathing or throat tightness
- swelling of your face, eyelids, lips, mouth, tongue or throat
- chest tightness
- skin rash

Infections. ILUMYA is a medicine that may lower the ability of your immune system to fight infections and may increase your risk of infections. Your healthcare provider should check you for infections and tuberculosis (TB) before starting treatment with ILUMYA and may treat you for TB before you begin treatment with ILUMYA if you have a history of TB or have active TB. Your healthcare provider should watch you closely for signs and symptoms of TB during and after treatment with ILUMYA.

Tell your healthcare provider right away if you have an infection or have symptoms of an infection, including:

- fever, sweats, or chills
- muscle aches
- weight loss
- cough
- warm, red, or painful skin or sores on your body different from your psoriasis
- diarrhea or stomach pain
- shortness of breath
- burning when you urinate or urinating more often than normal
- blood in your phlegm (mucus)

See “What are the possible side effects of ILUMYA?” for more information about side effects

What is ILUMYA?

ILUMYA is a prescription medicine used to treat adults with moderate to severe plaque psoriasis who may benefit from taking injections, pills (systemic therapy) or treatment using ultraviolet or UV light (phototherapy). It is not known if ILUMYA is safe and effective in children under 18 years of age.

Do not use ILUMYA if you have had a severe allergic reaction to tildrakizumab or any of the other ingredients in ILUMYA. See the end of this Medication Guide for a complete list of ingredients in ILUMYA.

Before receiving ILUMYA, tell your healthcare provider about all of your medical conditions, including if you:

- have any of the conditions or symptoms listed in the section “What is the most important information I should know about ILUMYA?”
- have an infection that does not go away or that keeps coming back
- have TB or have been in close contact with someone with TB
- recently received or are scheduled to receive a vaccine (immunization). You should avoid receiving live vaccines during treatment with ILUMYA.
- are pregnant or plan to become pregnant. It is not known if ILUMYA can harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if ILUMYA passes into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How will I receive ILUMYA?

- ILUMYA should only be given to you by a healthcare provider.
- ILUMYA is given as an injection under your skin (subcutaneous injection) in areas of your body such as your thighs, stomach area (abdomen), or upper arm.
- If you miss a follow-up appointment and do not receive your dose of ILUMYA, schedule another appointment as soon as possible.

What are the possible side effects of ILUMYA?

ILUMYA may cause serious side effects. See “What is the most important information I should know about ILUMYA?”

The most common side effects of ILUMYA include:

- upper respiratory infections
- injection site reactions
- diarrhea

These are not all of the possible side effects of ILUMYA. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective use of ILUMYA.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. You can ask your healthcare provider for information about ILUMYA that is written for health professionals.

What are the ingredients in ILUMYA?

Active ingredient: tildrakizumab-asmn

Inactive ingredients: L-histidine, L-histidine hydrochloride monohydrate, polysorbate 80, sucrose, and Water for Injection, USP.

Manufactured by: Sun Pharmaceutical Industries Limited

Mumbai, Maharashtra India 400 063

U.S. License No. 2092

U.S. Patent No. 8,404,813, 8,293,883 and 9,809,648

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her legs, elbows, scalp and in small spots on her face.

Then a few months later, her doctor suggested a different biologic therapy called an interleukin-23 (IL-23) inhibitor—an injectable med that works by blocking



Get the upper hand on psoriasis—like Emily did!

Here, Emily shares more of the strategies that have been helping her—ask your care team if they could help you, too.

Stay hydrated. Drinking plenty of water is a must, Emily says. “The body hydrates from within, and in order to protect the barrier of the skin, you want to make sure you’re hydrated.”

Moisturize. When it comes to skincare products, Emily suggests applying lotion from head to toe after showering with a fragrance-free product. “Also, hot showers are a thing of the past—lukewarm water is best.”

the protein involved in skin cell buildup that results in psoriasis. Thankfully, the side effects (brain fog, fatigue and injection site reaction) lasted only three days. And combined with phototherapy treatment, the patches have faded. “Now my skin is very controlled! I can’t tell you how relieved that makes me!”

Emily has come a long way from the young girl who was worried what her hair stylist might say about her flaky scalp.

“Remember: Psoriasis does not define you,” she continues. “I’m going to rock my skin because it is a part of me. Psoriasis is not going away and I’m not going to hide it!” ●

Advocate for yourself. “When you’ve been on such a long journey as I have, only you know what works for your body,” she continues. “It is so important to find your voice. Today I’m very fortunate to have doctors on my team who are supportive and understanding, who listen to everything I say and who have been my biggest cheerleaders.”

Calm down. Triggers vary from person to person, yet stress is a common flare-inducer, according to the American Academy of Dermatology Associations. Emily relies on relaxing activities—such as reading, writing, doing yoga and practicing meditation—to tame anxiety and stress.

Stay cool. Emily keeps a bottle of aloe vera gel in the fridge, as well as an ice roller and ice packs of multiple sizes in the freezer to apply to her skin during flares. “If there’s a psoriasis patch that’s hot and angry, I take the ice roller and roll over the patch to calm the inflammation. Ice is amazing!”

Photos by Eliza Kommer

“WE WON’T LET PSORIASIS STAND IN OUR WAY!”

From forming a supportive community to advocating for yourself, Takieyah and Sherry offer the strategies that have been helping them boost their skin health—and their overall well-being. —BY AMY CAPETTA

“Speak up!”

**TAKIEYAH
RICE-MATHIS**
FAYETTEVILLE, NC

Back in December 2016, Takieyah’s grandmother advised her to head to the emergency room when random symptoms—such as angry red spots on her stomach, back and face—appeared over the span of

a few days. When a physician in the ER diagnosed her with plaque psoriasis, Takieyah admits she immediately went into panic mode.

“I call myself a ‘professional Googler,’ since I was Googling everything to figure out this condition.” One of her main takeaways? “My biggest piece of advice is to always speak up for yourself—especially when it comes to your healthcare team because they really need to know how their patients are feeling so they can monitor them.”

The married mother of two children adds that she

does not hesitate to reach out to her physicians with follow-up questions or when any new symptoms surface.

“If we don’t speak up, then our healthcare team will not know that our psoriasis symptoms are a big issue for us.” Below, Takieyah shares some of the other tips she’s learned while living with plaque psoriasis.

Focus on emotional wellness.

Takieyah credits talk therapy as her biggest turning point in helping her cope with childhood trauma. “It wasn’t until three years ago



Photo by Meia Jay Photography

that I learned how trauma can build up inside the body, and I believe that had something to do with why I broke out,” she explains. “I knew I had to use tools to manage my anxiety, and I needed a professional to give those to me.” Today she finds solace doing yoga, listening to music and walking on trails. “I’ll also spend time in the garden at a nearby park,” she adds. “Being in nature, whether it’s being next to a body of water or looking at a

mountain, always calms me down and makes me happy.”

Make a difference.

Bringing people together in a safe space to raise awareness for various issues—including psoriasis, mental health conditions and domestic violence—has become Takieyah’s mission. “The Standing Light Foundation (@tslfnf on Instagram) is my nonprofit baby!” she states. As a child, she watched her grand-

mother join a supportive network when she was living with breast cancer—an act that inspired Takieyah to become a leader in her community as well as to join forces with the National Psoriasis Foundation. “I host big events where people can connect, enjoy life and be in the presence of others who give off their positive energy through art. All I wanted was to be a giver because I truly care about others.” ▶



“Take care of your whole self!”

SHERRY CRYSTAL
ORANGE, NJ

Excited about turning the big 4-0, Sherry felt she was entering her prime. So when her scalp started hurting and became extremely sensitive, she was caught off guard. And then a patch of hair fell out. “This was concerning because I am the queen of fabulous hair, and

I was nervous I wouldn’t be able to continue expressing my artistic side that way,” explains Sherry, a life coach. While an appointment with her primary care physician left her without answers, a visit to a dermatologist yielded an almost instant diagnosis of psoriasis plus prescriptions for topical ointments and a medicated shampoo. She then got to work putting together her beloved “restorative team”: a derma-

tologist, a trichologist (a hair and scalp specialist), a therapist/life coach and her circle of loving friends. “I’m grateful my identity is not in my outer beauty, but emotionally it was still rough,” she continues. “My personal support system helped tremendously because they listened to me and shared stories about family members living with psoriasis.” Here, Sherry shares her other top psoriasis-taming tips...

Photo by Lens of Her

Treat your locks with care.

Unfortunately, the prescription shampoo Sherry was given stripped most of the natural oil from her 4c-type coil hair, making it dry and brittle. “I sought professional assistance from my beautician (who is also a licensed trichologist), and she intervened with her scalp knowledge and procedures. By the grace of God, after undergoing several scalp treatments and hair bath sessions, along with making some lifestyle changes like drinking more water, there was a noticeable difference in my healing journey.” Sherry advises others dealing with scalp psoriasis to go “online window shopping” to create a collage of loose hair styles that can help reduce tension on the scalp. The American Academy of Dermatology Association agrees and recommends refraining from coloring, perming, relaxing and blowouts during a psoriasis flare.

Choose anti-inflammatory foods.

While there’s no specific eating program for psoriasis patients, a study published in the journal *Nutrients* found that consuming antioxidant-rich fruit and vegetables, nuts, vegetable oils and fish may have a positive impact on skin. “When my clients feel overwhelmed at the thought of transitioning to a lifestyle with fewer processed foods, my best advice is to learn to become more mindful about everything they consume.” She also encourages others to download her free plant-based mini-cookbook on her health and well-being coaching website, *ChampRestoration.com*.

Join a health-centered community.

“I created the community I needed when a previous stress-related health crisis started years ago,” says Sherry, who also created

The Restored Tribe® Leisure & Book Club. She’s learned that gathering with others, along with doing “quiet work” (such as journaling), can help lower and manage stress, ultimately leading to a more satisfying and balanced life. “Our intergenerational community welcomes real talk, real love, real work and real celebration for women to thrive and be healthy!” ●

Health Monitor

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Should I exfoliate? Recently my plaque psoriasis has gotten worse. I've heard mixed reactions about whether I should be exfoliating my skin or not—what should I be doing?

Q

A

Answers to popular questions on plaque psoriasis management

A: Aggressive exfoliation runs the risk of exacerbating psoriasis through the Koebner phenomenon—this is when psoriatic skin is irritated, causing the plaque to worsen or new plaques to develop. If shedding flakes are an issue for you, skip any harsh exfoliation and try topical creams that will gently remove dead skin cells, such as those containing salicylic acid, which can remove scale without traumatizing the skin and making it worse.

Are biologics safe?

Q: *I'm 34 and I've been using steroid creams and pills since I was 28, but lately my skin has taken a turn for the worst. I'm interested in trying a biologic, is there anything I should know in advance?*

A: There are more than 10 approved biologics for psoriasis. The best one for you depends on many factors, such as if you have a history of cancer, multiple sclerosis, inflammatory bowel disease, heart disease, obesity or certain infectious diseases. Your reaction to treatments that you've tried in the past might come into play, as can the type of insurance you have. To find your best option, discuss them with your dermatologist. ●

OUR EXPERT:

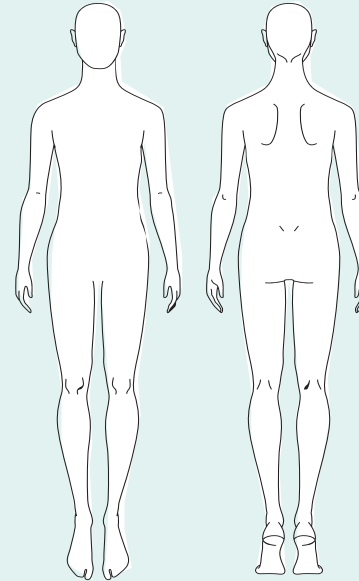
Mark G. Lebwohl, MD, Dean for Clinical Therapeutics, professor and chairman emeritus at Kimberly and Eric J. Waldman Department of Dermatology, Icahn School of Medicine at Mount Sinai, New York

Assess your psoriasis

Identify your triggers and mark your flare-up spots using this tool. Share your answers with your care team. This will help them create a treatment plan just for you!

1. Which areas of your body are affected?

Please indicate by marking the areas of your body where you have a psoriasis patch.



2. How bothered are you by symptoms?

Please rate how the following symptoms affect you on a scale from 1 (not very much) to 5 (always/almost always):

- I can't sleep well. 1 2 3 4 5
- I have areas of red skin. 1 2 3 4 5
- I have areas of dry skin. 1 2 3 4 5
- My skin is itchy. 1 2 3 4 5
- My skin bleeds. 1 2 3 4 5

3. Have you noticed any triggers?

Please write down any factors that seem to trigger a flare:

Activities: _____

Irritants: _____

Environments/Temperatures: _____

Diet: _____

Infections and other illnesses: _____

Hormonal changes: _____

Emotions: _____

4. Check the statement that best reflects how you feel as a result of your psoriasis:

- I feel sad and hopeless.
 - Never
 - Rarely
 - Sometimes
 - Often
 - Always
- I feel nervous, edgy or anxious.
 - Never
 - Rarely
 - Sometimes
 - Often
 - Always
- I feel like everyone is staring at me.
 - Never
 - Rarely
 - Sometimes
 - Often
 - Always
- I say no to activities because I never know if I'll have visible plaques.
 - Never
 - Rarely
 - Sometimes
 - Often
 - Always

Give your hair and nails TLC!

Psoriasis can be challenging to deal with *anywhere* on your body, but plaques that form on your scalp and nails can be doubly bothersome—not only are they highly visible areas that can be tough to cover up, but flares in these two locations also tend to be extra resistant to normal treatments. That’s why we asked hair stylist and plaque psoriasis sufferer Stephanie Rath, hair extension stylist Shasta Harris, and dermatologist Holly McCoppin, MD, to share their strategies for tackling these trouble spots. —BY RIKKI ECCLES



HAIR CARE STRATEGIES

Give your scalp a good massage.

Stephanie Rath, stylist at Glamour Bar in Denver, CO, and plaque psoriasis sufferer says, “It is important to wash your hair with care. You might think scrubbing your scalp with your nails will help exfoliate, but instead it’ll likely just irritate the area and make the flakes worse.” Instead, gently massage shampoo into your scalp in small circles using your fingertips to get

a good lather and rinse with lukewarm water.

Use gentle products.

“A sulfate-free shampoo can go a long way to improving the health of your scalp and reduce itching, since this ingredient can irritate many peoples’ skin,” says Rath. “If you suffer from moderate-to-severe plaque psoriasis like I do, you can also talk to your doctor about getting a prescription shampoo.”

Protect your hair.

Scalp psoriasis is often harder to treat in Black people due to the texture of their

hair. Shasta Harris, a Fort Collins, CO, hairstylist specializing in extensions, suggests anyone with dry or brittle hair apply products like aloe vera, tea tree oil or petroleum jelly to their hair and scalp to help replenish moisture. It can also help to only wash hair every few days to allow the scalp to replenish its own natural oils.

Keep it cool.

Rath also suggests avoiding tools or methods that use too much heat, including curling irons, flat irons or hot rollers. “It’s okay every once in a while, just avoid

the heat coming into contact with your scalp.”

Dry hair completely.

Sleeping with damp hair can increase hair breakage, and lead to scalp irritation that triggers a flare. “If you shower at night, just give yourself enough time to let your hair dry completely before going to bed,” says Rath.

Pick light extensions.

If you want to wear braids or extensions, Harris says, “It is important to consider the weight. The heavier the hair, the more strain on the scalp.”



NAIL CARE STRATEGIES

Try topical therapy.

Nail psoriasis often presents as tiny indentations in your finger- or toenails and is usually accompanied by brown spots. In moderate-to-severe cases, the nails may also become thin and fall off. So what are some things that you can do to improve the health (and strength) of your nails? According to Holly McCoppin, MD, a board-certified dermatologist based in Loveland, CO, “Topical corticosteroid therapy is the best option [in most cases]. In more serious cases, in-

jectable medications may be needed.”

Slip on some gloves.

Outdoor activities like working in the garden or doing yardwork can result in damage to nails, as well as issues with fungus and bacteria. “That’s why I always recommend wearing gloves when doing outdoor work—whether you have psoriasis or not!” Dr. McCoppin says.

Keep nails short.

“Buildup under nails can worsen psoriasis—it’s basically a breeding ground for bacteria,” says Rath. “That’s why I keep mine short and also why I stay away from artificial or press-on nails—those don’t allow your nails to properly breathe.”

Apply polish.

While artificial nails can be damaging, applying nail polish is safe and can help minimize pitting. ●

Health Monitor Living

Questions to ask your doctor today



Scan this QR code for a free digital copy or home delivery

How would you classify my plaque psoriasis? Is it mild, moderate or severe?



Does it seem like my current treatment is controlling my psoriasis?



I'm uncomfortable giving myself injections. Can my dermatologist administer them?



How can I figure out what's causing my flares?



If not, can you suggest a treatment that requires few injections, has the least number of side effects and won't affect any other health problems I may have?



What can I do to find relief during a flare?



On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.