

Did you know that August is Psoriasis Awareness month ?

Psoriasis is a skin condition that causes red, flaky, crusty patches of skin covered with silvery scales. These patches normally appear on your elbows, knees, scalp and lower back, but can appear anywhere on your body. Most people are only affected with small patches. In some cases, the patches can be itchy or sore.

Scientists believe that at least 10 percent of people inherit one or more of the genes that could eventually lead to psoriasis. However, only 2 percent to 3 percent of the population develops the disease. Researchers believe that for a person to develop psoriasis, that person must have a combination of the genes that cause psoriasis and be exposed to specific external factors known as "triggers."

What triggers psoriasis?

Psoriasis triggers are not universal. What may cause one person's psoriasis to become active, may not affect another. Established psoriasis triggers include: Stress. Stress can cause psoriasis to flare for the first time or aggravate existing psoriasis. Relaxation and stress reduction may help prevent stress from impacting psoriasis.

Medications

Certain medications are associated with triggering psoriasis, including:

- Lithium: Used to treat manic depression and other psychiatric disorders. Lithium aggravates psoriasis in about half of those with psoriasis who take it.
- Antimalarials: Plaquenil, Quinacrine, chloroquine and hydroxychloroquine may cause a flare of psoriasis, usually two to three weeks after the drug is taken. Hydroxychloroquine is the least likely to cause side effects.
- Inderal: This high blood pressure medication worsens psoriasis in about 25 percent to 30 percent of patients with psoriasis who take it. It is not known if all high blood pressure (beta blocker) medications worsen psoriasis, but they may have that potential.
- Quinidine: This heart medication has been reported to worsen some cases of psoriasis.

Indomethacin: This is a nonsteroidal anti-inflammatory drug used to treat arthritis. It has worsened some cases of psoriasis. Other anti-inflammatories usually can be substituted. Indomethacin's negative effects are usually minimal when it is taken properly. Its side effects are usually outweighed by its benefits in psoriatic arthritis.

Topical treatments

Topical treatments are usually the first treatments used for mild to moderate psoriasis. These are creams and ointments you apply to affected areas. Some people find that topical treatments are all they need to control their condition, although it may take up to 6 weeks before there's a noticeable effect.

Emollients

Emollients are moisturising treatments applied directly to the skin to reduce water loss and cover it with a protective film. If you have mild psoriasis, an emollient is probably the first treatment your GP will suggest.

The main benefit of emollients is to reduce itching and scaling. Some topical treatments are thought to work better on moisturised skin. It's important to wait at least 30 minutes before applying a topical treatment after an emollient.

Emollients are available as a wide variety of products and can be bought over the counter from a pharmacy or prescribed by your GP, nurse or health visitor.

Steroid creams or ointments

Steroid creams or ointments (topical corticosteroids) are commonly used to treat mild to moderate psoriasis in most areas of the body. The treatment works by reducing inflammation. This slows the production of skin cells and reduces itching.

Topical corticosteroids range in strength from mild to very strong. Only use them when recommended by your doctor.

Stronger topical corticosteroids can be prescribed by your doctor and should only be used on small areas of skin or on particularly thick patches. Overusing topical corticosteroids can lead to skin thinning.

Vitamin D analogues

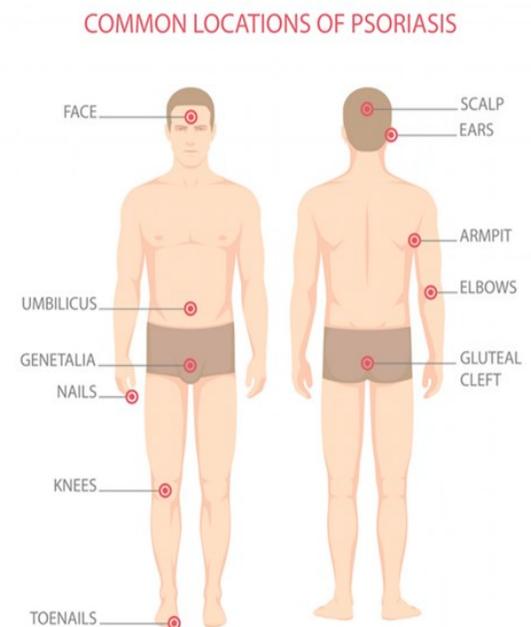
Vitamin D analogue creams are commonly used along with or instead of steroid creams for mild to moderate psoriasis affecting areas such as the limbs, trunk or scalp. They work by slowing the production of skin cells. They also have an anti-inflammatory effect.

Examples of vitamin D analogues are calcipotriol, calcitriol and tacalcitol. There are very few side effects as long as you do not use more than the recommended amount.

Dithranol

Dithranol has been used for more than 50 years to treat psoriasis. It has been shown to be effective in cells and has few side effects.

Dithranol can be used in combination with Phototherapy



Beat the Heat

Keep in touch



Look after yourself, older people and the young



Listen to the weather forecast and the news



Plan ahead to avoid the heat

Keep well



Drink plenty of water, cut back on alcohol & caffeinated drinks



Dress appropriately for the weather



Slow down when it is hot

Find somewhere cool



Know how to keep your home cool



Go indoors or outdoors, whichever feels cooler



Cars get hot, avoid closed spaces

Watch out



Be on the lookout for signs of heat related illness



Cool your skin with water, slow down and drink water



Stay safe when swimming



Get help. Call NHS 111 or in an emergency 999

For more information go to www.nhs.uk/heatwave

PHE publications gateway number: 2016071



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Newsletter

August 2019



Changes at Parkside

As I am sure you are all aware Dr Minney retired in May this year. To replace his sessions we have two new doctors, Dr Bimal Kalsy has already joined us. She will be working Monday PM, Wednesday PM, Thursday all day and Friday all day.

Our other GP will be Dr Stella McGarry, she will be starting at the beginning of August and she will be working Monday AM, Tuesday all day and Wednesday AM. The job share between the two GP's has allowed us to have an extra two sessions of appointments per week.

Letter of allocation for the new GP's will be sent by the end of September.

Other staff changes

We were very sad to lose Julie our head receptionist who was with us for many years, she will be greatly missed by patients and staff. To replace her our secretary Jo has moved to an office downstairs and has replaced Julie as Reception Manager. Gail remains the afternoon reception manager. Some of the other reception staff have changed shifts and you may see different faces at some times of the day.

We have a new receptionist starting in August, as well as a new part time secretary. We are also joined by a new practice nurse Claire.

Finally Lauren one of the admin team is leaving, we wish her well. In her future endeavors.

Carers Accreditation.

Parkside have started the process of working towards a carers accreditation. Jade is leading on the project and would welcome any feedback from carers on what you would like from Parkside to help you in your roles as carers. If you are a carer for a relative or friend please let us know and we can add this to your records.

Opening times

Monday—Friday

7.30—19.00

Closed Saturday, Sunday and
Bank holidays

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