

# Feet

---

Psoriasis can appear on the feet in a number of ways. Psoriasis on the soles of the feet may be a type of pustular psoriasis, also known as **palmar plantar pustulosis (PPP)** – more information can be found out about this on the *Pustular information sheet*. Nail psoriasis may also be present – more information on this can be found on the *Nails information sheet*. This information sheet is mostly intended to cover common plaque psoriasis, which can occur on the backs of the feet and toes, although much of the foot care advice is also suitable for those with PPP.

Psoriasis on the feet can be irritating, painful and, at worst, disabling. Psoriasis on the feet can make it difficult to move around and carry out everyday tasks, and as such might cause problems at work for people who spend a lot of time on their feet, or for those who do a physical job. *You can contact the Psoriasis Association for more information and advice on employment issues.*

The feet can be prone to bacterial or fungal infection. Good foot care will reduce the risk of bacterial or fungal growth and infection, as well as making your feet feel more comfortable.

1

## What causes foot psoriasis?

As with all types of psoriasis, foot psoriasis is the result of overactivity in the immune system, which causes skin cells to reproduce at a much faster rate than usual. This causes the redness and flaky build-up of skin cells that is seen on the skin. Psoriasis can develop anywhere on the body, including on the feet.

Injury to skin is known to trigger psoriasis for some people, and in some cases this could even include friction from footwear. Anything that irritates or dries out the skin, such as over-washing, using detergents (such as soap), and harsh temperatures, conditions or manual labour, may worsen psoriasis on the feet. As with many aspects of psoriasis, identifying triggers is often a process of trial and error.

## Treating psoriasis on the feet

As with all types of psoriasis, moisturising is important. This can help to improve the feel of the skin, and reduce irritation, soreness, flaking and cracking – all of which are important on the feet. There is also some evidence to suggest that moisturising can help other ‘active’ topical (applied to skin) treatments to be more effective. The skin on the feet can be thick and hard, and psoriasis can make this even more so. Because of this, thick, greasy creams and ointments – especially those containing urea – are often more effective than thinner lotions.

For most people, treatment of foot psoriasis will start with topical treatments, such as vitamin D preparations, corticosteroids, amongst others. Because the feet are often in use, it might not always be practical to use certain treatments – you should always discuss treatment options with your doctor, and consider your treatment routine carefully. More information on the different types of topical treatment is available from the Psoriasis Association.

Some people might have foot psoriasis that is particularly severe, or that doesn’t improve with topical treatment. The National Institute for Health and Care Excellence (NICE) recommends that anybody whose psoriasis is unable to be controlled with topical treatment should be referred to a Dermatologist. It also recommends that if psoriasis is severe, or causing ‘major functional or cosmetic impairment’, they should also be referred to a Dermatologist. This may be relevant for people who find that their foot psoriasis has a major impact on their ability to carry out simple tasks, or is causing them to feel low. A Dermatologist or GP should also be made aware if foot psoriasis is causing issues at work.

After- or alongside – topical treatment, a Dermatologist may offer ultraviolet (UV) light treatment, which can be used to treat the whole body, or can be concentrated on one area. If foot psoriasis is particularly severe or does not respond to UV treatment, or if there is severe psoriasis across the rest of the body, a Dermatologist may recommend systemic (tablet) or biologic (injection) treatments, which work by reducing the activity of the immune system. However, in the vast majority of cases, an individual will have had to have tried all other treatments (topicals, UV) before being offered these.

*More in-depth information on psoriasis treatments is available from the Psoriasis Association.*

## Tips for coping with foot psoriasis

**Much of the advice below has been gained through the experience of Psoriasis Association members, enquirers, trustees and medical advisors. You may not be able to do all of the below, but even doing one or two of these things could help to improve foot psoriasis.**

- Soak feet in lukewarm, salted water. This will soften any hard skin, and salt is traditionally thought to be good for cleaning and healing wounds. Afterwards, carefully pat the skin dry thoroughly, before applying moisturiser and then any prescribed topical treatment.
- Gently pat feet dry after bathing or showering. Don't rub hard as this can make them sore. Dry well between the toes.
- Wear socks or tights that are 100% cotton. Cotton fabrics allow the skin to 'breathe' whereas synthetic fabrics may encourage sweating, which can in turn make the feet uncomfortable and prone to fungal infection.
- Use talcum powder in the shoes and/or socks to help absorb any dampness.
- Remove boots or shoes at lunch and break times if possible to allow your feet to air – put a clean pair of socks on before resuming work.
- If possible, choose shoes that are open, not too restrictive on the feet, and made from materials that do not encourage sweating. Leather shoes with leather lining or absorbent inner soles are good in this respect, whereas plastic or rubber shoes or boots are not.
- When buying shoes, make sure they do not fit too tightly. Friction and areas of pressure might make psoriasis worse, or cause new areas of psoriasis to develop.
- Covering your feet after moisturising them, such as with socks, bandages, or even cling film, helps the moisturiser to penetrate the skin better. A doctor may also advise you to do this with some 'active' topical treatments, because of the thickness of the skin on the feet. However, this is not suitable for all topical treatments, and so it is important to check with a healthcare professional before doing this with a prescribed treatment.

3

For more information, or for a list of resources used in the production of this information sheet, please contact the Psoriasis Association.

**December 2017 (Review Date: 12/20)**

The Psoriasis Association, Dick Coles House, Queensbridge, Northampton, NN4 7BF

Registered Charity No. 257414 and SC039886

**01604 251620/ [www.psoriasis-association.org.uk](http://www.psoriasis-association.org.uk) /[mail@psoriasis-association.org.uk](mailto:mail@psoriasis-association.org.uk)**

