

Distinguishing the differences between Psoriasis and Eczema

Dermatologist Dr. Suzanne Friedler with Advanced Dermatology PC clarifies the symptoms and treatments for each

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/EINPresswire.com/ -- Millions of Americans have [psoriasis](#) and [eczema](#), more specifically some 32 million with psoriasis and 7.5 million with eczema. According to dermatologist Dr. Suzanne Friedler with Advanced Dermatology, PC, these chronic skin conditions are often confused and yet a keen eye for detail can help differential one from the other. Dr. Friedler adds, “both psoriasis and eczema can be painful and uncomfortable and sometimes there is a stigma associated with these conditions that can lead to a loss of confidence, depression, and other mental health issues.”



Distinguishing the differences

Neither psoriasis nor eczema is contagious. That’s an important thing to point out. Psoriasis is an autoimmune disease cause by a dysfunctional immune system that causes skin cells to

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Dr. Suzanne Friedler

hyperproliferate and mature too rapidly. It shows up on the skin as red or pink or white, scaly patches that are often itchy and can bleed. The patches can also look scaly or silvery in color. In some instances the nails can become yellow, ridged and separate from the nail bed. Up to 30 percent of people with psoriasis develop psoriatic arthritis, and sometimes patients with moderate to severe psoriasis are also at greater risk for other related health conditions such as heart disease, diabetes, high blood pressure,

obesity, depression and hypertension.

Eczema, is also caused by a dysfunctional immune system. In some patients, deficiency in filaggrin, a skin protein can lead to a defective skin barrier. Increased allergic cells in these

patients creates heightened skin sensitivities. This hypersensitive state leads to inflamed skin often causing pain, itching, dryness, swelling, cracking, weeping and scaling. Eczema lesions can bubble, ooze, and crust over if scratched. Skin infections can occur with eczema if bacteria invade the skin abrasions.

Differences in treatment

Psoriasis is treated in a variety of ways depending on the severity of the condition, the patient's overall health and more. A dermatologist will work out a treatment plan unique to each patient. It is common for psoriasis to be treated with topical creams such as corticosteroids, vitamin D analogues, retinoids, salicylic acid, and coal tars, to reduce inflammation and improve skin lesions. A new topical agent with a novel mechanism of action was recently approved by the FDA. Another course of action is to treat it with laser or light therapy with ultraviolet light (UVA or narrow band UVB). And lastly, in some cases systemic medications are prescribed orally or by injection to suppress, or control, the immune system.

Eczema may also be treated with topical creams, such as corticosteroids and calcineurin inhibitors, to reduce inflammation. Additionally, immunomodulator creams are also sometimes prescribed to control inflammation and immune system reactions. In some cases systemic medications (injectable or oral) and light therapy are prescribed to suppress the immune system. Prescription strength moisturizers can help restore the skin barrier and oral antihistamines can be used to help relieve itch. Lastly, some patients can get relief with diluted bleach baths and antibiotics to treat infection.

Dr. Friedler offers the following tips for reducing the itch of inflammatory skin conditions:

- Moisturize. Moisturize. Moisturize. Use a fragrance-free moisturizer. Thick ointments are top for locking in moisture and repairing the skin barrier.
- Use a mild, fragrance-free and non-irritating soap. Use in moderation.
- Take shorter and cooler showers. Bathe not more than once a day with warm water. Do not rub the skin with a towel when drying off, rather pat the skin dry. Apply moisturizer immediately after bathing.
- Detect and reduce possible triggers. Common triggers include soaps, fragrance, pet fur, wool, cosmetics, and household cleaners.
- Use a humidifier when indoors. The ideal range is 45-55% humidity.
- Try to avoid sweating. Sweat can spark flare-ups. Change out of damp or wet clothing immediately and wear wicking fabrics for working out.
- Wear soft, loose clothing. When possible, pick cotton over wool, denim, or other rough fabrics. In cold weather wear gloves and scarfs to protect exposed skin.
- Trim fingernails often. Shorter nails will decrease the chances that scratching will tear the skin and potentially result in an infection.
- Drink plenty of water. The more you can hydrate the better.

Dr. Friedler advises that people with either psoriasis or eczema should check in with their

dermatologist to get the right diagnosis and explore the best treatment plan for their specific situation.

Suzanne J. Friedler, M.D. F.A.A.D., is a board-certified fellow of the American Academy of Dermatology, with expertise in many areas of medical and cosmetic dermatology. She has been with Advanced Dermatology PC since 2002.

[Advanced Dermatology P.C.](#) and the Center for Laser and Cosmetic Surgery (New York & New Jersey) is one of the leading dermatology centers in the nation, offering highly experienced physicians in the fields of cosmetic and laser dermatology as well as plastic surgery and state-of-the-art medical technologies. www.advanceddermatologypc.com.

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