

## **PS1.280**

### **Psoriasis - what is the role of family physician?**

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Psoriasis is a chronic inflammatory disease that affects approximately 2-3% of the worldwide population. It is now well accepted that it constitutes a systemic inflammatory disease that causes skin, ungueal and arthritic lesions. Although its course is unpredictable, it usually evolves with exacerbations and lesion-free periods. The aim of this poster is to systematize the role of Family Physicians (FP) in these patients' approach. The first role of FP is to identify and diagnose this condition, mostly presented as well-defined erythematous scaly patches, papules and plaques that are often pruritic, typically localized in the extensor surface of the arms, legs, scalp and trunk. Once the diagnosis is suspected, the next step is to evaluate the extension of the skin disease as well as other organs lesions, namely in nails and joints. Those patients presenting with severe forms (more than 10% of body surface affected, involvement of hands, feet, face or genitals or extra-skin symptoms) should be referred to a specialist. However, most patients will have mild/moderate forms of the disease and, therefore, they may be treated by their FP using topical therapies (corticosteroids, vitamin D analogues and calcineurin inhibitors). It is also important to remember that psoriasis is a condition with a significant life-quality impact, causing problems at daily-life activities. So, FP should also evaluate this impact and minimize its consequences, explaining to the patients the natural course of the disease, alerting them about the triggers and risk factors and treating it properly, so that they can be lesion-free for as long as possible. Therefore, as FP are able to treat and monitorize most psoriatic patients, it is essential that they have clear notions not only about diagnosis, but also about treatment and extra-skin complications in order to help their patients reduce the disease's impact in their lives.