"Don’t go near him."

It is disheartening to see people with non-infectious skin diseases such as psoriasis shunned and discriminated against in public. Psoriasis is a chronic condition which manifests as thick, red, scaly patches on the skin that can involve any body site, including the scalp and genitalia. Up to half of patients may have nail changes, and one-third have associated painful swollen joints.

According to data from the World Health Organization, psoriasis affects approximately 100 million people worldwide. In Singapore, it is estimated to affect one per cent of the local population, or over 50,000 people. Because of poor public awareness that psoriasis is completely non-contagious, and the striking and unsightly appearance of the rash, people with psoriasis are unfortunately often stigmatised in society. In a public survey conducted by the Psoriasis Association of Singapore in 2015, about half of the respondents indicated that they would not eat food prepared by people with psoriasis, share a workplace or residence with them, nor allow children to play with them.

The discrimination faced by psoriasis patients is genuine, and I have witnessed it through my interaction with them over the years. I have encountered many patients who have difficulty finding jobs, because they stand a higher chance of being rejected when their prospective employer gets to know about their psoriasis. Most of them do not swim, even if they like swimming. A few years back, there was a psoriasis patient who shared he was barred from using the pool in his condominium. Another patient told me that he could only swim late at night when there was no one else in the pool. Once, everybody left the pool immediately when they saw him entering it. Fortunately, he has become sanguine about the situation. "At least, I can have the pool all to myself!” he remarked.

Higher risk of co-morbidities

I saw Mr L, a 52 year-old driver, at my clinic recently. He has had psoriasis for the past 10 years, and was previously treated with topical creams and lotions prescribed by his family doctor. However, he subsequently defaulted follow-up and had not undergone any health screening for several years, as he felt otherwise well and symptom-free.

Mr L came to see me as his psoriasis had progressively deteriorated in the past few months, affecting greater than 20% of his body surface area. He had no joint pain. He had been smoking some 20 cigarettes a day since his teenage years, and indulged in alcohol occasionally. The nature of his job was largely sedentary, and he rarely exercised.
Providing care a cut above the ordinary

Reuben Ho, Corporate Communications Executive

Out of his nursing uniform, 31 year old Ryan Chua takes up hairstyling course during the weekends in name of patient care. The Senior Staff Nurse shared that he wants to be able to perform simple haircuts for psoriasis patients who face difficulties getting their hair cut in public hair salons.

In the Centre’s phototherapy clinic, Ryan meets many patients who are diagnosed with psoriasis and he is privy to the many woes and challenges these patients face on a daily basis.

More often than not, these patients bear the brunt of public scrutiny due to the unsightly scaly patch of red on their bodies. Ryan recalls a particularly striking conversation with one of his patients, a father whose daughter inherited the same condition. “They were turned away at a hair salon, because the hairdresser told them that the other customers were wary that their condition may ‘contaminate’ the hairdressing tools,” he said. It was then when Ryan felt compelled to think of ways to alleviate the father’s problems, and decided to take up hairdressing lessons.

“Such incidents are not uncommon – the general public often has the misconception that psoriasis is contagious. Something as easy as getting a haircut, we could take it for granted But to them, it is pain and suffering when they go for a haircut. It actually inspired me to take up a haircutting course to help patients and extend it out to the community and the people who live around you,” he added.

As I was preparing to start him on an oral medication to treat his psoriasis, a series of baseline investigations was performed. He was found to have newly diagnosed diabetes mellitus, in addition to hyperlipidaemia and hypertension. Understandably, he was dismayed when I conveyed the results.

Research in recent years has greatly advanced our understanding of psoriasis. We now know that psoriasis is not just a skin disease per se, but is associated with an approximately 1.5 to 2-times higher risk of metabolic syndrome [a constellation of cardiovascular risk factors including hypertension, dyslipidaemia, insulin-resistant diabetes and abdominal obesity], ischaemic heart disease and stroke. The greater the severity of psoriasis, the higher the risk. Other conditions associated with psoriasis include non-alcoholic fatty liver disease, inflammatory bowel disease and depression.

Therefore, it is of paramount importance for people with psoriasis to undergo annual health screening and to lead a healthy lifestyle. At the National Skin Centre, we routinely screen our psoriasis patients for metabolic syndrome once per year. Coming back to Mr L, I encouraged him to exercise regularly, control his diet, and quit (or at least cut down on) smoking and alcohol. He agreed to see his family doctor for treatment and follow-up of his metabolic syndrome.

A silver lining

Though psoriasis is a chronic relapsing skin disease with no permanent cure, there are numerous treatment options available that offer people with psoriasis a reasonably good chance of suppressing the disease and leading a normal life.

Topical creams and lotions are used for patients with very mild psoriasis. For those with moderate-to-severe psoriasis, treatment modalities include ultraviolet light phototherapy and conventional oral medications such as methotrexate, acitretin or ciclosporin, which aim to suppress skin inflammation and normalise the growth rate of superficial skin cells (both markedly increased in psoriasis). As there may be a potential risk of side effects such as those affecting the blood count, liver and kidney, patients on oral medications for psoriasis require regular blood test monitoring.

Newer treatments such as biologic agents work by blocking specific immune pathways that drive psoriasis, and have proven to be generally effective and safe for the majority of their users, apart from a slightly higher risk of infections. They are administered via injections, at a frequency ranging from 2-weekly to 3-monthly depending on the type of biologic therapy.

Psoriasis is a serious disease that is not just skin-deep. Early diagnosis and appropriate individualised treatment will ultimately make a positive difference to one’s lifespan and quality of life.

This article was adapted and reproduced from Dr Tan’s article in Mind & Body, The Straits Times on 2 May 2017.
Aesthetic Forum 2017
Bethia Chua, Corporate Communications Executive

Held on 18 November 2017 and chaired by Senior Consultant A/Prof Chua Sze Hon, the Aesthetic Forum was an engaging afternoon of learning about common aesthetic problems found in Asian skin. Consultant Dr Ker Khor Jia kick-started the forum by busting myths on skincare home remedies and the common misconceptions on certain cosmetic conditions. She also shared on various types of treatments suited for different types of pigmentation conditions.

Following this, A/Prof Chua delivered his segment in a light-hearted demeanour, providing an in-depth understanding on derma fillers and botulinum toxin treatment used to correct certain aesthetic concerns. Although such treatments usually carry very low risks, A/Prof Chua cautioned the potential adverse reactions that may occur. He ended his segment by sharing his wisdom on how to embrace the natural aging process and aging gracefully.

After some light refreshments, Consultant Dr Suzanne Cheng educated the audience on skin aging and how to reduce the signs of skin ageing through non-invasive cosmetic treatments, minimally-invasive cosmetic treatments, topical creams as well as oral supplements. Participants were once again reminded on the dire consequences of photoaging and the importance of sun protection.

Consultant Dr Angeline Yong delivered the last presentation on hair transplant, a surgical procedure that helps patients overcome hair loss. Dr Yong explained the differences between male and female patterned hair loss, as well as the two follicular unit transplantation methods used in hair transplant.

The forum was rounded up by with a Q&A session where everyone participated actively. Some participants were also treated to a guided tour in our Mandalay Laser Clinic Suites. The attendees were delighted to bring home better understanding about the cosmetic concerns and the appropriate treatments available.

NHG-NSC Townhall session with Group CEO Prof Philip Choo
Nathalie Ng, Corporate Communications Executive

The annual NHG-NSC Townhall with Group CEO Professor Philip Choo was held at the NSC auditorium on 23 October, Monday. Attended by more than 100 staff across all departments in the Centre, Prof Choo outlined the future changes that will be affecting the healthcare family.

Highlighting the increasing rate of growth in the numbers of patients with chronic disease, Prof Choo encouraged staff to embrace change, and to look forward to an exciting period of growth in healthcare.
Staff Retreat 2017
Nathalie Ng, Corporate Communications Executive

This year’s Retreat saw most of the NSC staff attending the session held at M Hotel.

Support Services
Senior Manager Mr Lawrence Quek (left) leading everyone through a series of stretches and warm-up exercises, which can be practiced during working hours within the office.

Over 300 staff attended this year’s Staff Retreat at M Hotel on 4 November, Saturday, as the management shared on the Centre’s plans for the future.

Within the workplace, the coming years will see a tighter focus on increasing productivity across all departments through various initiatives – such as redesigning job scopes for allied and ancillary health staff, and automating certain work processes.

Additionally, there will be a stronger focus on maintaining good health in all employees at their workplace to ensure a holistic working environment for all.

The retreat capped with an interactive Q&A session with the audience, where the panel – comprising of senior management – addressed concerns and questions from the crowd on current work practices and future plans for NSC.

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