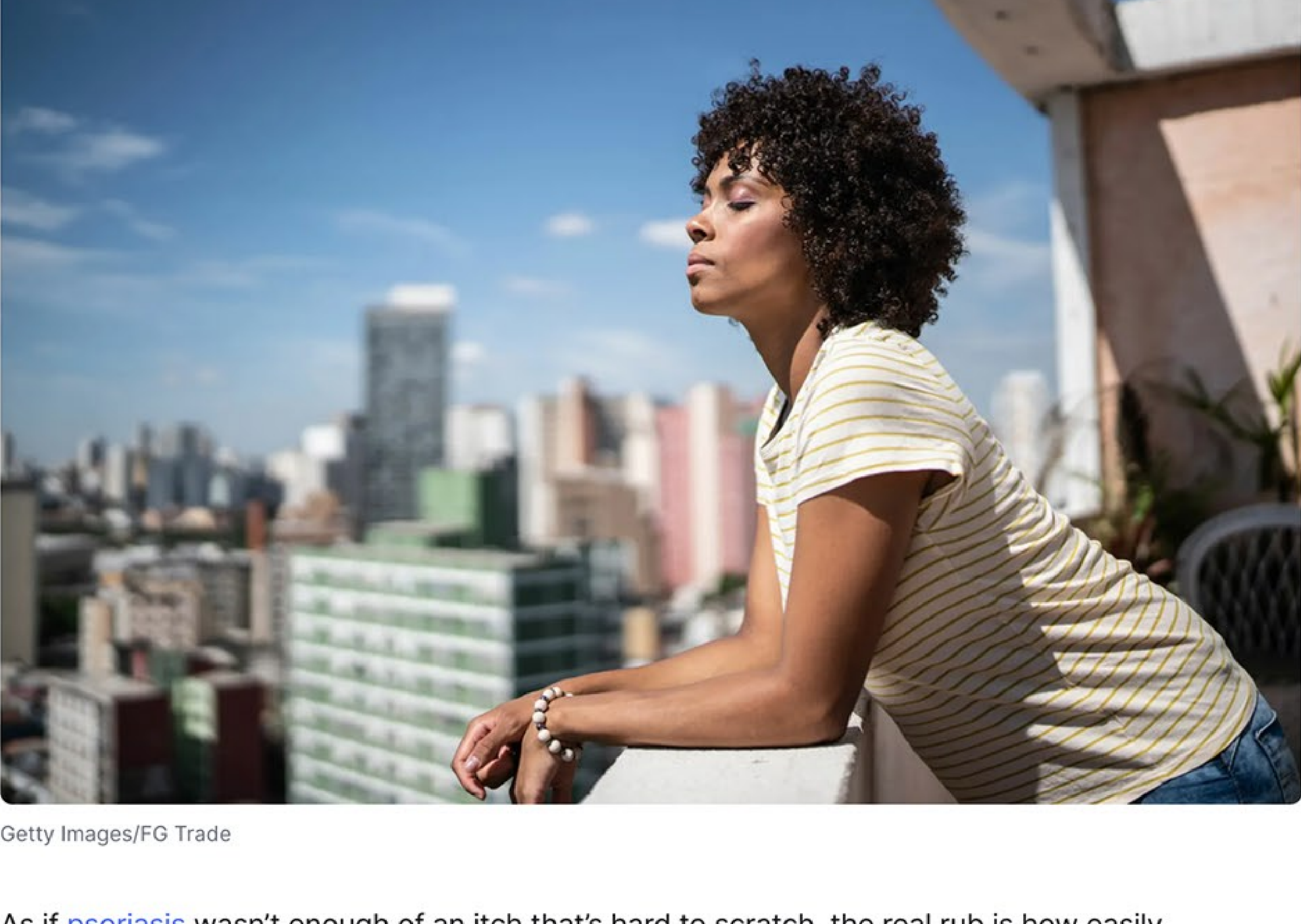


How to Avoid Psoriasis Triggers

From weather to stress, here’s how to minimize or manage potential causes of PsO flare-ups.

Updated Aug 25, 2023 | By: Holly St. Lifer



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As if [psoriasis](#) wasn’t enough of an itch that’s hard to scratch, the real rub is how easily symptoms of the chronic skin disease can be triggered. Known as a flare, the recurrence of psoriasis symptoms can be unpredictable, since different people have different PsO triggers.

The end result, though, is the same: A worsening of disease activity.

“When you get a flare, your [psoriasis](#) gets suddenly worse. You see an increase in the number of plaques, or if you have [psoriatic arthritis](#) you’ll have an increase in pain in the joints that are already affected or new joints can now be affected,” says [Carmen Castilla, M.D.](#), a dermatologist at New York Dermatology Group in New York City.

Psoriasis is an autoimmune inflammatory disease. That means your immune system is already revved up, causing increased [inflammation](#) throughout the body. “So when you have anything that triggers even more inflammation, like an infection or a stressful life event, it’s also likely to cause a psoriasis flare,” says Dr. Castilla.

The good news, according to Dr. Castilla, is that many patients are now on a [biologic](#), a type of medication that treats systemic inflammation. “Biologics bring your immune system back to a more balanced state (homeostasis), so it’s less inflamed,” she says. “As a result, you get less flares.” Still, even one flare is too many. Here are some common psoriasis triggers, how you can best avoid them, and what to do if your trigger sets off a flare.

The Trigger: Not Enough Sunlight

An absence of enough sunlight tops the list of most common triggers of psoriasis, says [Mark G. Lebwohl, M.D.](#), the dean of clinical therapeutics at the Icahn School of Medicine at Mount Sinai Hospital in New York City and a past chairman of the Psoriasis Task Force of the American Academy of Dermatology. “We see many more flares of psoriasis in the winter. It’s more common in high latitude areas where there is less sun, and less common in low level equatorial areas where there’s a lot of sun,” he notes.

Although we tend to think of UV rays as being harmful in terms of increasing the risk of [skin cancer](#), they can also be helpful when it comes to reducing inflammation and slowing the production of skin cells, especially [in the summer](#). “Then when you go into winter and you don’t have the anti-inflammatory component of the sun, your psoriasis can potentially get worse,” says Dr. Lebwohl. While not a sudden trigger, he adds, lack of sunlight can lead to a gradual worsening as the shorter days drag on.

What to Do

Most of us can’t take off for warm, sunny climates all winter long—but you can still get some light exposure: If your psoriasis increases, your doctor may suggest coming into the office for [phototherapy treatment](#). This procedure mimics the sunlight, exposing the affected areas of skin to ultraviolet light, which can reduce inflammation and slow skin cell production. In addition to light therapy, “if the affected area is small, then we might just add a topical medication,” says Dr. Castilla.

The Trigger: Increased Stress

When [you’re stressed](#), levels of the hormone [cortisol](#) shoot up in your body. That increases inflammation, which in turn can trigger a psoriasis flare. “A lot of my patients will get their initial psoriasis outbreak after a stressful life event,” says Dr. Castilla. The research bears this out: One [research review in the *International Journal of Dermatology*](#) found that up to 88% of psoriasis patients report stress as a trigger.

What to Do

Embracing proven relaxation techniques like meditation, deep breathing, and yoga are practices that can, if done routinely, manage your stress and therefore minimize triggers. A review of 60 studies, published in [JAMA Dermatology](#), confirms that using stress-relieving practices like meditation and acupuncture significantly helped relieve [psoriasis symptoms](#). Check out apps like [Headspace](#) and [Calm](#) to find in-the-moment stress relief.

Another good option is to work up a sweat: “A lot of my patients destress by doing cardio and/or strength exercises. Anything where you are active and your mind is focused on the activity in the moment will help you,” says Dr. Castilla. Plus, exercise appears to have its own therapeutic benefits when it comes to reducing psoriasis outbreaks, according to [a recent review in *Psoriasis: Targets and Therapy*](#).

The Trigger: Smoking

If you smoke, you likely already have a list of reasons to quit. Here’s one more: [Lighting up triggers psoriasis flares](#). There are a few possible mechanisms, including the role that nicotine can play in increasing inflammation in skin cells, as well as the cellular damage that can be caused by other toxic chemicals in tobacco, from ammonia to tar. A study published in the [Archives of Dermatology](#) found that people who smoked 20 or more cigarettes a day had twice the risk of [severe psoriasis](#).

What to Do

We know that kicking the habit is not easy. The first step is to “cut yourself some slack and be realistic,” says Dr. Castilla. “If you stop and have a relapse it’s OK—you can try again.” In fact, according to [one study of 1,277 participants](#), it takes an average of 30 (but who’s counting?) attempts before being able to successfully quit. “Some of my patients have found success by decreasing one cigarette each week,” says Dr. Castilla. You can also ask your doctor about prescription medications like Chantix, as well as patches and nicotine gums. [Find more strategies](#) from the Centers for Disease Control and Prevention (CDC) on how to quit for good, including tips from other smokers.

The Trigger: Skin Injury

Sometimes a scrape, a cut from shaving, [tattoos](#) and piercings, even a sunburn or a bug bite can cause a flare that’s specific to the traumatized area where there was no psoriasis before. This is called the [Koebner phenomenon](#), which occurs in up to 30% of people with psoriasis, and occurs when there is an eruption of the skin due to injury (even something as small as a scratch).

What to Do

If you’re on a biologic, a skin injury is less likely to cause a flare. But if you’re not on the meds, or if you are and still develop a flare, the treatment is the same. “Unlike a more full-blown flare that can affect a large part of the body, this type of flare is small and specific to the injury. So we just treat the new spot with a topical medication,” says Dr. Castilla.

The Trigger: Bacterial Infection

Bacterial infections can be nasty for a number of reasons, among them that they can create a psoriasis flare-up. That’s especially true of strep throat, which is a known trigger of [guttate psoriasis](#), a condition that affects about 8% of people with psoriasis, [according to the National Psoriasis Foundation](#). Bacterial infections further put the immune system on alert, which can cause more inflammation in your body. Other upper respiratory infections and tonsillitis are also known to precipitate [guttate psoriasis](#), and it’s more common in children.

What to Do

“Sometimes when guttate psoriasis has been induced by a strep infection, when you treat the strep with antibiotics the guttate psoriasis goes away,” says Dr. Castilla. “If it doesn’t, then it depends on the amount of body surface area. If it’s a small body surface area (BSA) that’s between 3% and 5%, I’ll try topicals first. For a large BSA or for someone who doesn’t want to do topicals, I’ll recommend phototherapy or a biologic,” says Dr. Castilla. Fortunately, some biologics [are approved for kids as young as six years old](#).

The Trigger: Certain Medications

The medication you take to help alleviate symptoms of psoriasis as well as other health conditions can occasionally backfire, especially when you first go off the drug. According to the [US Food and Drug Administration’s Adverse Event Reporting System](#) from 2016 to 2021 (the latest report available), the medications that most commonly triggered psoriasis flares are:

- Dupilumab, a biologic for eczema
- Hydroxychloroquine, an antimalarial drug used to treat rheumatoid arthritis and lupus
- Prednisone, a steroid for treating inflammation
- Tocilizumab, a biologic used to treat rheumatoid arthritis

Prednisone, a systemic steroid taken orally and prescribed for everything from poison ivy to back injuries to lung inflammation was the most commonly reported medication, according to the report. “Sometimes while you’re on [steroids] your psoriasis will actually improve, but when you lower the dosage in an effort to come off of it, it can trigger a full body flare,” explains Dr. Lebwohl. “This can even happen with people who only had a few plaques to start with.”

What to Do

When you are prescribed a new medication, remind your doctor about your psoriasis; you may be given an alternative drug that is less likely to trigger a flare-up. “For example, if a patient travels to an area where they need an antimalarial, we will avoid giving them hydroxychloroquine. We’ll give tetracycline instead, another drug that also prevents malaria,” says Dr. Lebwohl.

That does not mean you should not take a steroid, which has no alternative, if you need it, cautions Dr. Lebwohl: “Not everyone flares; it’s not something we can predict. If you need that steroid, you should take it and the psoriasis can be managed after. We can add a topical medication, for example.”

Bottom Line

Psoriasis flare-ups can be unpredictable, troubling, and painful—but you may be able to sidestep them or at least reduce their frequency by minimizing or avoiding some known triggers. Take action when you can and talk to your doctor about the best ways to handle potential triggers if they are unavoidable.

Notes: This article was originally published August 24, 2023 and most recently updated August 25, 2023.