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6 Ways Psoriasis Is Different for Women

From emotional health to the impact of sex hormones, women with psoriasis have special concerns.



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Is psoriasis more common in women or men? Researchers don't necessarily agree on the answer, but according to one study in the journal [JAMA Dermatology](#), 3.2 percent of women in the United States have a formal [psoriasis diagnosis](#) versus 2.8 percent of men.

These women may face challenges that the men don't. "Women with psoriasis have unique considerations. ... I feel like [these issues] are under-addressed," says [Jennifer Soung, MD](#), director of clinical research at Southern California Dermatology in Santa Ana, California, and a clinical professor at Harbor-UCLA Medical Center.

What can women with psoriasis do to make sure their medical, emotional, and mental health needs are met? Here are a few important things to keep in mind if you are a woman with psoriasis.

1. The mental health toll of psoriasis may be greater for women than men

According to the [National Psoriasis Foundation \(NPF\)](#), women are more likely than men to feel the stigma of having a visible skin condition, particularly untreated or undertreated individuals who experience frequent flare-ups.

This can cause stress, which can lead to more flare-ups. “The mind and the body are inextricably connected with the skin. If someone has a history of psoriasis, if they are stressed, the psoriasis can flare up. When the stress is better controlled, the psoriasis will improve. It works in both directions,” says [Amy Wechsler, MD](#), a New York City–based [psychiatrist](#) and dermatologist.

[Research](#) suggests that women with psoriasis are more likely than men to experience depression, even though psoriasis tends to be more severe in men than in women, and that psoriasis can have a greater impact on women’s quality of life.

2. The female sex hormones estrogen and progesterone may play a role in psoriasis

Does the start of your menstrual cycle, when estrogen and [progesterone levels](#) are at their lowest monthly levels, automatically lead to a psoriasis flare-up? Not necessarily. The effect of hormonal changes on psoriasis will differ from person to person.

That said, a woman's [estrogen level](#) on any given day can raise or lower the risk of a flare-up. Research backs this up, showing a correlation between skin inflammation and [hormone levels](#).

The dramatic hormonal changes that come with pregnancy appear to have a particular impact on psoriasis, [research indicates](#). Many (though not all) women experience a significant improvement in psoriasis symptoms during pregnancy, when estrogen and progesterone levels rise, and a worsening of psoriasis symptoms after giving birth, when these hormone levels plummet.

3. Psoriasis in your genital area: “It definitely happens”

According to the [NPF](#), as many as two-thirds of men and women with psoriasis may experience [genital psoriasis](#) at some point in their lives. “It definitely happens,” says Dr. Soung.

Some women may feel extremely self-conscious if they are experiencing a psoriasis flare-up on or around the [vagina](#), anus, or genital fold area.

“It’s important to properly identify if the skin condition is psoriasis or something else,” says Soung. “The No. 1 question my patients ask is, Are you sure it’s not a [STD](#)?” Another question her patients ask is, Can I still have sex? (The [American Academy of Dermatology Association](#) offers useful tips on sex with genital psoriasis.)

There are two forms of psoriasis that can occur in the genital area: [plaque psoriasis](#) and [inverse psoriasis](#). Plaque psoriasis often appears on the scalp, knees, elbows, and torso, as well as the genital area. According to the NPF, plaque psoriasis in

Caucasian skin can look red, with a scaly, silvery-white buildup of dead skin cells. Among people of color, the plaques may be darker and can range in color from purple to gray to dark brown. Inverse psoriasis usually occurs in body folds such as the underarms, under breasts, and in the genital area. Symptoms include skin that looks smooth, glossy, and “tight.” Both forms of psoriasis can hurt, itch, or crack.

Dermatologists may treat genital psoriasis with topical steroids, generally low-potency formulations for mild to moderate cases. Since the skin of the genital area is thin and extremely sensitive, it’s important for patients on topical drugs to talk to their doctor immediately about any issues involving pain, bleeding, or stinging, including during urination or defecation. If topical steroids aren’t working or are causing side effects, or if the genital psoriasis is severe, doctors might consider oral medication or injectable biologics instead.

4. Pregnancy can impact psoriasis treatment options

“Call your dermatologist if you think you are pregnant or actively trying to conceive in order to potentially adjust any medications you are taking, including but not limited to oral medication used for psoriasis,” says Sung.

The concern is that certain psoriasis drugs could potentially harm a fetus.

For instance, while doctors don’t commonly prescribe the [psoriasis medication acitretin \(Soriatane\)](#) anymore, women who’ve taken the drug should wait three years after their last dose before trying to conceive in order to reduce the risk of serious birth defects.

Soung says that pregnant patients should apply high-potency topical steroids sparingly or not at all during pregnancy. She notes that before a breast-feeding session, a patient should use a damp cloth to gently wipe off any steroid creams or ointments on the skin.

In extremely rare cases, people may experience [pustular psoriasis of pregnancy](#), also known as PPP, a potentially life-threatening condition that requires immediate treatment. PPP can impact both the pregnant person and the fetus and typically occurs during the third trimester of pregnancy. Skin lesions that look like open, infected sores may start on the stomach or abdomen, then spread.

5. Psoriatic arthritis can be more severe in women compared to men

The NPF estimates that of the nearly 8 million Americans with psoriasis, a third will develop [psoriatic arthritis](#). While the prevalence of psoriatic arthritis is the same in women and men, some [research](#) has shown that the so-called [burden of disease is greater for women than men](#): Women tend to have more disease “activity,” higher levels of joint pain, and lower functional capacity. Soung says that physicians should keep gender-specific considerations in mind (concerning cardiovascular and bone health, for instance) when prescribing [psoriatic arthritis treatment](#).

6. Makeup can be part of psoriasis self-care for women (or anyone!)

Allan Avendaño is a Hollywood makeup artist who has psoriasis. He thinks that while [people with psoriasis](#) may want the option of camouflaging any plaques on their face with makeup, it's important to focus on how cosmetics can showcase your best features.

Here he lays out the basics of a [psoriasis-friendly makeup routine](#):

- Step 1: Cleanse your face using your fingers for gentle exfoliation. (“Do not overly exfoliate: Scrubbing too hard can trigger new plaques or patches, says Soung.)
- Step 2: Apply moisturizer. “This will help strengthen and heal the skin,” Avendaño says.
- Step 3: Apply foundation, then apply powder by lightly tapping it on the skin with a makeup brush. This technique creates a layered look that results in a natural appearance, Avendaño says.
- Step 4: Think about your best features, then highlight them in order to be your most confident self. If you have a great smile, you might want to apply a vibrant lipstick.

One last piece of advice: When choosing makeup, “listen” to your skin. If a certain brand is making you flare up, you may need to switch, a process that may require some trial and error. During a bad flare you might also need to take a short break from cosmetics.