



29 October  
World Psoriasis Day

## Psoriasis Treatment

### Psoriasis Treatment – Fast Facts

- Psoriasis is a chronic disease requiring continuous, lifelong treatment.
- There is no cure for psoriasis.
- Different treatments can help reduce or temporarily eliminate the symptoms of psoriasis, but no one treatment works for everyone.
- Many treatments come with painful or potentially harmful side-effects.
- In recent years, new biological therapies have been introduced and several existing treatments have been improved, giving new hope to people with psoriasis.

Treatment of psoriasis can be divided into three basic categories:

- Topical (treatments applied directly to the skin)
- Phototherapy or a combination of phototherapy and medications
- Systemic (medications taken by tablet or injection)

A number of factors will determine which treatment will best suit a person with psoriasis.

These include:

- The type of psoriasis
- Its location on the body
- Its severity
- The person's age and medical history
- The person's response to previous therapy

### Topical Therapy

Topical therapies are usually the first line of defence in treating psoriasis.

They generally work relatively quickly at clearing the immediate lesions after application and are also usually well tolerated. However, they can be messy, take a long time to apply, and must be used continuously.

**Dithranol** (also known as anthralin in certain parts of the world)

- Dithranol can be effective for mild to moderate psoriasis and is often used with ultraviolet B (UVB) treatments for more severe psoriasis.
- Key weaknesses are: it causes irritation and burning to the skin, and it tends to stain anything it comes into contact with.

### Corticosteroids

- Topical corticosteroids, the most commonly prescribed treatments for psoriasis in many parts of the world, are synthetic drugs that resemble naturally-occurring hormones in the body. They are available in many strengths and formulas including creams, lotions, solutions, emollients, sprays, gels, ointments and medicated tapes.

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- They slow down the growth of skin cells and decrease the inflammation of lesions in patients with psoriasis.
- Side effects of prolonged corticosteroid use are numerous and include the formation of telangiectasia (elevated dark red blotches on the skin) and striae (stretch marks), the latter 'scars' are permanent.

#### **Coal tars**

- Topical coal tars have helped treat psoriasis for centuries and can be used by themselves or combined with UVB. By making the skin more sensitive to UV light, coal tar can cause a greater sensitivity to burning when combined with UV therapy.
- However, tars cause staining and coal is also a designated carcinogen (COSHH – Committee of Substances Hazardous to Health, UK).

#### **Retinoids – topical**

- Retinoids (vitamin A derivatives) are the most recent developments for the topical treatment of psoriasis. Tazarotene is a retinoid used to treat mild to moderate plaque psoriasis, which can be used on most parts of the body, including the face, hairline and scalp.
- Local irritation caused by retinoids has limited their use.

#### **Vitamin D analogues**

- The introduction of calcipotriol in the early 90s has provided an alternative to topical steroids, tars and dithranol. Calcipotriol has shown equal or superior efficacy to other agents and is cosmetically more acceptable and generally well tolerated.
- Local irritation does occur; however these agents are not associated with the cutaneous atrophy of corticosteroids or the messiness of tars and dithranol.

#### **Salicylic acid**

- Salicylic acid is a chemical that helps remove scale on lesions. This then allows topical medications to better penetrate the skin. It can be applied as a paste or in creams/ointments/lotions.

#### **Non-prescription skin treatments**

- A variety of over-the-counter products including moisturizers, bath oil, Epsom salts and oiled oatmeal may be helpful in treating psoriasis in some people. They do not work for everyone and are unlikely to cause harmful side effects.

#### **Phototherapy**

Patients with psoriasis that does not respond to topical treatments, or with psoriasis that is too widespread, are candidates for phototherapy. This involves exposing the skin to wavelengths of UV light, which has a therapeutic benefit in psoriasis. Different forms include:

#### **Climatotherapy**

- Sunlight can have a beneficial effect on psoriasis. Climatotherapy has been used for many years in the Dead Sea, Israel, and the Canary Islands, Spain, with good results.

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### **Broadband and narrowband UVB**

• This involves exposing the skin to a particular wavelength of UV light called UVB that is effective for treating psoriasis. UVB is present in natural sunlight.

### **PUVA (psoralen plus UVA)**

- PUVA, also called photochemotherapy, involves the combination of a light-sensitizing medication (psoralen) followed by irradiation with UVA (like UVB, UVA is found in natural sunlight).
- Bath PUVA is also practiced where the psoralen is put in a bath: the patient soaks before entering the UVA cabinet.
- Long-term PUVA therapy can lead to premature ageing of the skin and also increases significantly a person's risk of skin cancer (basal cell carcinoma and squamous cell carcinoma). Consequently, the maximum recommended exposure should not be exceeded.

### **The Goeckerman Regimen**

• Patients with severe or disabling psoriasis may go to hospital or psoriasis treatment centres for concentrated treatment with UVB and topical coal tar. This is known as the Goeckerman regimen and usually takes at least three or four weeks of daily treatment.

### **Laser therapy**

- The excimer laser is usually for mild to moderate levels of disease where lesions cover less than 10 per cent of the body.
- Pulsed dye lasers are also primarily used to treat small, localized areas of psoriasis. Instead of one continuous beam of light, they emit short bursts of high-intensity yellow light.
- Side effects of laser treatment include a small risk of scarring and bruising.

### **Grenz/Bucky ray therapy**

- Grenz/Bucky rays are a form of very mild radiation with low penetration power: half of the rays are absorbed in the first half millimetre of the skin.
- It is used to calm down inflammation of the skin and will not cause damage as seen with prolonged use of corticosteroids.
- A typical course of Grenz/Bucky treatment consists of weekly or biweekly treatments over three or four sessions.

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## Systemic Treatments

In patients who do not respond to phototherapy or who cannot comply with the frequent phototherapy visits needed to achieve clearing, several systemic drugs are available. Systemic drugs affect the whole body.

### **Methotrexate**

- Methotrexate was initially developed as a treatment for cancer. It works by binding to an enzyme involved in the growth of cells and therefore slows down skin cell growth in psoriasis. Because of its mechanism of action, methotrexate also affects normal cells, including fetal cells, bone marrow and sperm cells.
- One of the big disadvantages of methotrexate is that its long-term use has been associated with liver damage.

### **Cyclosporin**

- Cyclosporin appears to slow down the rate of skin growth by inhibiting the immune system (the immune system plays a critical role in the development of psoriasis).
- However, its long-term use is associated with kidney damage and the American Academy of Dermatology (AAD) guidelines stipulate a maximum use of one year.

### **Oral retinoids**

- Retinoids are derivatives of vitamin A. They affect how cells regulate their behaviour, including how quickly they grow and shed from the skin's surface. Oral retinoids are only moderately effective and are associated with numerous side effects such as hair loss and thinning of the nails.
- They have also been associated with birth defects, so they cannot be given to women who could potentially become pregnant.

### **Biological Therapies**

Innovations in biotechnology have the potential to offer high efficacy and greater safety in the treatment of psoriasis by building targeted natural protein-based drugs that interfere with specific steps in the pathogenesis of psoriasis.

- The biologicals target the immune system by blocking the action of certain immune cells that play a role in psoriasis. Whereas other psoriasis treatments, such as PUVA and methotrexate, also affect the body's immune system, the action of the biologicals is more specific and they have the potential to be a safer treatment option.
- Several biologicals are available, including: alefacept, etanercept, adalimumab, ustekinumab and infliximab. Not all biologicals are available in all countries.
- Biologicals are taken by injection or infusion and are mostly prescribed for moderate to severe psoriasis.

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