

Hopeful update: Advances in psoriasis treatments

By Dr. Marc Bourcier

In the CSPA's *Canadian Skin* Summer 2010 issue, I reviewed generalities on psoriasis. I'm now pleased to be able to share encouraging news about research and treatments that have transpired since then, and that are improving the lives of many of my patients.

Psoriasis is a chronic, autoimmune, inflammatory disorder of the skin that affects two to three per cent of the general population (about one million Canadians). It is associated with significant physical and emotional burdens for many who are diagnosed. Its main characteristics are manifested on the skin, where red scaly plaques form. Psoriasis can be classified as mild, moderate or severe, depending on the body surface involved:

- mild: less than three per cent
- moderate: three to 10 per cent
- severe: more than 10 per cent

Considering that one palm equals about one per cent of the skin's surface, the number of palms of skin affected by psoriasis reflects disease severity. It is important to

Treatments that make a difference

Some exciting major developments have occurred in the treatment of psoriasis over the past several years. It is now possible to clear or almost clear the visible lesions of many sufferers. Various treatment options are avail-

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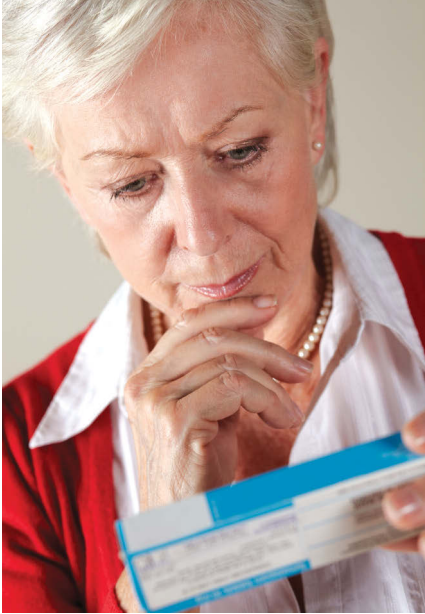
mention that, even if the extent of the psoriasis plaques is limited, the condition still can cause significant distress and impairment to an individual's quality of life.

Psoriasis flares can appear on the scalp, nails, palms of the hands, soles of the feet and genitals. Involvement of these areas can cause enormous discomfort for patients and they are, of course, challenging to treat.

able that used separately or in combination can reduce psoriasis plaques.

Our arsenal of options includes topical treatments in the form of creams, ointments, lotions, gels, sprays, foams and shampoos. Most topical medications for psoriasis contain derivatives of cortisone, which are referred to as topical corticosteroids. There is also a combination treatment that works particularly well for some patients. All are quite safe if used properly.





Of note: A few steroid-free preparations are also available but, in my experience, they are usually less effective.

Medication can also be injected in resistant plaques, helping to fade them. Light therapy (phototherapy) remains helpful in many cases, but access to this treatment is becoming more limited. I can't emphasize enough that sun-tan beds are definitely not recommended for the treatment of psoriasis and are also not recommended for the population in general, given they are a risk factor for skin cancer.

Oral medications have been available for decades and are helpful in a significant number of patients with more extensive disease. However, in some patients their use is limited due to potential toxicities.

What else is new?

Major advances in the treatment of psoriasis took place in the mid 1990s with the discovery that psoriasis is in fact a disease of the immune system. The scientific community had already developed a class of medications known as "biological agents" or simply "biologics," which act on the immune system to restore its proper function. Four agents are currently available on the Canadian market for psoriasis and more are in clinical trials.

These medications are given by injection, as subcutaneous (just under the skin) injections (like insulin), intra-



Quick facts about psoriasis

- The most common type is psoriasis vulgaris, where red, scaly, inflamed plaques of various sizes are scattered on the skin.
- Psoriasis can occur at any age, but usually starts between the ages of 15 and 35 years. Manifestations at an early age are often more severe.
- Psoriasis affects men and women equally, and is not contagious at all.
- Genetic predisposition plays an important role; one in three people with psoriasis have a close family member with the disease.
- Stress can trigger the development or worsening of psoriasis.
- Some medications prescribed for other conditions can also cause its exacerbation.
- Certain infections, namely streptococcal infections, can trigger attacks of psoriasis.

Living with psoriasis

Psoriasis often undermines self-esteem and affects personal relationships, so even mild cases can have a negative effect on patients. In some cases, the impact can be severe.

People vary in how they are affected by psoriasis, so coping methods also differ. However, because psoriasis patients share many similar challenges, one of the best ways to cope is to talk with others who are dealing with similar issues day to day. Joining our online community at skinergy.ca/psoriasis or getting newsletters from psoriasiscommunity.ca are great ways to connect with others facing similar challenges.

muscular injections or intravenous infusions. The safety profile of these medications is excellent and their efficacy is quite remarkable. However, making the right choice of drug is a challenging task as many factors influence the decision. Many dermatologists are familiar with these agents, and can answer your questions and work with you to see what treatments are best for your condition.

Aside from lack of awareness and understanding, a major barrier to the use of biologics is often their cost. The CSPA is working with governments to gain greater access to these therapies. Your dermatologist and drug company reimbursement specialist can help you apply for funding, if needed.

Comorbidities

Another major subject of discussion in the past few years is the frequent

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association of psoriasis with other health conditions. We refer to these as comorbidities. Comorbidities occur more regularly in patients suffering from moderate to severe psoriasis.

A form of arthritis referred to as psoriatic arthritis is one of the most common conditions, occurring in almost 25–30 per cent of psoriasis patients. The arthritis is typically seen around 10 years after the first signs of psoriasis, although occasionally arthritis symptoms precede the psoriasis plaques. Some of the biologics currently available will treat both the skin and joint symptoms, making them the treatment of choice when a patient has both conditions.



Other conditions associated with psoriasis are hypertension, diabetes, hyperlipidemia (high cholesterol or triglycerides), obesity, Crohn's disease, depression, anxiety, cardiovascular disease, alcoholism and, more recently, sleep apnea. People with psoriasis are also more likely to smoke. It has been shown that patients with moderate to severe psoriasis are more at risk of myocardial infarction, and the life expectancy of patients with severe disease is 3.5 years shorter than the general population for men and 4.4 years shorter for women.


Large studies are currently investigating whether appropriate treatment and early intervention can restore

normal function and therefore reduce these risks. We are now far beyond considering psoriasis as just a simple skin disease—and the statistics do not even take into account the significant psychological impact of this disease on patients and their families.

Ask your dermatologist

Patients should continue to discuss new treatment options with their dermatologist. This, I'm pleased to say, is an exciting time, with many new possibilities for sufferers and their loved ones. There are also numerous ongoing clinical trials to develop new therapies. These trials involve topical agents, oral medications and biological agents.

Psoriasis research is being performed around the world. Researchers understand far more today than ever before about the genetic causes of psoriasis and the involvement of the immune system, so new treatments and better support systems will emerge.

The outlook for psoriasis patients improves with every passing year. Even though there is no cure for psoriasis, there is hope! 

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What you can do

If you suspect you or a loved one has psoriasis, take the following steps.



- Visit your doctor to confirm the diagnosis.
- Learn how to assess the severity of your condition.
- Help others to understand that psoriasis is not contagious and it cannot be passed on through contact with the lesions—so cuddle up!
- Sign up at skinergy.ca/psoriasis for support from others with the same condition.
- Read about the latest research and treatment breakthroughs at psoriasiscommunity.ca.

