

Psoriasis

Psoriasis is a common skin condition that affects approximately 2% of the population. We do not know why people get psoriasis, but there does appear to be some genetic influence to developing this condition. Psoriasis is a chronic problem. This means that your psoriasis will never be 'cured'; however, we do aim to control your skin rash with medications and other therapies.

Psoriasis is a red, scaly rash that most commonly involves the scalp, elbows and knees. The hands, feet and buttocks are other frequently involved areas. Psoriasis can involve your joints. If you are having joint pain or arthritis symptoms, please discuss this with us. This may be related to your psoriasis and can influence which treatment is best for you.

We are also learning that psoriasis increases inflammation in the body and may increase your risk of heart disease. It is important that you are regularly seeing your primary care provider, especially if you have severe Psoriasis.

There are many options for treating your psoriasis.

Topical treatments

If your psoriasis is localized to a few body areas, we typically start with topical medications. We usually use topical steroids (these come in ointments, creams, sprays, foams, solutions, etc.). We try to pick a formulation and strength that work best for the body area we are treating. Sometimes, several different steroids are necessary to treat different areas. We also use topical Vitamin D medications and occasionally, we will use other topical products.

Phototherapy

For psoriasis that persists despite topical treatments, or for more severe psoriasis, we offer light treatments (phototherapy) at our office. We have both full body NBUVB and hand/foot NBUVB. Light therapy has been proven to work extremely well for psoriasis and has few side effects. NBUVB is the light treatment of choice for skin disease, since it works well but has less side effects than other types of light treatments (including tanning beds). For light treatments to work, you must come consistently 2-3 times a week for treatments. With consistent visits, it still takes several weeks (usually 8-10 weeks) to see significant improvement in your psoriasis. Treatment sessions last seconds to a couple minutes and are administered by a nurse. Eye protection MUST be worn during all treatments.

Light treatments may not be a good choice for you if you will be unable to come to our office for visits, if you have had skin cancers or significant sun damage already, or if you do not do well with enclosed spaces.

Systemic Medications

Occasionally, we will need to treat psoriasis with more serious medications by mouth or with injections. These do have potential side effects which must be considered prior to treatment.

- Soriatane (Acitretinoin)- This a pill taken daily. It works very well when combined with light treatments, but does not consistently provide great results when used by itself. The advantage of this systemic medication is that it does not suppress your immune system, and thus does not increase the risk of infection or cancer. It can dry your skin out (and eyes and lips). It can sometimes cause hair loss. It can rarely affect your liver or blood counts. It can raise the fatty levels in your blood (cholesterol and triglyceride levels), so these are monitored closely. This medication can cause severe birth defects and thus it is not used in any women who can have children (even if on birth control). You should limit your alcohol consumption while on this medication. It will require monthly blood work for several months and then less frequently once a stable dose is reached.
- Methotrexate- This is a pill taken weekly. You will also take a vitamin supplement daily (folic acid) while on this medication. Methotrexate has been used for over 50 years to treat psoriasis. It is relatively cheap and works very well to treat psoriasis, but does have many potential side effects. Methotrexate can cause stomach upset, nausea, mouth sores, and tiredness. Methotrexate can harm your liver and inhibit your bone marrow from making blood cells. These are followed closely by blood tests. It can rarely affect your lungs causing scarring of these tissues. Methotrexate does suppress your immune system causing an increased risk of infection and may increase the risk of certain types of cancer (especially lymphoma). Alternate treatments are usually considered for people with liver or kidney problems. Patients with the following are typically not good candidates for this medication: Diabetes, history of heavy alcohol consumption, obesity, history of liver disease such as hepatitis, and people with high cholesterol or triglycerides. This medication will cause birth defects and is prohibited in women trying to conceive (women of child bearing potential must be on good birth control). It is also not an option for men wanting to conceive a child. Blood work is done very frequently initially until a stable dose is reached. Alcohol consumption must be avoided. Sometimes a liver biopsy will be required after a certain amount of medication is taken. Methotrexate can cause severe harm if taken with some other medications. Certain pain relievers (such as ibuprofen) and certain antibiotics (such as Bactrim) must be avoided.
- TNF- alpha inhibitors (Humira, Enbrel, Remicade). These are a class of medications with similar benefits and side effects. Remicade is an IV infusion (administered into a vein in a specialized clinic) and thus is not prescribed in our office. Humira and Enbrel are shots that are given by the patient at home into their upper arm, thigh or abdomen. These medications work extremely well for psoriasis but are very

expensive, and sometimes insurance coverage is an issue. These medications block a specific pathway of the immune system (TNF-alpha) that is involved in psoriasis. Because these act on your immune system, they do increase your risk of infection. Specifically, there is an increased risk of certain lung infections such as TB and fungal infections of the lung. Because of this risk, a TB test is checked at the start of treatment and then at least yearly while on this medication. These medications may also increase your risk of certain types of cancer, specifically lymphoma and certain types of skin cancers. These medications can not be used in patients with multiple sclerosis, congestive heart failure or hepatitis, as these can be made worse with these treatments. You will get blood work done, usually every 3 months initially, because these medications may rarely affect your liver or blood counts. Some people may experience some redness and irritation around the injection site. You cannot get any live vaccines while on these medications (i.e. the flu shot is fine, but flu mist is not okay!), so make sure to check any vaccine before getting.

- Stelara – This is an injection (shot) given into the arm, leg or stomach in the physician’s office or sometimes at home. After the first injection, a second injection is given 4 weeks later. After the second injection, injections are given every 12 weeks. This medication also blocks a specific part of the immune system (IL-12 and IL-23) involved in psoriasis. Side effects associated with this medication include an increased risk of infection, specifically certain infections such as Tuberculosis. A Tuberculosis test will be performed at the start of treatment and then yearly during treatment. Stelara may also increase the risk of certain types of cancers. There is a risk of an allergic reaction and a very rare risk of Reversible Posterior Leukoencephalopathy has been reported. This medication requires some blood work to follow for any side effects. It is also a very expensive medication and insurance coverage may be an issue. You cannot get any live vaccines while on this medication (i.e. the flu shot is fine, but the flu mist is NOT!), so make sure to double check any vaccine before getting.
- Otezla (apremilast)- This is a new medication recently approved for psoriasis and psoriatic arthritis in people 18 and older (it became available for use in 2014). It is a **pill** that is taken twice daily. The most common side effect of this medication is GI upset (nausea and diarrhea), especially at the start of therapy. Diarrhea and nausea are common but tend to improve with continued use. Headaches are also sometimes reported. The more serious side effect noted with this medication is depression (this was seen in only approximately 1 out of 100 people). Weight loss has also been seen. No lab monitoring is required/ recommended. The dose will need to be decreased if you have kidney disease.
- Cosentyx (Secukinumab) and Taltz (Ixekizumab)- These are the newest medications FDA approved for psoriasis and psoriatic arthritis. They also block a very specific part of the immune system that is involved in psoriasis (IL-17). Again, these are

expensive medications and sometimes insurance coverage is an issue. Cosentyx is an injection that is given weekly for 5 shots and then a shot every 4 weeks after. Taltz dosing is every 2 weeks for 6 injections and then every 4 weeks. As with some of the other medications mentioned, this medicine may increase your risk of certain infections. This medication has been shown to increase development of candidiasis (yeast infections). There is a theoretical risk of increasing cancer, but this has not been seen in studies with this medication. Yearly TB testing is done as well as occasional other lab monitoring. This medication should not be used if you have Inflammatory Bowel disease (Crohn's Disease or Ulcerative Colitis) as it may worsen these conditions. Live vaccines should be avoided. This medication is relatively new and more may be learned about this medication as time goes on.

We understand that psoriasis can be frustrating and that it can severely impact your quality of life. We want to do everything we can to educate you about the different options available and together, we can make a treatment plan.