Psoriasis: medical update

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Psoriasis is a common (2% in North America), chronic, recurrent, non-contagious inflammatory skin disorder that has a genetic basis. The most common type is plaque psoriasis which appears as raised salmon-colored plaques with dry silvery scales. The plaques are irregular to oval in shape and are found on elbows and knees, scalp, and trunk, but can be anywhere. The nails and joints (psoriatic arthritis) can also be affected. Plaque psoriasis is easily diagnosed, and laboratory investigations and biopsy are rarely indicated.

Other types of psoriasis include guttate psoriasis (small drop-like spots that appear after a streptococcal throat infection), inverse psoriasis (involves the groin and armpits), pustular psoriasis (bumps filled with pus) and erythrodermic psoriasis (red all over). Psoriasis is most common in late teens and late 50s.

Psoriasis is due to inflammation that is immune-based, and initiated and maintained primarily by immune T-cells in the skin. Psoriasis can be worsened by infection, alcohol, smoking, obesity, stress, childbirth, sunburns and other skin trauma, and medications including beta blockers, calcium channel blockers, lithium, systemic steroids and antimalarial drugs.

There is significant morbidity with psoriasis because of itch, dry peeling skin, cracking of skin, and the adverse effects of therapy. Quality of life measures reveal significant impact due to self-consciousness and embarrassment about appearance, inconvenience, high costs of anti-psoriatic treatment regimens, and joint pain and deformity in those affected.

Treatment

The four classes of treatment are topical agents that are applied directly to the skin, phototherapy, oral medications, and the newer biologic drugs; they can be used alone or in combination. Topical therapy is the first-line approach in the treatment of plaque psoriasis in those with mild to moderate involvement. Treatment most commonly involves topical steroids and vitamin D analogues such as calcipotriene, or the combination product Dovobet. Less commonly, tacrolimus (Protopic), tazarotene (Tazorac), anthralin, and coal tar are used. Triamcinolone can be injected into stubborn lesions.

Phototherapy is used alone or in combination with topical therapy in patients with extensive widespread disease and in those that have become resistant to topical treatment. Proper facilities and time commitment (2-3 visits/week) are required for both ultraviolet-A (UVA) and UVB phototherapy. PUVA (involves taking the Photosensitizing agent Oxsoralen along with UVA) has efficacy rates of about 90% and provides months of remission. UVB or even better narrow-band UVB is also very effective and is now more commonly used.

Oral medications are used only if both topical treatments and phototherapy have been unsuccessful because of associated side effects. Oral medications are needed in the presence of psoriatic arthritis, as well as in those who have disease that is physically, psychologically, socially, or economically disabling. Methotrexate and acitretin (Soriatane) have been considered the gold standards of systemic therapy for many years. Methotrexate is given once weekly and regular blood work is performed because of the potential for liver and bone marrow toxicity. Acitretin can be used alone or in combination with phototherapy, with the main side effects of chapped lips, dry skin, and increased cholesterol and triglyceride levels. Cyclosporine is effective, although less commonly used because of kidney toxicity.

Finally, the biologic agents (Remicade, Raptiva, Amevive and Enbrel) have shown good results with a good safety profile. They are administered intramuscularly, subcutaneously or, in the case of Remicade, intravenously. In many cases, patients are taught to self-inject the medication. These medications differ in how quickly they start working and how often they need to be administered. They also differ in potential side effects and effectiveness in psoriatic arthritis. Of note is the cost. Biologic medications typically cost $15,000 to $20,000 per year and so third party insurance coverage is usually required. ◻