Psoriasis - New methods of treatment

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Psoriasis is the most prevalent immune-mediated skin disease that affects 1% to 3% of the population worldwide, with an equal sex distribution and it can be presented in any age. The most common form of the disease is plaque psoriasis observed in more than 80% of psoriasis patients. Approximately 17% of those with psoriasis have moderate to severe disease. Psoriasis causes a high degree of morbidity and decreased quality of life. A number of comorbidities have been associated with psoriasis. Psoriasis arthritis, cardiovascular disease, metabolic syndrome, renal disease and diabetes have been demonstrated to have an increased prevalence. Psoriasis treatment varies with the extent and severity of the disease. Limited or mild disease is treated with topical therapies such as corticosteroids and vitamin D analogs. For more resistant or moderate to severe disease systemic oral, parenteral medications and phototherapy are used for better effficacy. Standard therapies for psoriasis are: topical steroids, vitamin D analogs, phototherapy, methotrexate, cyclosporine, apremilast and biologics including TNFα inhibitors, IL-12/23 inhibitors, the IL-23p19 antagonist, IL-17A inhibitors, these products are the treatment options of choice for patients with moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy. These drugs are injected sc or delivered via intravenous (iv) infusion. Many methods of treatment are associated with increased risk of adverse events such as hepatotoxicity and neutropenia, nephrotoxicity, depression, weight loss, serious infections, candidiasis, Crohn's disease. Many patients with severe disease are still managed with only topicals and consider their treatment to be inadequate. Different from traditional systemic drugs that impact the entire immune system, biologics target specific parts of the immune system and offer reduced multi-organ toxicity and adverse effects. Accordingly, there remains a need for more effective options, when compared with currently available agents, that would improve efficacy responses and increase adherence to treatment.

Speaker Biography

Dominika Bielinska-Warezak is consultant dermatologist with over 20 years of experience. She is Principal Investigator Phase II and III of clinical trials in Accelerated Enrollment Solutions, works as Clinical Research Physician in numerous trials with psoriatic patients. She has graduated from Medical University of Gdansk with 5 clinical clerkships at Department of General Dermatology of University of Vienna, Universidad de Malaga, Lund University, Meridia South Pointe Hospital, Cleveland, Ohio and University of Gronigen.

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