

# AU InforMed

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## A Focus on Plaque Psoriasis



August is National Psoriasis  
Awareness Month



### NEW DRUG INFORMATION, and other related stuff ...

#### **Topical corticosteroid use in Psoriasis**

A recent study published in the *British Journal of Dermatology* evaluates the use of the two compound product calcipotriol/betamethasone dipropionate (Taclonex®) as an eight week treatment for psoriasis. In this randomized, double-blind study, 634 patients were treated with either 52 weeks of Taclonex®, 52 weeks of alternating 4 week periods between Taclonex® and calcipotriol, or 4 weeks of Taclonex® followed by 48 weeks of calcipotriol. Patients were treated once daily as needed. The majority of adverse reactions experienced with the long term administration of corticosteroids were skin atrophy and folliculitis, about 1.5% and 1%, respectively, across the groups. This study concluded that treatment with Taclonex® appears to be safe and well tolerated whether used on its own or alternating every four weeks with calcipotriol.

1. Kragbelle K, Austad J, Barnes L, de la Brassinne M, Cambazard F, Fleming C, et al. A 52-week randomized safety study of a calcipotriol/betamethasone dipropionate two-compound product (Dovobet®/Daivobet®/Taclonex®) in the treatment of psoriasis vulgaris. *Br J Dermatol.* 2006 Jun; 154(6):1155-60.
2. Taclonex® [package insert]. Rockaway, NJ: Warner Chilcott. January 2006. Available at <http://www.taclonex.com/flash/TaclonexPI.pdf>. Accessed on July 23, 2006.



#### **ABOUT Plaque Psoriasis- What you should know...**

*What is it?* Plaque psoriasis is an immune-mediated genetic disease that appears on the skin and/or joints. It appears as inflamed patches of skin that can be covered by silvery-white scales. Psoriasis can be limited to a few lesions or be numerous and cover large portions of the body. It most commonly appears on the scalp, knees, elbows, and torso.

*Is it contagious?* Psoriasis is not a disease that one can catch or pass on to others.

*Who is affected?* More than 4.5 million U.S. citizens are affected by psoriasis. It can develop at any age but is most common between the ages of 15 and 35.

*Severity:* Psoriasis can range from mild to severe. Moderate cases involve lesions over 3 to 10 percent of the body. Severe cases are characterized by lesions covering greater than 10% of the body's surface. How a person's quality of life is affected can determine the severity.

*Triggers:* Stress, skin injury, infections, certain medications (lithium, beta blockers, and anti-malarial drugs), weather, diet, and allergies can trigger an outbreak of psoriasis.

*Diagnosis:* There are no diagnostic tests for psoriasis. The skin is examined by the physician who determines if the patient has psoriasis. Rarely is biopsy performed.

*Forms of Psoriasis:*

1. Guttate—small dot-like lesions
2. Pustular—pus-filled lesions with intense scaling
3. Inverse—intense inflammation
4. Erythroderma—intense shedding and redness of skin

*Complications:* Infection, fluid loss, and poor circulation can result if large areas of the body are covered with psoriatic lesions.

*Is there a cure?* Psoriasis cannot be cured but there are many different treatment options that can clear the lesions for periods of time.

*Treatment:*

- Topicals—Corticosteroids, calcipotriene, coal tar, anthralin, tazarotene, salicylic acid, bath solutions (oiled oatmeal, Epsom salts, Dead Sea salts)
- Phototherapy—Sunlight, UVB phototherapy, PUVA, laser therapy
- Systemic—Methotrexate, cyclosporine, and Acitretin
- Biologic—alefacept, etanercept, and efalizumab

1. About Psoriasis [homepage on the internet]. Portland, OR: National Psoriasis Foundation. [cited 2006 Jul 23]. Available from: <http://www.psoriasis.org/home/print.php>
2. Psoriasis [homepage on the internet] St. Louis, MO: Healthtalk [cited 2006 Jul 23] Available from: [www.healthtalk.com/psoriasis/diseasebasics](http://www.healthtalk.com/psoriasis/diseasebasics)

## **FROM THE LAY LITERATURE about medicine ...**

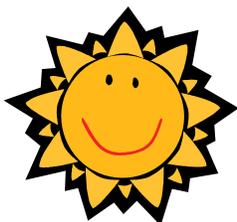
Psoriasis Vulgaris?? The National Psoriasis Foundation provides information about all type of psoriasis. Many people are affected by psoriasis but website provides a vast amount of treatments of psoriasis to where to seek access this site can find answers to almost The site lists frequently asked questions psoriasis. For example, causes, prevalence, found at the site.



are unaware of its implications. This information ranging from definitions and medical help for this condition. People who any question they may have about psoriasis. often raised by people that are affected by and financial impact of the disease may be

For additional information about psoriasis, visit: <http://www.psoriasis.org> and <http://www.healthtalk.com/psoriasis/diseasebasics05.cfm>

## **SUMMER SOLUTIONS AND SAFETY...**



Suffering from psoriasis?? Summer heat may help! For patients, the hot humid weather of summer can help relieve the symptoms of psoriasis. Two reasons include: greater humidity helps keep skin moist and there is more sunlight exposure. Humid air allows the skin to retain moisture better which eases the dry plaques. Natural UVA rays from the sun can be therapeutic (this is the



recommended ultraviolet light for the treatment of psoriasis). Patients should not spend more than 30 minutes per day in the sunlight to treat psoriasis. Too much sun exposure can worsen psoriasis and increase the risk of skin cancer. Excessive sun exposure can lead to damage or breaks in the skin which can exacerbate the formation of new plaques. This aspect of plaques developing from damaged areas of skin is called the “Koebner phenomenon”.

### **For Sun Protection:**

- Use sunblock that contains protection for both UVA and UVB
- Avoid heavily fragranced products that may irritate the skin
- Use sunscreen containing avobenzone or Parsol

### **Additional tips**

- Self tanners are safe to use, but may darken psoriasis plaques and make them more visible
- To avoid insect bites use citronella candles, electric bug zappers, or insect repellants with a small percentage of the active ingredient DEET, which can exacerbate psoriasis
- Swim in ocean water—salt exfoliates the dead cells and makes psoriasis plaques look and feel better
- Use moisturizer to keep skin moist, especially after swimming, to avoid skin drying and irritation

Webmd[Homepage on the internet],[cited 2006 July 23]. Available from <http://www.webmd.com/content/article/>

## **Raising Awareness about Psoriasis... You Can Help**

August is National Psoriasis Awareness Month. Here are a few things that individuals can do to help raise awareness about psoriasis.

- Request a psoriasis awareness packet from the National Psoriasis Foundation
- Talk about the disease with others—this allows psoriasis patients to tell people about the physical and emotional impact that psoriasis has had on them
- Share Psoriasis Foundation materials with friends and co-workers. Solicit their help with educating others about the disease
- Volunteer by reaching out to medical professionals and spreading awareness in Congress
- Support the National Psoriasis Foundation by becoming a member

### **For more information on Psoriasis check out these helpful books...**

- **Psoriasis-** Text providing advice on how to obtain relief from psoriasis. It is presented in clear, understandable, non-medical terminology. The information provided includes causes, diagnosis, psychological effects, and treatment options of psoriasis.
- **The Psoriasis Cure-** Book includes information on how to treat allergic reactions and teaches the benefit of adding specific supplements to the diet.
- **Healing Psoriasis-** Promotes the natural healing of psoriasis.

- **Phototherapy Treatment Protocols-** Therapy-centered book focusing on UVB, UVA/UVB, PUVA, hand and foot therapy, and scalp treatment.

## Reviews and References of Note...

- Krentz AJ, Friedman PS. Type 2 diabetes, psoriasis and thiazolidinediones. *Int J Clin Pract.* 2006;60(3):362-63.
- Krueger GG, Elewski B, Papp K, Wang A, et al. Patients with psoriasis respond to continuous open label etanercept treatment after initial incomplete response in a randomized, placebo-controlled trial. *J Am Acad Dermatol.* 2006;54(3S):S112-S119.
- DeLeeuw J, Tank B, Bjerring PJ, Koetsveld S, Neumann M. Concomitant treatment of psoriasis of the hands and feet with pulsed dye laser and topical calcipotriol, salicylic acid, or both: a prospective study in 41 patients. *J Am Acad Dermatol.* 2006;54(2):266-271.
- Luba KM, Stulberg DL. Chronic plaque psoriasis. *Am Fam Physician.* 2006;73(4):636-646.

### Important Events in August:



- National Back to School Month
- Women's Small Business Month
- National Investors Month
- Admit You're Happy Month
- National Immunization Awareness Month
- Children's Eye Health and Safety Month
- Cataract Awareness Month
- Spinal Muscular Atrophy Awareness Month
- World Breastfeeding Week (1-7)



### The last "dose" ...

#### Historical Trivia:

- August 1, 1914- World War I Began
- August 5<sup>th</sup> and 9<sup>th</sup> 1944- U.S. dropped atomic bombs on Japan
- August 26, 1920- U.S. women gained the right to vote
- August 28, 1963- Dr. Martin Luther King Jr. delivered "I Have a Dream" Speech

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