

Baylor Clinic Healthletter



Focus on Psoriasis

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Psoriasis is a common, chronic skin disorder that affects up to three percent of the population. One-third of patients have a family history of the disease. The cause is unknown and there is no known cure yet. Although psoriasis can affect any location on the skin, the characteristic sites are the elbows, knees, and the scalp. The typical skin lesions are thick, scaly, red plaques that can sometimes be itchy.

There are many treatment options depending on the severity of the disease. Patients with mild disease are usually treated with topical medications. Patients with moderate to severe disease can also be treated with topical medications. However, some of them will need another treatment, such as ultraviolet light therapy, oral medications, or biological drugs.

There are several types of ultraviolet light therapy. One of them is ultraviolet light A therapy, which is highly effective. Most patients who receive two or three treatments a week will have marked improvement within 20 treatments. After the psoriasis clears, the patient should continue maintenance treatment to prevent the psoriasis from recurring. Some disadvantages of this treatment include the risk of sunburns and photoaging.

Oral medications are another option for moderate to severe psoriasis patients. One of the oral medications used for psoriasis is methotrexate, a drug that is taken weekly and is effective for most patients. One disadvantage of this drug is that it can affect the liver, so patients have to undergo periodic blood tests. Another category of drugs for the treatment of psoriasis is biological drugs, which are medications that have to be administered by using needles. The majority of these used for psoriasis are given subcutaneously, or under the skin.

Biological drugs that are currently FDA-approved for the treatment of psoriasis include infliximab (Remicade®), etanercept (Enbrel®), efalizumab (Raptiva®), and alefacept (Amevive®). Another biological drug that will soon be approved by the FDA for psoriasis is adalimumab (Humira®). Most of these drugs have been available for almost 10 years for the treatment of rheumatoid arthritis and Crohn's disease. The way these drugs work in psoriasis is that they affect one or more parts of the complicated immune pathway that is involved in the pathogenesis, or the origin and development, of psoriasis. Some risks include the possible increased chance of infections and reactivation of tuberculosis. There are several more drugs that will become available within the next few years for the treatment of psoriasis.

The National Psoriasis Foundation has a website (www.psoriasis.org) that provides more information on these treatment options. To make an appointment with a Baylor College of Medicine dermatologist, call 713.798.6131.

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