

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/personalizing-psoriasis-treatment-key-considerations-for-optimal-outcomes/32448/>

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Personalizing Psoriasis Treatment: Key Considerations for Optimal Outcomes

Announcer:

You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Robert Gniadecki, who's a Professor and Director of the Division of Dermatology at the University of Alberta. He'll be sharing key considerations for tailoring treatment plans for patients with psoriasis. Let's hear from Dr. Gniadecki now.

Dr. Gniadecki:

The way we choose treatments is not just a medical decision based on data; it's also a decision based on what is available to the patients. And depending on where you live in which part of the world, some treatments may or may not be available to you. If I could choose without restrictions, I would choose a biologic treatment for all my patients with psoriasis, but I cannot because this is too expensive. The budget will not be able to be stretched enough to cover all patients, so the way we are doing this now is we are treating the patient with classical drugs like methotrexate, for example, which is the most common, or phototherapy, and patients who fail the treatment can progress into the higher state and get the biologic. But if I do need to do it, I will just give them a biologic to begin with if they have enough severity, not for like single one lesion. But if they have more severe disease, this will be my first choice.

Adherence is very poor for topicals, like the creams. Patients forget, creams are very greasy, and some studies by some of my colleagues showed that only half of patients actually follow the advice of the doctor, and otherwise, they will modify the treatment. But remember, biologics are injectables, and they are not injected every day. Injections may be every month or sometimes every three months depending on the biologic, so the compliance is much better because if you just have one to four injections per year, you just mark on the calendar, and somebody will call you to do the injection, and so the compliance is good. We don't need to think about it.

My worry is not the treatment of psoriasis but the patient's general health that nobody addresses now. I have patients with diabetes and psoriasis. Nobody told them to reduce their sugar intake, which is mind-boggling really. Nobody told them that they should exercise. And exercise doesn't mean they have to go to the gym, but maybe they should go for a walk every day rather than sitting and watching TV all day. So simple measures can actually have a big effect on patients' health.

Announcer:

That was Dr. Robert Gniadecki talking about factors to consider when developing personalized care plans for psoriasis patients. To access this and other episodes in this series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!