

### 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/dermconsult/key-factors-psoriasis-diagnosis-management/39679/>

### ReachMD

www.reachmd.com  
info@reachmd.com  
(866) 423-7849

## Key Factors That Influence Psoriasis Diagnosis and Management

### Announcer:

You're listening to *DermConsult* on ReachMD. On this episode, we'll hear from Dr. Christopher Bunick, who will be discussing factors that influence psoriasis diagnosis and treatment. Dr. Bunick is an Associate Professor of Dermatology at the Yale School of Medicine in New Haven, Connecticut.

Let's hear from him now.

### Dr. Bunick:

I think that there are a few things that, when I'm seeing a patient, I'm really paying attention to. Number one, I use my eyes, and I gauge the severity of the skin. So I do think that that's very important. I'm looking at the severity, and I'm looking at the location of the severity, because in my mind, what I'm thinking is, am I going to use a topical therapy only, or am I going to systemic therapy? I'm judging in my head, is this a systemic-eligible patient? And I think that that shapes in my head how I discuss with the patient the therapeutic options. So I'm definitely looking at severity and where that severity is located on the body. Could be the entire body surface area. It could, actually, be just the scalp or the hands, for example.

I'm also looking at the whole health of the patient. I am definitely asking the patient about joint pains. And I think it's really important for clinicians to understand that you can have patients that have really bad psoriatic arthritis and no skin findings at all. It happens. I'm looking at nails for pitting and other signs of psoriasis of the nails. I'm asking about joint pains. And I really want to make sure that if a patient has joint pains and they dismiss it—"oh, it's related to this; oh, I've been told it's related to that; it's not psoriasis"—if there is skin evidence of psoriasis, family history of psoriasis, or if there's any reason to suspect there's psoriasis, I'm definitely thinking psoriatic arthritis until proven otherwise.

The last thing that I listen for is what the patient has to say. Sometimes the patient does not choose the therapy I think is best for them, and I do think that it's okay to tell patients, "Here are the options. Here's what I think is best for you, but I do hear that this is what you're choosing, and I'm going to support that, but let's set some parameters. Let's say that in four to six months you aren't achieving the goals that you want. Let's consider reevaluating the therapies." So I always do take into consideration those patient-specific choices. That's the autonomy that the patient has. And I do work with the patient to try to make them happy. I do believe that happy patients, patients that play an active role in the choice of their therapy, tend to be more compliant with their therapy and ultimately have greater success. And so I do find that balance between what I want to do and what I think is best and what the patient ultimately chooses, because that is, ultimately, what a doctor-patient relationship is about.

### Announcer:

That was Dr. Christopher Bunick discussing patient-centered assessment and treatment of psoriasis. To access this and other episodes in our series, visit *DermConsult* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!