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/new-era-gpp-care/57184/

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A New Era of Generalized Pustular Psoriasis Care

Announcer:
This is *DermConsult* on ReachMD. On this episode, Dr. Tina Bhutani will discuss how our approach to treating generalized pustular psoriasis, or GPP, has evolved. Dr. Bhutani is an Associate Adjunct Professor of Dermatology at the University of California San Francisco School of Medicine and the owner of Synergy Dermatology. Let's hear from her now.

Dr. Bhutani:
Now, we do have some better treatment options for GPP. In the past, for example, when I started practicing, we didn't have as many treatment options, and we were basically trying to recycle things that we had for other conditions and trying to make it work for GPP. And although some of them worked okay, they were associated with some side effects. And then other options just didn't work all that well, to be completely honest.

Then we entered the realm of psoriasis biologics. So for plaque psoriasis, we started to get a lot of different injectable medications that really changed the way we treat that disease. And then again, as usually happens with GPP, we tried to start to recycle some of those biologics also for GPP. And I would say that they worked okay, but they really weren't very specific to that disease, so they didn't work for everyone.

But now, for the first time, we have an FDA-approved treatment for GPP. It's called spesolimab. It's an IL-36 inhibitor, and now we understand that IL-36 is a critical cytokine in the immune system that we see in patients with GPP. And so by blocking that, we now have a very targeted approach to treating these patients, and we can get very quick results. We can get effectiveness in most patients who are taking this drug. So it's really changed the way we think about GPP.

First and foremost, we're looking for what's going to get our patients clear the quickest because these patients can go downhill very quickly, and they're also very uncomfortable. So I think speed of onset is something that I am really trying to prioritize.

That being said, we also want to keep the patient safe. So we need to make sure that the patient stays stable. We need to look at the patient's other comorbidities. Patients with psoriasis, but also GPP, tend to more often have cardiovascular disease, diabetes, mental health disorders, and things like that. So we want to make sure that we're not giving them something that's going to potentially negatively impact one of those other diseases that they might have. We don't want to make other things worse while making one thing better, in other words. So those are the main factors.

And then, of course, safety. We want to make sure that the patients are safe and, again, we're not giving them unneeded side effects or things that are going to cause long-term consequences down the line.

Announcer:
That was Dr. Tina Bhutani discussing the treatment of generalized pustular psoriasis, or GPP. To access this and other episodes in this series, visit DermConsult on ReachMD.com, where you can be part of the knowledge. Thanks for listening!