

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/frontlines-psoriasis/psoriasis-care-exploring-advancements-in-biologics-and-topicals/32451/>

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Psoriasis Care: Exploring Advancements in Biologics and Topicals

Announcer:

Welcome to *DermConsult* on ReachMD. On this episode, we'll learn about the latest treatments for psoriasis with Dr. Nicholas Brownstone, who's a chief dermatology resident at Temple University Hospital in Philadelphia. Here's Dr. Brownstone now.

Dr. Brownstone:

Our knowledge of the pathophysiology of psoriasis has evolved greatly in recent years. Decades and decades ago, we thought psoriasis was mostly due to hyperproliferation or hyperkeratinization of the skin, meaning the skin was thick and turning over too fast, but now we've identified specific cytokines in the amino pathophysiology of psoriasis—namely TNF alpha, IL-17 and IL-23—and we've learned that targeting and blocking these single cytokines leads to great improvement and treatment of psoriasis.

Traditionally, we have used broad immunosuppressive therapies, such as methotrexate or cyclosporine, to treat psoriasis. This new knowledge, namely targeting specific cytokines in the immunopathogenic mechanism of psoriasis, has allowed us to develop very targeted, safe, and effective therapies, which have really revolutionized the treatment of psoriasis. And this knowledge has also taught us how other similarly related inflammatory skin diseases may respond equally as well through blocking specific cytokines.

When treating pediatric patients with psoriasis, we do face some challenges. We have over 10 FDA-approved biologic agents for adults, but only a few that are FDA approved for pediatric patients, and sometimes this is challenging when we're trying to get a pediatric patient a biologic because we have fewer options. Now, there's been some recent advances, specifically in topical therapy, which has helped close this gap. There's a new medication called roflumilast, which is a topical PDE4 inhibitor, and that's actually FDA approved down to six years of age. What's great about roflumilast is it's not a steroid and it can be used on any body site for any duration. And I think parents really welcome this knowledge and are much more inclined to use this medication because they're not concerned about side effects from steroids.

I think we've done a great job developing very safe and effective psoriasis medications where patients who may be covered with psoriasis, but who we now can treat to get them clear or almost clear using biologic therapy. But there are still some unmet needs. Namely, we need better therapies to treat psoriatic arthritis. And I think dermatologists do a good job of focusing on the comorbidities of psoriasis, but I think we need to do a little bit of a better job to make sure that patients have their mental health comorbidities, such as depression and anxiety, addressed. And any cardiovascular or metabolic syndrome-type comorbidities addressed as well, because we are learning that psoriasis not only affects the skin but also causes systemic inflammation as well.

There is some new technology out that I'm particularly excited about, which you can take a skin sample and find out which biologic the patient will respond to best, because right now, when starting a biologic or switching a biologic, it's sometimes done at random.

Finally, what I'm most excited about is phase III trials of a new medication, which is an oral IL-23 inhibitor. So I'm very excited to see how this medication performs in the real world once it gets FDA approved.

Announcer:

That was Dr. Nicholas Brownstone talking about emerging biologic and topical treatments for 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!