

Transcript Details

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<https://reachmd.com/programs/psoriasis-whats-beneath-surface/the-complexities-of-psoriasis-disease-progression/10497/>

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The Complexities of Psoriasis Disease Progression

Announcer:

This is ReachMD, and you're listening to Psoriasis: What's Beneath the Surface, sponsored by Lilly

Dr. Birnholz:

Whenever the topic of psoriasis comes up, you may instantly think of the prominent scaly rashes that appear on the skin. Clearing up these rashes is often the main focal point of clinicians, and understandably so. After all, the very visible effects of this inflammatory condition can take a very heavy toll on a patient's quality of life. But what exactly is going on beneath the surface?

This is ReachMD, and I'm Dr. Matt Birnholz. Here to help us better understand the disease progression of psoriasis is Dr. Jerry Bagel, Director of the Psoriasis Treatment Center of Central New Jersey and Clinical Associate Professor of Dermatology at Mount Sinai School of Medicine.

So to start, Dr. Bagel, I want to get a better sense of the elements that play the most crucial role in this complex disease progression for psoriasis. First off, are some patients at a higher genetic predisposition to psoriasis progression?

Dr. Bagel:

Identical twins. If 1 twin has it, there's like a 33% chance that the other twin has it. If there are

nonidentical twins, if 1 twin has it, there's like a 10% chance that the other twin is going to have it. There's an increased frequency of having psoriasis if you have a mother or father with psoriasis, but it's not 100% by any means because it's multifactorial. So there is a genetic predisposition. With psoriatic arthritis, there seems to be a higher hereditary rate than there is with psoriasis.

Dr. Birnholz:

And I'm also interested in the other side, the external or environmental factors that seem to be triggers. It seems like there is a lot that's as yet unknown, but a number of factors, from stress to infection to, perhaps, alcohol or drug exposures seem to serve as triggers. Can you talk to that?

Dr. Bagel:

Well, we know that stress exacerbates psoriasis. Many times, people—they got divorced, lost a job, lost a loved one, that could be the time that their psoriasis comes out. And along the way, someone is doing well on a medication and their psoriasis seems to be getting worse, and we know that their psoriasis got worse because of stress. Alcohol is a vasodilator that opens up the blood vessels and allows more T-cells to get into the skin, and T-cells we know exacerbate psoriasis, or at least produce chemicals that could exacerbate psoriasis. Fatty foods are proinflammatory by nature, so therefore, it's better to eat less meat, less red meat, less milk products so that eating more of a Mediterranean diet might be more helpful, and losing weight has definitely been shown to be helpful in treating psoriasis—not to cure it, but it's going to make it easier to treat.

Dr. Birnholz:

And, Dr. Bagel, can you talk to the physical and emotional comorbidities that are associated with this condition, especially as it progresses over time?

Dr. Bagel:

Well, one of the things to realize is that psoriasis is not a 12-week disease or a 2-year disease. Someone could be living with psoriasis from the age of 20 to the age of 80, so they could live with it for 6 decades, and it could have a cumulative effect upon their emotional status. When you look at the emotional effect of psoriasis, it's comparable to that of COPD, emphysema. And if you know anybody with emphysema, they are pretty miserable. And people with psoriasis have 3 times the amount of depression and anxiety than people without psoriasis, so there is long-term emotional damage done. People who are 17 and they have psoriasis, they become introverted and their interpersonal skills could become affected, and that actually can transcend to the family dynamics as well, especially in the adult family when psoriasis involves the sexual organs and people can have difficulty with intimacy.

Dr. Birnholz:

Great. And, Dr. Bagel, just before we wrap up this interview, I want to ask whether you have any

additional counseling takeaways that you want to leave our audience with, given how multifactorial the disease is, given how many areas you need to speak to patients about to help mitigate their progression of this disease.

Dr. Bagel:

I think the most important thing to do and what is under-recognized is we need to be aggressive in our treatment. Only about a third of people with severe psoriasis are getting adequately treated, and I think the best way to treat someone emotionally with psoriasis is to make the psoriasis better, to clear them up and giving them really good, aggressive treatment. And we have treatments today that we can get 50% of people clear within 12 weeks. We get 90% of people 75% better within 12 weeks. If you can make their psoriasis better and keep it better, they'll be able to work on their emotional status on a regular basis. I think that's the best thing you can do to help somebody with psoriasis.

Dr. Birnholz:

Well, on that note, I'd like to thank you, Dr. Bagel, for walking us through how this disease can progress in our patients and the counseling strategies and management keys that you employ for your patients. Thanks again. It was great talking with you.

Dr. Bagel:

Thank you very much. I appreciate it.

Announcer:

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