

## MANAGEMENT OF PSORIASIS VULGARIS



## Case Discussion: Recalcitrant Psoriasis

Clinical Practice Guidelines  
Management of Psoriasis  
Development Group

# History

- 42 year old Indian male
- k/c of Extensive plaque psoriasis since 1996 under skin clinic follow up
  - poor response to phototherapy/systemic agents
  - also developed side effect due to the treatment
- Associated with oligoarthropathy involving ankle joint
- Works as an electrician- involving climbing ladders
- Sole bread winner
- No family history

# Summary of Treatment

- Topical :
  - Betamethasone valerate ointment 0.025%, Daivonex, Daivobet
- Phototherapy
  - NBUVB : not effective- after 30 sessions
  - PUVA : could not tolerate oral psoralen
- Systemic treatment:
  - Cannot tolerate methotrexate, cyclosporin and salazopyrin
    - Methotrexate/salazopyrin: hepatitis, nausea and vomiting
    - Cyclosporin: Renal impairment
- Currently on
  - Acitretin 25mg daily
  - Leflunomide 10mg daily ( by rheumatologist)
  - BUT lesion still **NOT** well controlled







# Assessment

## 1. Severity of disease

- BSA : 65%
- PASI : 32.1
- DLQI: 20

***Imp: Severe Plaque Psoriasis***

## 2. Comorbidities

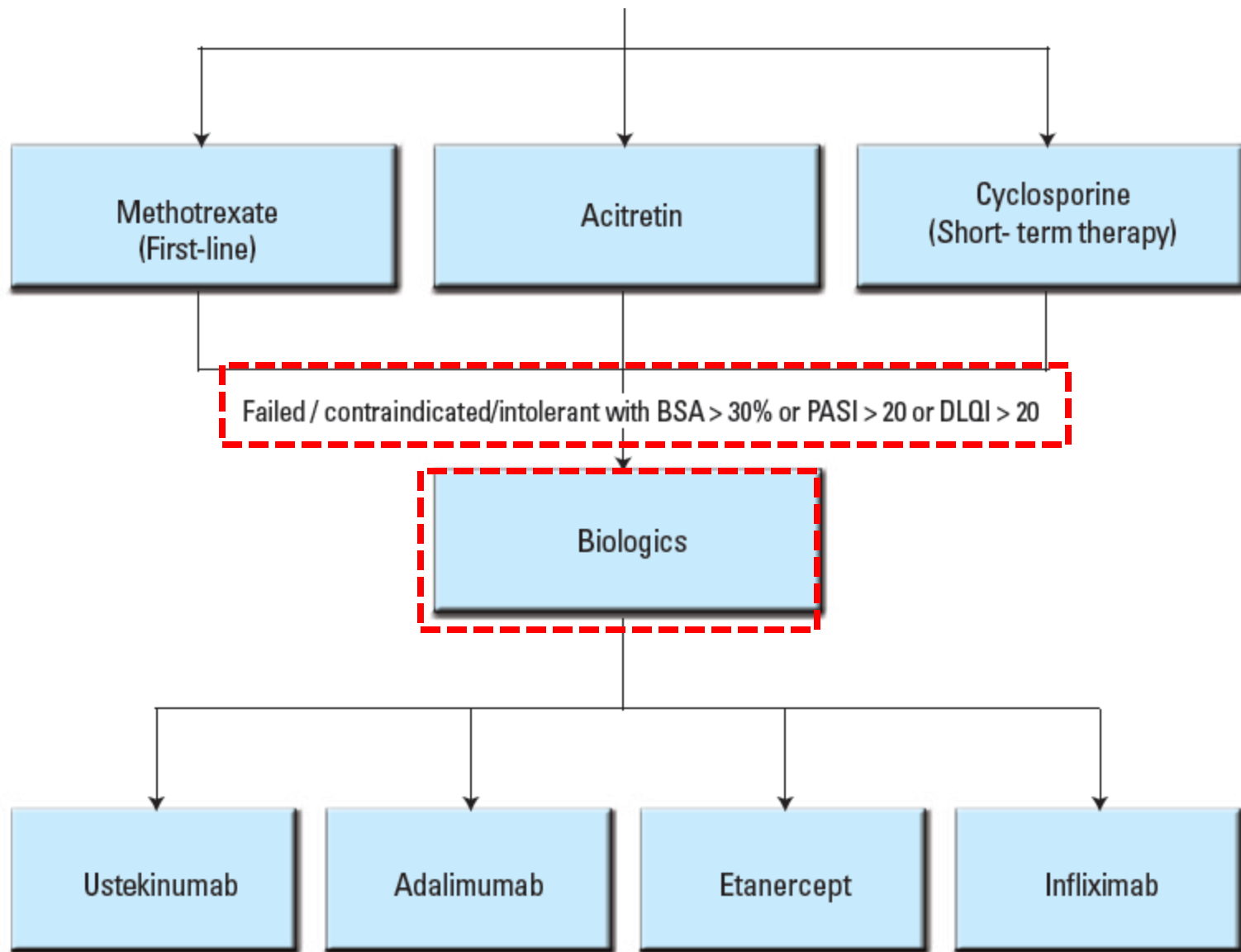
- Hyperlipidaemia on Lovastatin
- Overweight with BMI 28
- No diabetes/hypertension/heart disease

## 3. Psoriatic arthropathy (oligoarthrititis)

# Question

1. What is your next step of treatment?

To consider Biologics therapy





# Biologics Therapy

- Biologics are bioengineered protein designed to block specific molecular steps important in the pathogenesis of psoriasis
- It can be divided into:

## 1) T cell modulator

- Alefecept (Amevive<sup>®</sup>)
- Efalizumab (Raptiva<sup>®</sup>)-withdrawn in 4/2009

## 2) Tumour necrosis factor- $\alpha$ inhibitor

- *Etanercept (Enbrel<sup>®</sup>)*
- *Infliximab (Remicade<sup>®</sup>)*
- *Adalimumab (Humira<sup>®</sup>)*

## 3) Cytokine inhibitor

- *Ustekinumab (Stelara<sup>®</sup>)*

# Types of Biologics available in Malaysia for psoriasis



*Adalimumab*



*Infliximab*



*Etanercept*



*Ustekinumab*

# Question

2. What are the eligibility criteria and contraindication for biologics therapy?

# Eligibility and Indication

- Patients with psoriasis may be considered for biologics intervention if they have ***severe disease as defined in Criteria A AND fulfill at least one of the clinical categories in Criteria B***
- Criteria A: Severe Disease
  1. PASI >20 OR
  2. BSA >30 OR
  3. DLQI > 20

**AND**
- Criteria B : Clinical Categories
  1. Contraindications to phototherapy and standard systemic therapies AND/OR
  2. Intolerance/inaccessibility to phototherapy and standard systemic therapies AND/OR
  3. Failed phototherapy and standard systemic therapies

# Contraindication

- **Absolute**

- Active infection including current tuberculosis
- Current history of malignancy
- Congestive cardiac failure class 3 or 4
- Demyelinating diseases

- **Relative**

- Previous history of tuberculosis
- HIV infection
- Hepatitis B/C
- Previous history of malignancy
- Congestive cardiac failure class 1 or 2
- Pregnancy or breast-feeding
- Intention to get pregnant
- Patient who have had prior PUVA (>200 sessions) and UVB (>350 sessions)

# Question

3. What are the pretreatment assessment?



# Pretreatment Assessment

- All potential patients for biologics intervention should undergo
  1. General pretreatment assessment
    - Detailed history and examination to exclude conditions that are contraindicated for biologics
  2. Laboratory investigations
  3. Intensive counseling and be given adequate information about the medication

# Investigations

1. FBC
2. ESR
3. CRP
4. UFEME
5. LFT
6. FLP
7. FBS
8. RP
9. HepBsAg
10. HCV Ab
11. HIV
12. ANA
13. CXR
14. Mantoux test
15. Interferon gamma release assay  
(if indicated)
16. Urine pregnancy test (UPT)

# Subsequent treatment.....

- This patient was eventually started on S/C Adalimumab
- S/C Adalimumab:
  - 80mg at week 0
  - 40mg at week 1
  - then 40mg every 2 weeks



Week 3



PASI : 10

BSA : 40%

DLQI : 15



Week 3

# Target of Treatment

TREATMENT	MINIMAL TARGETS	TIME FOR EVALUATION (WEEKS)	SUBSEQUENT EVALUATION (MONTHS)
Topical therapy	$\downarrow$ BSA $\geq 50$ or PASI $\geq 50$ or DLQI $\leq 5$	6	6 – 12
Phototherapy	$\downarrow$ BSA $\geq 75$ or PASI $\geq 75$ or DLQI $\leq 5$	6	6
Methotrexate		16	
Cyclosporine		16	
Acitretin		12	
Infliximab	PASI $\geq 75$ OR PASI 50 to $<75$ plus DLQI $\leq 5$	10	6
Adalimumab		16	
Ustekinumab		16	
Etanercept		24	





Week 16



PASI : 3.2

BSA : 3 %

DLQI : 0



Week 16



Baseline



Week 16

# Question

4. Patient has achieved remission at week 16,  
What is your next step.....

- Monitor maintenance of response of treatment every 6 monthly
- Repeat full screening every year including MT, CXR, IGRA if available