Acitretin

Acitretin, also referred to by its trade name Neotigason, is one of a group of drugs known as retinoids, which are related to vitamin A. Retinoids have been used to treat psoriasis since 1975, however acitretin is the only one usually selected for treating psoriasis. Acitretin belongs to the group of medicines known as ‘systemics’, in the treatment of psoriasis.

Key Features
- Approved for treating psoriasis
- Given as capsules to be taken daily
- Can be used on its own or in combination with PUVA or topical therapy
- It may take up to 12 weeks before you see an improvement in your psoriasis

How does it work?
The precise mechanism of how acitretin works is not fully understood, but it slows down the cell reproduction process in the skin.

Who is it for?
Acitretin is indicated for use in adults with severe psoriasis. For more information, see the How do I get acitretin? section below.

Who should not take acitretin?
- Women of childbearing age are not advised to use acitretin. Retinoids can cause birth defects and so both pregnancy and breastfeeding must be avoided whilst on acitretin and for 2 years after the therapy has stopped. Efficient contraception must be used at this time.
- Women and men on acitretin should not donate blood as this could expose a pregnant woman to acitretin.
• In most cases, alcohol should be avoided whilst taking acitretin, unless your doctor advises you otherwise.
• Acitretin should be used with caution in those with kidney or liver impairment.

How is it used?

Acitretin is taken daily as capsules. The capsules should be taken with food. Your doctor will tell you exactly how much to take, as this is determined for each individual based on several factors, including the type of psoriasis. Doses may be reduced after symptoms begin to improve, and treatment with acitretin is ordinarily stopped when the psoriasis has cleared significantly.

Acitretin may be used in rotation with other systemic medications such as ciclosporin and methotrexate. Acitretin can also be used with phototherapy, rather than by itself. This combination can speed clearing and help reduce the amount of phototherapy needed to clear the symptoms, thereby reducing risk and side effects.

What are the side effects?

The most serious side effect of acitretin is the risk of birth defects, as previously mentioned. The other most common side effects are generally mild, and usually subside if treatment is stopped. Some also depend on the dose that is taken. The side effects include dryness of the lips, eyes and face – usually relieved by moisturisers or a lip salve. Thinning of the scalp hair is also listed under the possible unwanted side effects, as are nosebleeds and bleeding gums. You may also experience some headaches which could be relieved by over-the-counter painkillers such as paracetamol, however, should the headaches persist do consult your dermatologist as the acitretin may need to be stopped. Muscle aches and pains, especially after vigorous exercise, are also a potential unwanted side effect, again, these can usually be treated with over-the-counter painkillers, if necessary.

People taking acitretin should be aware that the effects of UV light are enhanced by the drug. Therefore, it is advisable to avoid excessive exposure to UV light (including sunlight and sunbeds) and to use suncream when going outside.

Acitretin can interact with other medications – do not take ‘over-the-counter’ preparations, Chinese herbs or other complementary and alternative therapies without discussing this first with your doctor or pharmacist.
How do I get acitretin?

Acitretin can only be prescribed to treat psoriasis by a consultant Dermatologist. The National Institute for Health and Care Excellence (NICE) guideline on the assessment and management of psoriasis recommends that systemic non-biologic treatments (of which acitretin is one) should be considered for people with any type of psoriasis if:

- Their psoriasis cannot be controlled with topical (applied to skin) treatments and
- Their psoriasis has a significant impact on their physical, psychological or social wellbeing and
- Their psoriasis is extensive (covers 10% or more of the body), OR
- Their psoriasis is not extensive (perhaps in only one area) but is causing significant distress or stopping the person from living a normal life, OR
- Phototherapy (UV light therapy) has not worked, cannot be used, or has resulted in ‘rapid relapse’ (return of moderate or severe psoriasis in less than 3 months)

After this criteria has been met, acitretin may be considered if methotrexate and ciclosporin (two other systemic treatments) cannot be used, or have not been effective. Acitretin may be offered as a first systemic treatment for people with pustular forms of psoriasis. Acitretin may be considered for use in children only in the most exceptional cases.

BADBIR

If you have been prescribed acitretin for treatment of your psoriasis, you may be asked to take part in the British Association of Dermatologists Biologics Interventions Register (BADBIR). This register is to compare the safety of different treatments for psoriasis and to see how well they work. For more information on BADBIR, please see the website: www.badbir.org

The information in this resource is not intended to replace that of a healthcare professional: If you have any concerns or questions about your treatment, do discuss this with your doctor and always read the patient information leaflet to make sure you are using it correctly.

For more information, or for a list of resources used in producing this information sheet, please contact the Psoriasis Association

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