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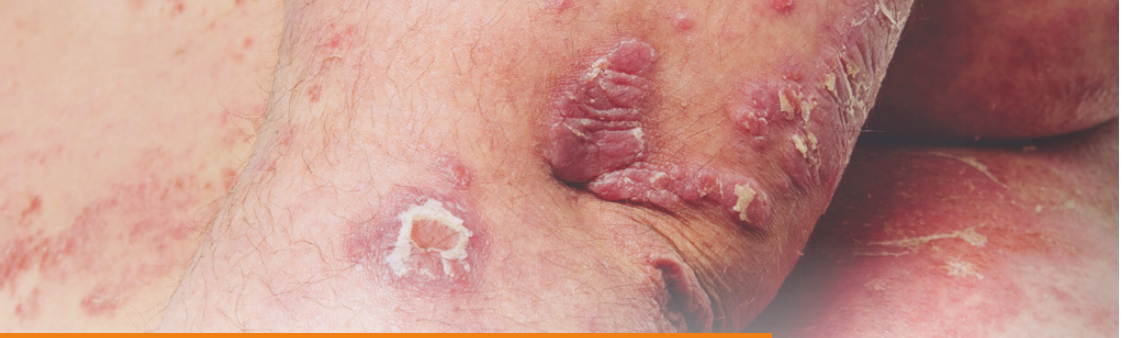
psoriasis association

Treatments from a Specialist



WHAT IS PSORIASIS?

Psoriasis is classed as an immune-mediated inflammatory disease (or IMID) which simply means that the immune system is not functioning correctly. In the case of psoriasis, the immune system is overactive, and this causes symptoms on the skin and can sometimes affect the joints.

When a person has psoriasis, their skin replacement process speeds up, taking just a few days to replace skin cells that usually take 21-28 days.

This results in a build-up of immature skin cells seen as raised patches of flaky skin covered with silvery scales (known as plaques) which can also be itchy. This process is usually the same wherever it appears on the body including the scalp although different types tend to occur in different areas. Scaling or thick plaques are not as common on the backs of the knees, armpits and genital areas.

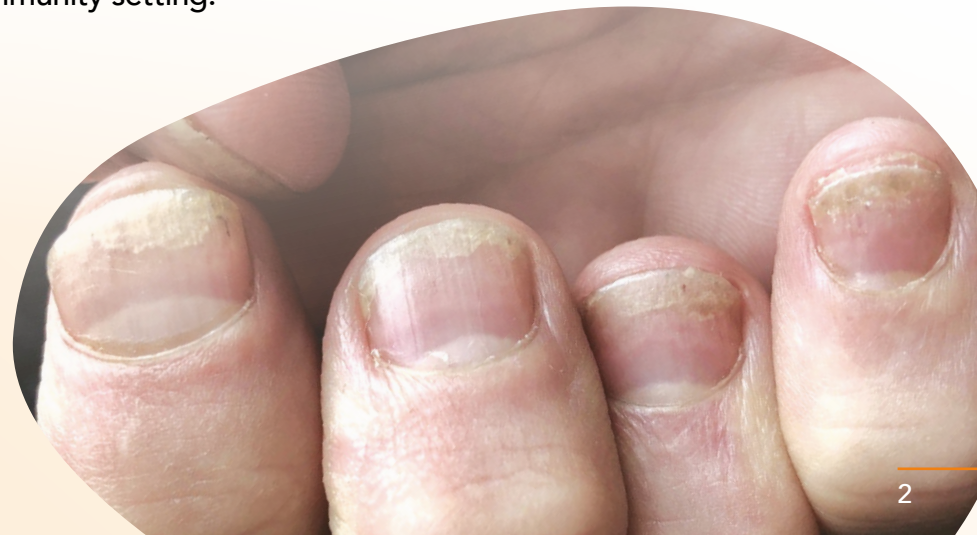
Psoriasis is a long-term condition that can ebb and flow. There may be periods when you have no symptoms or mild symptoms followed by periods when it is more active. Whilst there is currently no cure available, it is possible to live well with psoriasis and there are many treatments available to help manage the condition.

TREATMENTS FROM A SPECIALIST

Topical treatments for psoriasis, which are available from a pharmacist or on prescription, usually help to keep the condition under control and most people can be treated by their GP. However, in some cases, your GP may need to refer you to a skin specialist. This may be either a Dermatology Doctor (Dermatologist), a Dermatology Nurse or a GP with an Extended Role in Dermatology (GPwER).

There are a number of reasons why a GP might refer someone with psoriasis to specialist care. If your psoriasis is particularly widespread or severe, or if it is in an area which has a high impact on your day-to-day life, (such as the hands, feet, face or genitals), then specialist care may be needed.

People with rare and difficult to treat forms of psoriasis, such as pustular or nail psoriasis may also need to be referred. If you have tried to control your psoriasis with a number of different topical treatments from your GP which have not worked well enough, you may also be referred to a dermatology specialist either at a hospital or in a community setting.

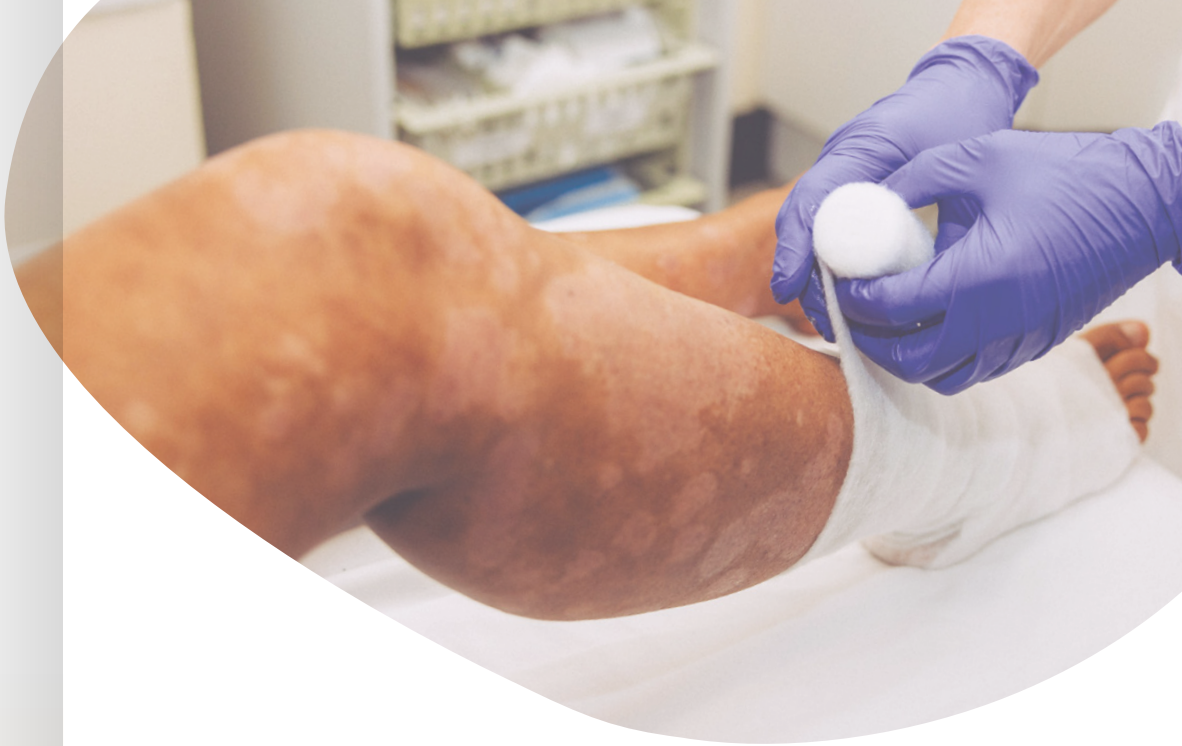


This will usually be a member of the dermatology team consisting of Consultants, Specialty doctors, GPs with an Extended Role in Dermatology (GPwER) and Dermatology Nurse Specialists. The Dermatologist will talk to you about treatments that you have already tried, assess your skin and ask about how psoriasis is impacting on your life. They will also ask you about any other health problems you may have, if you smoke, how much alcohol you drink and if you are using any other medication.

It is important that you are honest with the Dermatologist about anything else you are taking, whether this is prescribed by another doctor, purchased over the counter, or a vitamin, supplement or herbal remedy. This is because anything you may be taking could impact on the treatments a Dermatologist may prescribe.

Primary care - Usually the first point of contact for patients requiring treatment. In most cases, this is your GP.

Secondary care - Involves specialist services that patients can access after being referred by their GP or primary care provider. Includes a Dermatology Doctor (Dermatologist), a Dermatology nurse or a GP with an Extended Role in Dermatology (GPwER) or a Rheumatologist.



SPECIALIST TREATMENT FOR PSORIASIS

Topical treatment – These are creams, ointments, gels and lotions which are prescribed for all types of psoriasis. They are usually very effective. Although a Dermatologist is able to prescribe light therapy, tablets and injections, in many cases there is still a place for topical treatments that are applied to the skin. Dermatologists are specialised in treating the skin, and therefore may use topical treatments you have already used, but in a different way (for example, a different dosing regime, on a different part of the body, or a higher strength).

They may also prescribe two or more topical treatments to be used at the same time, or topical treatments to be used alongside a non-topical treatment, such as light therapy, systemic tablets or biologic injections. Dermatology nurses may be able to help with showing you how to apply topical treatments most effectively.

Ultraviolet light therapy (also known as Phototherapy) – This is the term used for treatment with ultraviolet light which can be delivered in a controlled way to treat psoriasis. You may be offered phototherapy if you have psoriasis that cannot be controlled with topical treatments alone.

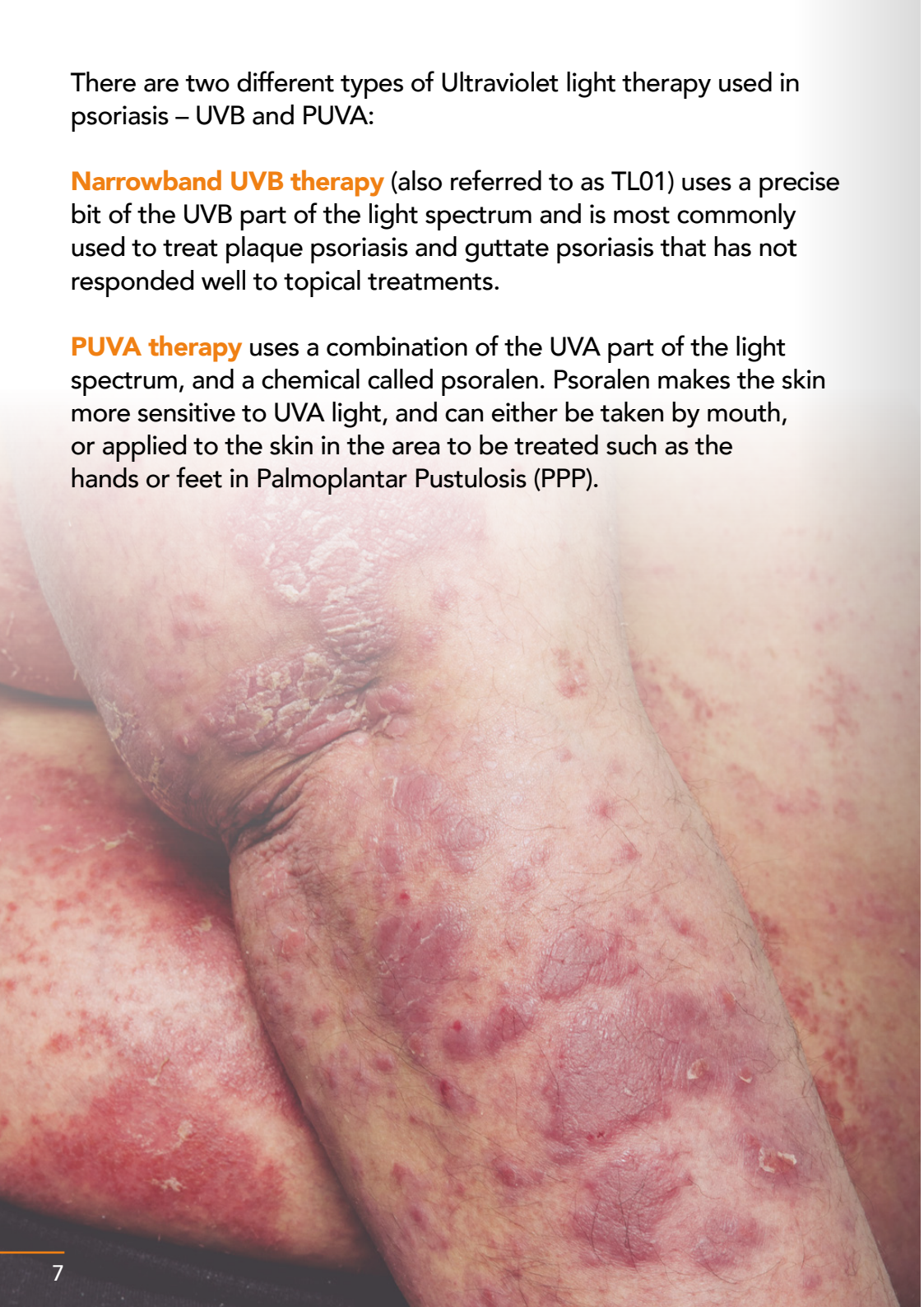
Depending on the type of therapy prescribed, a course usually takes about 8-10 weeks and will require you to attend the Dermatology department two or three times a week. Your Dermatologist will calculate the amount of Ultraviolet light that you should receive based on your skin type, and previous UV exposure.

To treat the whole body, a phototherapy unit is used which will require you to stand in a UV cabinet for a period of a few seconds to several minutes. Smaller UV units can also be used to treat smaller areas of skin such as palmoplantar pustulosis on the palms and soles of the feet.

There are two different types of Ultraviolet light therapy used in psoriasis – UVB and PUVA:

Narrowband UVB therapy (also referred to as TL01) uses a precise bit of the UVB part of the light spectrum and is most commonly used to treat plaque psoriasis and guttate psoriasis that has not responded well to topical treatments.

PUVA therapy uses a combination of the UVA part of the light spectrum, and a chemical called psoralen. Psoralen makes the skin more sensitive to UVA light, and can either be taken by mouth, or applied to the skin in the area to be treated such as the hands or feet in Palmoplantar Pustulosis (PPP).



Systemic treatments (oral tablets) – If topical treatment or ultraviolet light therapy do not work or are not suitable for you, your psoriasis has a considerable impact on your wellbeing, is widespread or occurs at high impact sites that can cause high levels of distress, you may be offered systemic treatments. These are the treatments you take into your body orally (tablets), and which affect the entire body (system) rather than just one area.

The most commonly prescribed are methotrexate, ciclosporin or acitretin although others are available. These tablets work by decreasing the overactivity in the immune system that causes psoriasis. Before starting any of these treatments you will need to have a blood test (which may look at your liver or kidney function and / or cholesterol) and a blood pressure check.

The Dermatologist will also ask you about your lifestyle, in particular if you drink alcohol regularly, as alcohol can interfere with some of the tablets used to treat psoriasis. Ongoing blood tests and blood pressure checks will also be required, and you may need an annual flu jab.

The main systemic medications used for psoriasis in the UK are:

Methotrexate	Available in both tablet and injection form
Ciclosporin	There are a number of different brand names of ciclosporin. The way that different brands of ciclosporin are absorbed in the body can vary, so it is important that you always take the same brand
Acitretin	
Apremilast	(Otezla)
Deucravacitinib	(Sotyktu)
Dimethyl Fumarate	(Skilarence)

Biologic treatments (injections) – Biologic treatments alter the way the immune system works to improve psoriasis. They work by targeting specific processes in the immune system that cause inflammation. They are usually used if you have moderate - severe psoriasis or psoriasis in a high impact site that has not responded to other systemic treatments or if you cannot use other treatments for other medical reasons.

The main biologics available to treat psoriasis that have been approved for funding by the National Institute for Health and Care Excellence (NICE) and the Scottish Medicines Consortium (SMC) on the NHS at time of printing in the UK are:

Adalimumab	(Humira - Originator) (Amgevita, Hyrimoz, Idacio, Imraldi, Yuflyma - Biosimilars)
Bimekizumab	(Bimzelx)
Brodalumab	(Kyntheum)
Certolizumab pegol	(Cimzia)
Etanercept	(Enbrel - Originator) (Benepali, Erelzi - Biosimilars)
Guselkumab	(Tremfya)
Infliximab	(Remicade - Originator) (Flixabi, Remsima, Zessly, Inflectra - Biosimilars)
Ixekizumab	(Taltz)
Risankizumab	(Skyrizi)
Secukinumab	(Cosentyx)
Tildrakizumab	(Ilumetri)
Ustekinumab	(Stelara - Originator) (Uzpruvo, Wezenla, Pyzchiva - Biosimilars)

Biologics are not new medications - they have been in use for more than 100 years. Vaccines and insulin, for example, are considered biologics because they are derived from living sources. Since the mid-2000's, biologics that are specifically targeted towards inflammatory conditions such as psoriasis, psoriatic arthritis, rheumatoid arthritis, and inflammatory bowel disease have been launched and further developed.

Before starting a biologic treatment, you will need to have blood tests and a tuberculosis (TB) check, and you should have an annual flu jab. Like the systemic treatments, regular blood tests will be required.

If you develop side effects or your psoriasis has not shown an adequate response to biologic treatments after 10 to 16 weeks, the treatment may be stopped and your Dermatologist will discuss an alternative with you.

BADBIR

If you are prescribed a biologic, you should be asked to join the British Association of Dermatologists' Biologics and Immunomodulators Register (BADBIR) or the British Society for Rheumatology Psoriatic Arthritis Register (BSR-PsA); observational studies of people with psoriasis or psoriatic arthritis who are using a biologic treatment. Biologics are still relatively new medications, meaning that long-term data on safety and side effects is still being collected.

Currently, over 160 hospitals in the UK and Ireland are taking part and recruiting people with psoriasis, with over 18,000 people registered and 110,000 follow-ups entered.

A person with psoriasis is followed by the study via their Dermatologist for at least five years, unless the person with psoriasis decides to opt out at any point. Those running the study carefully assess both clinical data, and the person with psoriasis own recordings in a treatment diary. Together, this data will help us to learn more about the safety, and effectiveness, of biologic therapies. NICE recommends that all people with psoriasis receiving biologic therapy, who provide their consent, are entered onto the registries.

For more information on BADBIR,
please visit: **www.badbir.org**

For more information on BSR-PsA, please visit:
www.rheumatology.org.uk/improving-care/registers/psoriatic-arthritis

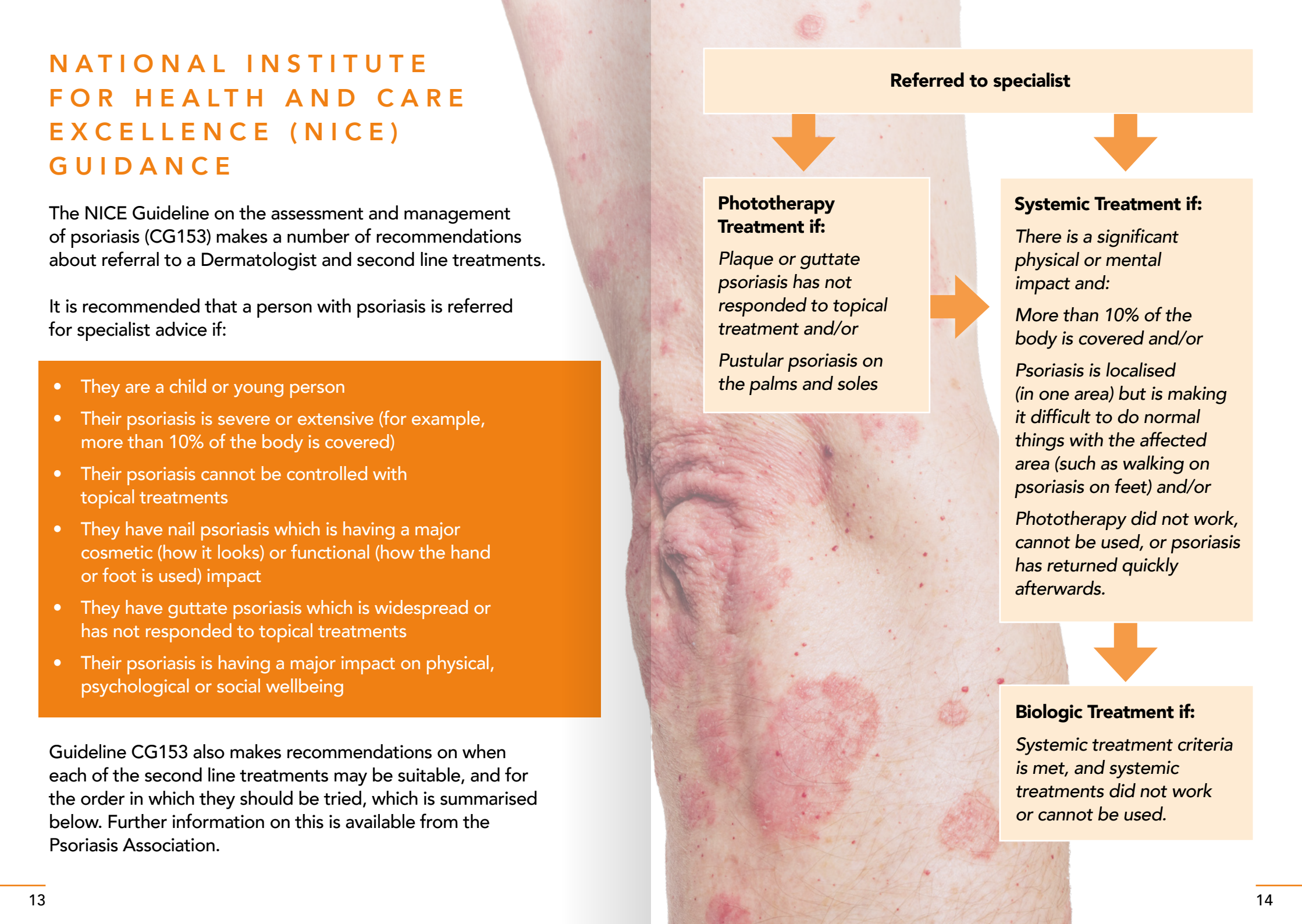
NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE) GUIDANCE

The NICE Guideline on the assessment and management of psoriasis (CG153) makes a number of recommendations about referral to a Dermatologist and second line treatments.

It is recommended that a person with psoriasis is referred for specialist advice if:

- They are a child or young person
- Their psoriasis is severe or extensive (for example, more than 10% of the body is covered)
- Their psoriasis cannot be controlled with topical treatments
- They have nail psoriasis which is having a major cosmetic (how it looks) or functional (how the hand or foot is used) impact
- They have guttate psoriasis which is widespread or has not responded to topical treatments
- Their psoriasis is having a major impact on physical, psychological or social wellbeing

Guideline CG153 also makes recommendations on when each of the second line treatments may be suitable, and for the order in which they should be tried, which is summarised below. Further information on this is available from the Psoriasis Association.



FURTHER INFORMATION

The information on treatments listed above, although correct at the time of printing, is regularly subject to change. You can find regularly updated information on products and treatments that are unavailable or experiencing supply issues via our website or by contacting the Psoriasis Association helplines.

THE PSORIASIS ASSOCIATION

We aim to help people with psoriasis by:

- Providing information, support and advice
- Raising public awareness and understanding
- Promoting and funding research
- Representing members interests at a local and national level.

Become a member and you'll join a community of people who play a vital part in shaping our work – and who are determined to make sure that no-one has to face psoriasis and psoriatic arthritis alone.

Our members give a voice to the millions of people in the United Kingdom who live with psoriasis by pushing for change, sharing their own experiences and offering peer to peer support and advice.

THE BENEFITS

Members of the Psoriasis Association receive:

- Our printed quarterly Membership Magazine, Pso, in the post
- A discounted rate to attend our renowned Annual Conference and AGM
- The chance to have your say in the way the organisation is run by voting for our trustees or by becoming a trustee yourself
- To be part of a community and to meet other people with psoriasis and psoriatic arthritis
- A full membership pack on application
- Access to a wealth of information and support resources, including our telephone, email and WhatsApp helpline services, websites and peer to peer support networks.

Scan the QR code to donate online

MAKE A DONATION

I would like to make a donation of £_____ to The Psoriasis Association.

☐ Please debit my card

Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ CV2 ☐☐☐

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The Psoriasis Association will reclaim 25p of tax on every £1 donated.
I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. I must notify The Psoriasis Association if I no longer pay tax or wish to cancel this declaration.

WE RELY ON THE GENEROSITY OF PEOPLE LIKE YOU...

Each year The Psoriasis Association helps thousands of people whose lives have been affected by psoriasis via our website, helplines, our information resources and by raising awareness amongst the general public, healthcare professionals and parliamentarians. We invest in research to improve diagnosis, treatment and management for all types of psoriasis.

We do not receive any government funding and so rely entirely on your generosity to help us continue our vital work in supporting people, raising awareness and funding research.

MORE INFORMATION

If you would like more information, or a list of resources used in the production of this leaflet, please contact The Psoriasis Association.

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. If you are buying products over the counter, discuss them with the pharmacist and always read the label to make sure you are using them correctly.