

Psoriasis: The New and the Old



Steven R. Feldman MD PhD

Treating patients with severe psoriasis is not nearly as frustrating as it used to be. In this issue, two articles describe the use of ustekinumab for psoriasis. Elizabeth Wilder and colleagues report their experience using ustekinumab in 119 patients from 2009 through 2013. On average they had 2.5 years of follow up on treatment. Nearly half the patients achieved rip-roaring good responses, over 90% clearing, which the authors called “Near Complete Clearance”. Concomitant use of methotrexate with the ustekinumab, which is an FDA-approved combination in the treatment of psoriatic arthritis, was used in half the patients. Molina-Leyva et al also reported their clinical experience with ustekinumab. They found that 4 out of 5 of their patients achieved PASI75 and that 2 in 5 achieved PASI90. Long-term control was maintained by the great majority of the patients.

Our new psoriasis treatments are so good that they are effectively treating psoriasis-related problems that we didn’t even used to know we had! Jay Wu and his colleagues present more information on cardiovascular effects of biologic treatment of psoriasis and psoriatic arthritis, specifically the effect of tumor necrosis factor inhibitors in reducing myocardial infarction rates in patients with psoriasis. I think it is highly likely that all the very effective new psoriasis treatments, by getting rid of the inflammation, will prove to improve associated cardiovascular outcomes. Hopefully this information will help us reassure patients who need biologic treatment for their severe psoriasis. While the biologics are very potent psoriasis treatments, they appear to be very safe drugs. While there are risks with biologic treatment, it appears that for severe psoriasis the benefits greatly outweigh the risks. And if the reduction in cardiovascular mortality outweighs the adverse event risks of the drug, patients may be getting the benefits for psoriasis with no cost of overall increased risk of side effects.

This issue also features an article by Dr. Bruce Strober. Strober and Chiaravalloti describe the benefits of administering methotrexate by the subcutaneous route. I have always thought that methotrexate treatment, which has many risks, had only two significant advantages: first that it is low cost; and second that it is a pill. Strober points out that giving methotrexate by injection is associated with fewer adverse events and better absorption that facilitates greater efficacy than oral methotrexate can achieve.

Our National Psoriasis Foundation helps patients with psoriasis in many ways and has helped facilitate many of the advances in treatment that we have seen. On October 29, 2014, the National Psoriasis Foundation will be honoring Dr. Bruce Strober, along with Dr. Jeffrey Weinberg, with the *Excellence in Leadership Award* at the Commit to Cure Gala at the Tribeca Rooftop in New York City. The Commit to Cure Gala is an important fundraiser for the Psoriasis Foundation, supporting the Foundation’s mission to drive efforts to cure psoriatic disease and improve the lives of those affected. To learn more about the Gala, make a donation, or help sponsor the event, you can visit <https://www.psoriasis.org/events/commit-to-cure/new-york-gala-2014>.

Sincerely,

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