Comorbidities of patients with psoriasis and related quality of life

Association of psoriasis with comorbidity development in children with psoriasis

Authors: Tollefson MM et al.

Summary: This retrospective cohort study analysed data from a data warehouse (150 million privately insured and Medicare enrollees) on 29,957 obese and non-obese children (mean 12.0 years, 53.5% female) with psoriasis, and an age-, sex-, and race-matched cohort of 29,957 children without psoriasis, to determine their risk of comorbidities (elevated lipids, hypertension, metabolic syndrome, polyyclic ovarian syndrome, diabetes, NALD, elevated liver enzyme levels). Children with psoriasis were more likely to be obese at baseline (2.9% vs 1.5%; p<0.001) and were more likely (p<0.01) to develop each of the comorbidities than those without psoriasis. Obesity was a risk factor for the development of each comorbidity in both those with and without psoriasis (HRPs 2.26-18.11). Comorbidity risk was 40-75% higher in non-obese children in those with versus those without psoriasis for elevated lipids (HR 1.42; 95% CI 1.25-1.62), hypertension (HR 1.64; 95% CI 1.40-1.93), diabetes (HR 1.58; 95% CI 1.27-1.95), metabolic syndrome (HR 1.62; 95% CI 1.13-2.33), polycystic ovarian syndrome (HR 1.49; 95% CI 1.18-1.88), NALD (HR 1.76; 95% CI 1.16-2.65) and elevated liver enzyme levels (HR 1.46; 95% CI 1.27-1.67). There were no interactions between psoriasis and obesity with respect to the risk of comorbidities except for hypertension (p=0.03).

Comment: This article piqued my interest for two reasons. Firstly I am partial to research reports in children as they are so rare. Secondly, all dermatologists accept that our psoriatic patients have significant comorbidities, of which obesity is the most obvious. The question arises why? Is it the presence of a significantly visual chronic skin condition and possible associated psoriatic arthritis that leads to lack of activity hence precipitating obesity. Or is it inherent to the disease itself through some central factor? This is a retrospective cohort study looking at a large number of children with psoriasis and comparing them with matched controls. The conclusion is that children with psoriasis are at greater risk of developing obesity, hyperlipidaemia, hypertension, diabetes, metabolic syndrome, polycystic ovarian syndrome, NALD and elevated liver function enzyme levels than children without psoriasis. Psoriasis was a small independent risk factor for the development of these comorbidities. Obesity was a much stronger contributor to comorbidity development in children with psoriasis. An interesting article that suggests that having psoriasis per se leads to obesity and obesity is induced by the inflammatory condition itself. I would recommend all dermatologists review this article. The clinical challenge is how to deal with this obesity and reverse these chronic changes.


In this issue:

> Comorbidity development in children with psoriasis
> Guselkumab after inadequate response to ustekinumab
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> Extension of ustekinumab maintenance dosing interval
> Th17 inhibitors in active psoriatic arthritis
> Blood proteins after tofacitinib and etanercept
> Effect of biologic therapy on depression
> Psychiatric adverse events during brodalumab treatment
> Ixekizumab effect on facial psoriasis and related quality of life
> TNF inhibitor therapy and myocardial infarction incidence
> Management of psoriasis in patients with IBD

Abbreviations used in this issue:

ACR = American College of Rheumatology; BDI = Depression Life Quality Index; HR = hazard ratio; IBD = inflammatory bowel disease; IGA = Investigator’s Global Assessment; HRQoL = health-related quality of life; IBD = inflammatory bowel disease; NALD = non-alcoholic liver disease; PASI = Psoriasis Area and Severity Index; RCT = randomised controlled trial; RR = relative risk; TNF = tumour necrosis factor.

Comment CPD/CME points Click here for more info.

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Efficacy and safety of guselkumab in patients with psoriasis who have an inadequate response to ustekinumab: results of the randomized, double-blind, phase III NAVIGATE trial

Authors: Langley RG et al.

Summary: This phase III, randomised, double-blind study (n=871), examined the use of guselkumab, an anti-interleukin-23 monoclonal antibody, in patients with moderate-to-severe plaque psoriasis whose response to ustekinumab (45 mg or 90 mg at weeks 0 and 4) was inadequate (IGA 2) at week 16 who were randomised to guselkumab 100 mg (n=133) or continued ustekinumab (n=133). The primary end point (the mean number of visits at which patients achieved IGA 0/1 and p2-grade improvement) was achieved by more guselkumab than ustekinumab recipients (1.5 vs 0.7; p<0.001); in addition, more guselkumab recipients achieved IGA 0/1 and at least 2-grade improvement at 28 (31.1% vs 14.3%; p<0.001) and 52 (36.3% vs 17.3%; p<0.001) weeks. More guselkumab than ustekinumab recipients achieved a Psoriasis Area and Severity Index (PASI) 90, PASI 100 and Dermatology Life Quality Index (DLQI) score of 0/1 at 52 weeks. At least one adverse event occurred in 64.4% of guselkumab and 55.6% of ustekinumab recipients, most frequently infections. Overall, 6.7% guselkumab recipients had at least one serious adverse event versus 4.3% with ustekinumab.

Comment: Guselkumab, an anti-interleukin-23 monoclonal antibody, is a medication that will most probably be released in Australia late this year. It behoves dermatologists who prescribe biologics to be informed about this drug. This article reports data from a phase III, randomised, double-blind study of which 871 patients received open-label ustekinumab. Patients treated with ustekinumab who did not achieve an IGA of 0/1 by week 16 derived significant benefits from switching to guselkumab. Other topics covered in this issue include an analysis of 10 years of real-world data on biological treatment for psoriasis, extension of ustekinumab maintenance dosing interval, Th17 inhibitors in active psoriatic arthritis, blood proteins after tofacitinib and etanercept, the effect of biologic therapy on depression, psychiatric adverse events during brodalumab treatment, ixekizumab effect on facial psoriasis and related quality of life, TNF inhibitor therapy and myocardial infarction incidence and the management of psoriasis in patients with inflammatory bowel disease.

Welcome to issue 38 of Psoriasis Research Review.

First up a large retrospective cohort study reveals that children with psoriasis are at greater risk of developing obesity, hyperlipidaemia, hypertension, diabetes, metabolic syndrome, polycyclic ovarian syndrome, NALD and elevated liver function enzyme levels than children without psoriasis. Following on, we discover that patients with moderate-to-severe plaque psoriasis treated with ustekinumab who did not achieve an Investigator’s Global Assessment (IGA) of 0/1 by week 16 derived significant benefits from switching to guselkumab. Other topics covered in this issue include an analysis of 10 years of real-world data on biological treatment for psoriasis, extension of ustekinumab maintenance dosing interval, Th17 inhibitors in active psoriatic arthritis, blood proteins after tofacitinib and etanercept, the effect of biologic therapy on depression, psychiatric adverse events during brodalumab treatment, ixekizumab effect on facial psoriasis and related quality of life, TNF inhibitor therapy and myocardial infarction incidence and the management of psoriasis in patients with inflammatory bowel disease.

We hope you find the latest issue of Psoriasis Research Review stimulating reading and look forward to any feedback.

Kind Regards,

Clinical Associate Professor Kurt Gebauer
kurt.gebauer@researchreview.com.au

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Summary: This retrospective cohort study analysed data from a data warehouse (150 million privately insured and Medicare enrollees) on 29,957 obese and non-obese children (mean 12.0 years, 53.5% female) with psoriasis, and an age-, sex-, and race-matched cohort of 29,957 children without psoriasis, to determine their risk of comorbidities (elevated lipids, hypertension, metabolic syndrome, polycyclic ovarian syndrome, diabetes, NALD, elevated liver enzyme levels). Children with psoriasis were more likely to be obese at baseline (2.9% vs 1.5%; p<0.001) and were more likely (p<0.01) to develop each of the comorbidities than those without psoriasis. Obesity was a risk factor for the development of each comorbidity in both those with and without psoriasis (HRPs 2.26-18.11). Comorbidity risk was 40-75% higher in non-obese children in those with versus those without psoriasis for elevated lipids (HR 1.42; 95% CI 1.25-1.62), hypertension (HR 1.64; 95% CI 1.40-1.93), diabetes (HR 1.58; 95% CI 1.27-1.95), metabolic syndrome (HR 1.62; 95% CI 1.13-2.33), polycyclic ovarian syndrome (HR 1.49; 95% CI 1.18-1.88), NALD (HR 1.76; 95% CI 1.16-2.65) and elevated liver enzyme levels (HR 1.46; 95% CI 1.27-1.67). There were no interactions between psoriasis and obesity with respect to the risk of comorbidities except for hypertension (p=0.03).

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In this issue:

Psoriasis

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Sustained Psoriasis Area and Severity Index, Dermatology Life Quality Index and EuroQol-5D response of biological treatment in psoriasis: 10 years of real-world data in the Swedish National Psoriasis Register

Authors: Hjalte F et al.

Summary: This analysis of data from PsorReg, the Swedish national register for systemic psoriasis treatment, examined 10 years of real-world data on biological treatments in 583 patients with moderate-to-severe psoriasis. Outcome data beyond 1 year were available for PASI (n = 399), DLQI (n = 395) and EuroQol-5D (EQ-5D; n = 373) with observations in ≥3 time periods for 164, 168 and 152 patients. Mean PASI, DLQI and EQ-5D scores were 13.5, 9.0 and 0.74 at baseline and were reduced to 4.5, 3.6 and 0.82 (all p < 0.01) 3-5 months after switching to biologicals, and were sustained throughout the observation period, reaching 4.0, 3.7 and 0.79 after 1-5 years of biological therapy.

Comment: This is a review of the Swedish National Psoriasis register looking at 10 years of real-world data analysing the long-term effects of biological treatment. In total, 583 patients fulfilled the inclusion criteria. Of these, 399, 395 and 373 patients had observed outcome data beyond 1 year on the PASI, DLQI and EQ-5D and 164, 168 and 152 were observed in at least three time periods after the switch to biologic therapy. Significant improvement in these scores was observed 3-5 months after the switch and sustained under the whole observation period. The conclusion was that biological treatments as used in clinical practice, show a stable long-term effectiveness in all the measured dimensions. Occasionally some aspects of dermatology seem clinically obvious, however, it is nice to have statistical proof.


Extension of ustekinumab maintenance dosing interval in moderate-to-severe psoriasis: results of a phase llb, randomized, double-blinded, active-controlled, multicentre study (PSTELLAR)

Authors: Blauvelt A et al.

Summary: This study examined, in 378 adults with moderate-to-severe plaque psoriasis, the clinical responses to extension of ustekinumab maintenance administration interval to every 12 weeks (n = 76) or every 12-24 weeks response-based dosing determined by time to loss of Physician's Global Assessment (PGA) score of 0/1 (n = 302). Patients treated every 12 weeks had a numerically higher mean number of visits with PGA scores of 0/1 than those treated every 12-24 weeks and more visits with a PASI 75 from week 88 to week 12. More 12-week maintenance recipients (55%) than 12-24 week recipients (39%) had a PGA score of 0/1 from week 88 to week 112. Maintenance of response was observed with an administration-interval extension beyond 12 weeks in a subset of patients. Extension of the administration interval did not affect antibody development or safety.

Comment: The biologic agents for psoriasis work very effectively in controlling psoriasis in our patients with severe psoriasis. In Australia to qualify for PBS supply you must have, by international definition, severe psoriasis. The question arises clinically do we need to maintain dosing at the same schedule or can we extend the dosing intervals. This study looks at assisting with the answer to this question. 378 patients achieved PGA 0/1 at week 28 and were randomised to 12-weekly maintenance dosing (n = 76) or response-based dosing determined by time to loss of PGA 0/1 (n = 302). Efficacy was better maintained on the 12-week regimen for maintenance dosing although some patients maintained a higher-level efficacy with up to 24-week dosing. There were no safety or antibody issues.


Th17 inhibitors in active psoriatic arthritis: A systematic review and meta-analysis of randomized controlled clinical trials

Authors: Naik GS et al.

Summary: This meta-analysis examined the overall treatment effect of Th17 pathway inhibitors compared to placebo or active control. Seven RCTs included 1718 patients who received Th17 inhibitors and 840 who received placebo. An ACR20 response at week 12 (primary objective) had an RR of 2.04 (95% CI 1.79-2.33; p < 0.001) in Th17 inhibitor versus placebo recipients and was consistent across study phase and outcome (ACRs0/50/70), mechanism of action and previous TNF-α exposure. There were no incident cases of tuberculosis observed.

Comment: Looking at our severe psoriatic patients, it is quoted that one in three will develop psoriatic arthritis in association with the cutaneous disease. This is a study out of Harvard and others in Boston reviewing a meta-analysis of the RCTs that are presently available. In total, seven trials were selected, which assessed a total of 1718 patients. These were compared to 840 on placebo. All of these agents were effective with pooled RR of 2.04 for achieving an ACR20 response at week 12. The RR of infections was 1.06 (95% CI 0.91-1.23), that for candidal infection was 3.35 (95% CI 0.75-14.95), that of serious adverse events was 0.82 (95% CI 0.42-1.59) and that of discontinuation of treatment was 0.54 (95% CI 0.31-0.93) among treated versus placebo subjects. It is worth noting that candida infection is a specific side effect of this class of inhibitors. The conclusion was that this pathway inhibition produces a clinically significant improvement in joint disease and acceptable safety and tolerability for short-term therapy compared to placebo. The short-term comment was because of the length of the randomised control trials.


Reduction of inflammatory and cardiovascular proteins in the blood of patients with psoriasis: Differential responses between tofacitinib and etanercept after 4 weeks of treatment

Authors: Kim J et al.

Summary: This analysis of blood from 266 patients with moderate-to-severe psoriasis enrolled in a phase III clinical trial of tofacitinib 10 mg twice daily and etanercept 50 mg twice weekly examined the levels of 157 blood proteins related to inflammation and cardiovascular disease. Both tofacitinib and etanercept reduced IL-6, CCL20, and CCL10 levels in all recipients, but IL-17A levels were reduced only in responders to either agent. Tofacitinib induced a wider range of cardiovascular blood protein reductions than etanercept, but only in treatment responders. TNF receptor 1, s-lectin, hK11, TNF-related activation-induced cytokine, CHI3L1, IL-16, and matrix metalloproteinase-12 were reduced only in tofacitinib responders.

Comment: Patients with psoriasis have an increased risk of myocardial infarction. Psoriasis is an independent risk factor for coronary heart disease and cardiovascular mortality. The authors were assessing the effect of psoriasis medications on systemic inflammation associated with cardiovascular risks. Blood proteins related to inflammation and cardiovascular disease from a single clinical trial of tofacitinib and etanercept were assessed; 157 blood proteins were quantified from 266 patients at baseline of 4 weeks. Tofacitinib and etanercept commonly reduce IL-6, CCL20, and CCL10, but IL-17A was significantly reduced only in responders of either treatment. Compared with etanercept, tofacitinib showed a wider spectrum of cardiovascular blood protein reduction, however, this reduction was strictly confined to treatment responders. The data suggests that a short-term systemic psoriatic treatment can cause reductions in circulating inflammatory and other proteins associated with cardiovascular risks.

References: J Invest Dermatol 2018;138(2):273-81

Depressive symptoms, depression, and the effect of biologic therapy among patients in Psoriasis Longitudinal Assessment and Registry (PSOLAR)

Authors: Strober B et al.

Summary: This study examined the effect of treatment on depression in patients enrolled in the Psoriasis Longitudinal Assessment and Registry with moderate-to-severe psoriasis. The incidence of depressive symptoms (Hospital Anxiety and Depression Scale-Depression score >8) per 100 patient-years was 3.01 (95% CI 2.73-3.32) for biologics, 5.85 (95% CI 4.29-7.97) for phototherapy, and 5.70 (95% CI 4.58-7.10) for conventional therapy. Biologics reduced the risk for depressive symptoms (HR 0.76; 95% CI 0.59-0.98) versus conventional therapy, whereas phototherapy did not (HR 1.05; 95% CI 0.71-1.54). The depression adverse event incidence rates per 100 patient-years were 0.21 (95% CI 0.15-0.31) for biologics, 0.55 (95% CI 0.21-1.47) for phototherapy, and 0.14 (95% CI 0.03-0.55) for conventional therapy.

Comment: Depression in psoriasis is a hot topic. The concept of depression being induced by systemic therapies, especially biologic therapies for psoriasis is the subject of intense ongoing investigation. This is a North American study from a group of well known psoriatic experts having assessed registry data from the United States known as PSOLAR (Psoriasis Longitudinal Assessment and Registry). This group identified the study population within this registry and measured the incidence of depressive symptoms with adverse events of depression within cohorts receiving biologics, conventional systemic therapies, or phototherapy. Patients were evaluated at approximately 6-monthly intervals. Compared with conventional therapy, biologics appear to be associated with a lower incidence of depressive symptoms among patients with psoriasis. Incomplete capture of depression and confounders in the patients on registry is a limitation of this paper.


**PRODUCT INFORMATION**

**MINIMUM PRODUCT INFORMATION** (Psoriasis: 5 years PASI 75/90 response data; 
5+ years safety observations; 
4 times a year dosing [after 2 initial doses].

*Please note changes to Product Information as *italicised text

**REFERENCE:** 1. JANS2159 RR Full Page Ad_February.indd

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**PASI:** Psoriasis Area and Severity Index

**CONTRAINDICATIONS:**

Severe hypersensitivity to ustekinumab or to any of the excipients. Do not administer to patients with a clinically important active infection.

**ADVERSE EFFECTS:**

Infections and reactions: Serious bacterial, fungal and viral infections have been observed. Use with caution in patients with chronic or recurrent infections. Immunosuppression: Do not give live bacterial or viral vaccines. Consider secondary transmission of live vaccines from contacts. Immunosuppression: STELARA should not be used in combination with photo- or systemic therapy. Immunosuppression: Use with caution in patients receiving allergy immunotherapy. Reversible Posterior Leukoencephalopathy Syndrome (RPLS): If RPLS is suspected, STELARA should be discontinued and appropriate therapy instituted. Serious Skin Conditions: Patients should be monitored for the appearance of non-melanoma skin cancer. Hypersensitivity reactions: Discontinue immediately if serious hypersensitivity reactions including anaphylaxis and angioedema occur. Immunisations: Do not give live bacterial or viral vaccines. Consider secondary transmission of live vaccines from contacts.

**PRESENTATION:**

Pack of 1 single-use 45 mg vial for subcutaneous use, and *pack of 1 single-use vial for intravenous use (Crohn’s disease only).*

**STORAGE:**

Store at 2°C – 8°C. Refrigerate. Do not freeze or shake. Protect from light by storing in original carton.

**PBS Information:** Authority Required. Refer to the PBS Schedule for full details.

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**REFERENCES:**

1. JANS2159 RR Full Page Ad_February.indd

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**Janssen-Cilag Pty Ltd, ABN 47 000 129 975, 1-5 Khartoum Road, Macquarie Park NSW 2113, Phone: 1800 226 334, CP-50617. JANS2159/EMBC, Date of preparation: February 2018.**

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"stay confident."
Psychiatric adverse events during treatment with brodalumab: Analysis of psoriasis clinical trials

Authors: Lebovith MG et al.

Summary: Data from multiple phase II and phase III trials, including three phase III RCTs (AMAGINE-1, AMAGINE-2, and AMAGINE-3) and their open-label, long-term extensions, in a total of 4464 patients (916.8 patient-years) with moderate-to-severe psoriasis, were combined in an analysis of treatment-induced psychiatric adverse events in brodalumab recipients. Follow-up time-adjusted incidence rates of suicidal ideation and behavior (SIB) events did not differ between brodalumab and ustekinumab recipients (0.20 vs 0.60 per 100 patient-years) for up to 52 weeks. In total, four completed suicides occurred in brodalumab recipients (one later adjudicated as indeterminate); all patients had underlying psychiatric disorders or stressors.

Comment: Brodalumab is another new agent in development. There was originally a possible issue with depression in this drug. The developing company in fact ceased the development cycle, which was then taken up and carried on by one of its partners. The objective of this study was to assess whether there was an exacerbation of the underlying risk for depression in patients treated with brodalumab. Patients with psoriasis are at increased risk of psychiatric comorbidities including suicidal ideation and behaviour. Evaluation of data from the placebo-controlled, phase II clinical trial as well as the open-label, long-term extension arms of this trial and three phase III, double-blind RCTs with long-term extension open-label treatment of these patients were conducted. A large number of patients (4464) who had 916.8 patient-years of brodalumab exposure were included in the results. The conclusion was that the comparison with controls and the timing of events did not indicate a causal relationship between suicidal ideation and behaviour in brodalumab treatment.


Impact of ixekizumab on facial psoriasis and related quality of life measures in moderate-to-severe psoriasis patients: 12-week results from two phase III trials

Authors: Paul C et al.

Summary: This combined analysis of data from two phase III multicentre, randomised, double-blind, placebo-controlled, active-comparator trials examined the association of facial psoriasis and the use of ixekizumab (80 mg every 4 weeks or every 2 weeks for up to 12 weeks following an initial 160-mg dose) versus etanercept (50 mg twice weekly) with health-related quality of life (HRQoL) in 1133 patients with facial psoriasis who were 1437 without. At Week 12, ixekizumab recipients whose facial psoriasis cleared had improved DLOI 0.1 responses (p < 0.01) versus those with continuing facial psoriasis. Clearance of facial psoriasis was independently associated with better improvement in Psoriasis Skin Appearance Botherlessness scores in those receiving ixekizumab every 2 weeks (p < 0.01).

Comment: As the availability and diversity of biologic agents for psoriasis broaden, we need to be more specific with the treatment of subsets of psoriasis. In all likelihood the various clinical patterns are associated with different clinical inflammatory mediators. It is just that we don’t know what we are doing at the moment. This is a study that deals with facial psoriasis using HRQoL as a tool for assessing response. The combined results are from two phase III RCTs in patients with moderate-to-severe psoriasis. Patients received placebo, etanercept or ixekizumab in the standard doses that we use. 1133 patients with facial psoriasis were compared with 1437 without. Facial psoriasis had a larger negative impact on HRQoL than no facial psoriasis. As one would expect clinically, facial psoriasis clearance was associated with improved HRQoL. Significantly more ixekizumab treated patients had a rapid facial clearance versus etanercept and placebo, leading to better clinical outcomes.


The effect of tumor necrosis factor inhibitor therapy on the incidence of myocardial infarction in patients with psoriasis: a retrospective study

Authors: Shaaban D & Al-Mutairi N

Summary: Data from the Electronic Health Records database at the Farwaniya Hospital, Kuwait from January 2008 to December 2014 were analysed to determine the effect of TNF inhibitors versus methotrexate and topical agents on the risk of myocardial infarction (MI) in 4762 psoriatic patients. Both TNF inhibitor and methotrexate recipients had a lower rate of MI compared with topical recipients, but there was no difference in MI rate between TNF inhibitor and methotrexate recipients. The MI probability was lower in TNF inhibitor responders versus non-responders (p = 0.001).

Comment: This is a comorbidity-associated paper. We know that psoriasis is associated with increased incidences of MI. This paper reviews the effect of TNF inhibitors on MI in psoriasis. This is a study out of Kuwait where 4762 psoriasis patients were assessed. Patients treated with TNF inhibitors or methotrexate showed a statistically lower rate of MI compared with the topical treatment cohort. There was no significant difference in MI rate between TNF inhibitor and methotrexate cohorts. A regional Middle Eastern study that suggests that settling down chronic inflammation does improve the MI rate.


Management of psoriasis in patients with inflammatory bowel disease: From the Medical Board of the National Psoriasis Foundation

Authors: Whitlock SM et al.

Summary: This systematic review was conducted to assess therapeutic options for patients with psoriasis and concurrent inflammatory bowel disease (IBD) using clinical studies of biologic and systemic psoriasis medications in psoriasis, psoriatic arthritis, ulcerative colitis, and Crohn’s disease published from January 1 1947 to February 14 2017. In total, 2262 articles were identified, of which 132 were selected for analysis. Infliximab and adalimumab were effective in psoriasis, psoriatic arthritis, ulcerative colitis and Crohn’s disease; ustekinumab was effective in psoriasis, psoriatic arthritis and Crohn’s disease and certolizumab was effective in psoriatic arthritis and Crohn’s disease. Etanercept, secukinumab, brodalumab and ixekizumab were found to be effective in psoriasis and psoriatic arthritis, but may exacerbate or induce IBD. Guselkumab was effective in psoriasis.

Comment: There is a significant linkage between psoriasis and IBD. Many treatments for psoriasis and psoriatic arthritis are also used for IBD. The IL17 inhibition class of agents are potentially linked to increased risk of IBD. This is an American study with many well-known authors in the psoriatic field.


Selection of papers and comments are provided by Clinical Associate Professor Kurt Gebauer MBBS, FACC, FACP

Clinical Associate Professor Kurt Gebauer has been practicing dermatology for 20 years in Australia. Dr. Gebauer has a busy private practice located in Fremantle and can also be found lecturing locally and internationally on different medical topics. As a contributing author on many publications, Dr. Gebauer is a well-known authority on dermatological conditions. Along with his dermatology practice Dr. Gebauer also participates in clinical research studies in order to offer new and innovative treatments for dermatological conditions including acne, atopic dermatitis, psoriasis, actinic keratoses, onychomycosis, and skin cancer.