

The use of rescue therapies for psoriasis patients on biologics

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INTRODUCTION

Psoriasis is a chronic immune-mediated inflammatory skin disease characterized by the formation of scaly and often painful skin plaques.¹ There are multiple forms of psoriasis, such as plaque psoriasis, palmoplantar pustular psoriasis (PPP), generalized pustular psoriasis (GPP), and inverse psoriasis. Psoriasis is associated with decreased quality of life, and this morbidity is especially pronounced for severe psoriasis, which is defined as psoriasis covering 10% of the body surface area.² Systemic medications for severe psoriasis include high dose vitamin A derivatives (acitretin), methotrexate, leflunomide, and biologic agents which target phosphodiesterase, tumor necrosis factor (TNF), interleukin 17, and interleukin 23.

Despite the use of systemic medications, psoriasis may flare, and rescue therapies become necessary for effective treatment. Common rescue therapies for psoriasis include prednisone, intramuscular triamcinolone (IMK), intralesional triamcinolone (ILK), and cyclosporine (CsA); however, use of rescue therapy is poorly characterized in the literature.³

AIM

The aim of this study is to examine rescue therapies used in severe psoriasis and to characterize rescue therapy use in academic clinical settings.

METHODS

A retrospective chart review of rescue therapies used for a total of 103 (59 female, 44 male) patients between the ages of 20 and 90 with severe psoriasis was performed. Patient information regarding demographics and medication use was requested from the Information Warehouse at The Ohio State University from November 2015 until November 2020. Descriptive statistical measures were calculated for rescue therapy usage.

Table 1. Demographics of patients receiving rescue therapy

		Number of Patients
Gender	Male	44
	Female	59
	Total	103
Race	White	82
	African American/Black	9
	American Indian/Alaskan	1
	Asian Chinese	1
	Native Hawaiian/Pacific Islander	1
	Nepali	1
	More Than One Race	2
	Unknown (To Patient)	3
	Other	3
	Total	103
Diagnosis	Plaque psoriasis	81
	Palmoplantar pustular psoriasis	15
	Acrodermatitis, continua Hallopeau	2
	Generalized pustular psoriasis	4
	Inverse psoriasis	1
	Total	103
Age at Time of Visit	20-29	20
	30-39	33
	40-49	66
	50-59	50
	60-69	46
	70-79	6
	80-90	15
	Total	236

Table 2. Characterization of type of rescue therapy used

		Type of Rescue Therapy				
		IMK	ILK	CsA	Prednisone	
Diagnosis	Number of Courses	58	74	49	55	p-value
	Plaque psoriasis	24	71	31	37	<0.0001
	Pustular psoriasis	33	2	16	18	
Gender	Male	27	34	13	27	0.0723
	Female	31	40	36	28	
On systemic therapy at time of rescue therapy?	Yes	26	30	31	22	0.0121
	No	48	28	18	33	
Systemic therapy started post rescue therapy?	Yes	10	19	27	16	<0.0001
	No	64	39	22	39	

Table 3. Use of prednisone as rescue therapy by dermatologists and non-dermatologists

	Oral Prednisone	Not Prednisone	p-value
Prescribed by Dermatologist	30	178	p<0.0001
Prescribed by Non-Dermatologist	25	2	

RESULTS

Rescue therapy usage did not significantly differ between male and female patients (p=0.0723). Patients were significantly less likely to take systemic therapy before or after their rescue therapy treatment, (p<0.0001, Table 2). Furthermore, non-dermatologists were significantly more likely than dermatologists to prescribe oral prednisone for treating psoriasis flares (p<0.0001, Table 3).

CONCLUSIONS

Dermatologists are more likely to administer IMK, ILK, and CsA for severe psoriasis flares for patients not already on systemic therapy. Patients managed by systemic therapies are less likely to be exposed to rescue therapy. If patients are not doing well on a particular psoriasis therapy, or they experiencing severe flares, it is important for them to see a dermatologist who is equipped to administer the most appropriate and effective therapy for each patient.

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