Recent Trend in Psoriasis Therapy: Early Active Treatment and Continuous Long-term Control

The understanding of psoriasis as a disease with co-morbidity and systemic implication has recently reached a conclusive stage through descriptive and epidemiological studies in different countries. The Unit of Dermatology of Karolinska Institutet has made significant contributions in this field. Dr. Lotus Mallbris reviews cardiovascular risk in this issue of *Forum for Dermato-Venereology*.

Cardiovascular risk is only one component of metabolic syndrome complicating psoriasis. The risk of obesity and risk of type 2 diabetes is also increased.

Mental distress, depression, alcoholism and compromised life quality and social performance are since decades known complications of psoriasis.

The present state of 'the chicken or the egg' discussion is, I think, that at least psychiatric morbidity, obesity and type 2 diabetes are not increased in young psoriasis patients versus non-psoriatics, and cardiovascular risk apparently correlates with a number of measures of psoriasis severity and increase as psoriatic affection worsens. Thus, there is clinical evidence that severe general or systemic complications may develop over time as a consequence of psoriasis and not directly *per se*. It would be ideal to have a panorama of long-term studies with years of follow-up; however, this is not available and will probably not be in the nearer or longer future. It is difficult and hardly ever possible to ensure a proper sample of milder as well as severe cases, who are followed over years and monitored for co-morbidity and complications of their psoriasis. Thus, as clinicians we must take some practical action based on the premises we have, and critically reconsider clinical routines, even if it may be academically premature and considered purely empirical by some.

Which changed approaches to psoriasis treatment should we then consider?

1. Treatment should be active, i.e. efficient and proactive, from early on if the psoriasis behaves progressively or aggressively
2. Systemic treatment should be favored and instituted earlier than hitherto practiced, of course with consideration of safety issues. Local treatment should be reserved for milder cases only, with limited affection, and also prescribed less in view of modern knowledge of poor patient adherence or compliance when using topical treatment, not least in patients with psoriasis.
3. Much more emphasis on long-term control and monitoring, including monitoring of associated risks. This requires continuous therapy with control of psoriatic activity to avoid stressful relapses and constant changes in medications. Good old methotrexate and the new biologics are important remedies. To fulfill this strategy strengthened partnership with the patient and concordance about treatment and control is essential. So-called rotation therapy is poorly defined, variably practiced and seems obsolete as a principle. Long-term combination regimens may deserve more attention in future depending on long-term safety issues.
4. Some systemic treatments, cyclosporine in particular, should be reserved for short-term treatment of attacks, and only used in selected cases and for a few months.
5. More emphasis on shaping treatment to patient with personalized treatment strategy, under respect of sound medical knowledge. Guidelines and recommendations, which also include official recommendations serving economic purposes, are average and range-based and may guide overall approach. However, when it comes to the individual case no such thing as a Mrs. Mean or a Mr. Median exists, and the fauna and flora of daily clinical life is rich. Decisions about individual medical treatment is a doctor's primary, complex, responsibility, and must stay in the consultation room, not to administrative offices.

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