

Editorial

Climate Therapy in Psoriasis – Medicine or Holiday?

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A new study on climate therapy for patients with psoriasis and psoriasis arthritis is drawing attention and controversy in Norway.

The effect of climate therapy (heliotherapy) in psoriasis is well documented, and some report longer remissions compared to other treatment modalities. For many years, Norwegian patients with psoriasis have been offered supervised climate therapy at treatment centres at the Canary Islands, financed by state authorities, and the results have been reported as good (1).

New study on climate therapy

In 2002, a group of 50 Norwegian patients with psoriasis and psoriasis arthritis were offered climate therapy at a treatment centre in Turkey.

The effect on skin, joints and life quality was evaluated using validated instruments (PASI, VAS for joint pain, DLQI-N, ADI-N, MHAQ), but with no control group. The results were recently published in the medical journal *Tidsskrift for Den Norske Lægeforening* (2), which may be accessed in full text on www.tidsskriftet.no.

A statistical significant score improvement was found for PASI from start to end of treatment and for DLQI-N, ADI-N and MHAQ at arrival, one week and two months after treatment. No significant change in pain score was demonstrated for those having psoriasis arthritis (2). More interestingly, disease activity was found to be mild at start of treatment, and the clinical relevance for the change in skin- and arthritis-related quality of life was considered high one week after treatment, but moderate after two months. Change in psoriasis, pain and functional status of the joints had little clinic relevance.

Based on these results, the authors concluded that cost-effectiveness-analyses of climate therapy in psoriasis should be performed. Only patients with severe to moderate psoriasis and psoriasis arthritis should be recruited to climate therapy programmes. The paper was commented on in an accompanying editorial, in which the present capacity of the psoriasis climate therapy programme was questioned (3).

Controversy and opposing views

The study was reported in many newspapers, and its principal author, dermatologist Cato Mørk, was interviewed on national television. Dr Mørk was strongly opposed on television by Norsk Psoriasisforbund, the patient organisation. John Alvheim, a leading politician and chairman of the parliamentary committee for social and health affairs, called Dr Mørk's statements "arrogant and provocative".

In a letter-to-the-editor some weeks later, Norsk Psoriasisforbund pointed out that the trip to Turkey was arranged at a time when most patients have little psoriasis (September) and that the recruitment of participants had been insufficient (4). They referred to a medical committee report which had recommended an increase in the capacity of the psoriasis climate therapy programme. Dr Mørk and co-workers, in their reply (5), presented data from the psoriasis climate therapy programme showing that PASI score for about one fourth of the patients was below 5, for children even lower, i.e. very little psoriasis.

Presently, many politicians seems to favour medical treatment abroad. Dermatologists, politicians, patients and patient organisations obviously have different views on the present climate therapy programme for Norwegian psoriasis patients.

References

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2. Mørk C, Özek M, Wahl AK. Psoriasis og psoriasisartritt - er sydenopphold behandling eller velferdstilbud? *Tidsskr Nor Lægeforen* 2004; 124: 60-62.
3. Gjersvik PJ. Hvor mye skal en psoriasisflekk koste? *Tidsskr Nor Lægeforen* 2004; 124: 14.
4. Waage AM, Monsbakken JA. Klimabehandling av psoriasis. *Tidsskr Nor Lægeforen* 2004; 124: 981.
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A postgraduate course in Skin Allergy and Inflammation will be held at the Karolinska University Hospital, Solna, December 13-17, 2004.

The course will focus on the skin structure, atopic eczema, contact eczema, psoriasis and urticaria.

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