

## ABSTRACT

### Strategy of Psoriasis Treatment: Alternate and Associate Therapies

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Despite many brilliant recent advances, a substantial effort remains necessary to improve the convenience, the efficacy and the safety of psoriasis treatments. Until to now we have no long-term safe monotherapy for psoriasis: PUVA can be given up to a cumulative dose of approximately 1500 Joules, Cyclosporin no more than 5 years in the best of cases, Methotrexate usually less than 7 years, Retinoids up to 12 years and more but for a few patients.

Thus in addition to a necessary research for new, more active and less toxic molecules, it seems of major interest to evaluate new strategies: 1) alternate treatments (for example one year Cyclosporin, one year Methotrexate) open the hope of obtaining with a succession of treatments, very efficient but with quite different side effects, a real improvement in the long-term tolerance; 2) another way, less comfortable for the patients, but also quite interesting, is the association between treatments to im-

prove efficacy and to diminish the side effects. These associations could be between two systemic treatments with a different spectrum of toxicity, or between a systemic treatment at very low doses and a topical treatment used only to control the remaining lesions or a flare of the disease.

Finally it seems of key importance to develop therapeutic research, not only on a short-term basis with, as a major criterion, the clearing of skin lesions, but on a long-term basis in order to test the best strategy for maintenance treatment. The main parameters of evaluation should be not only the efficacy and the avoidance of relapse, but also the safety and the quality of life of the patients. These long-term studies are expensive and time consuming but offer the most important therapeutic information in a chronic disease such as psoriasis.

These two aspects of the strategy of psoriasis treatment will be discussed.