



PSORIASIS

BIOLOGICS COMBINED WITH CONVENTIONAL SYSTEMIC AGENTS FOR THE TREATMENT OF PSORIASIS: 8- YEAR RETROSPECTIVE REVIEW FROM SINGLE CENTER IN THE UK.

Stela Ziaj⁽¹⁾ - Manju Kalavala⁽²⁾

Welsh Institute Of Dermatology, Dermatology Department, Cardiff, United Kingdom⁽¹⁾ -
Welsh Institute Of Dermatology, University Hospital Wales, Cradiff, United Kingdom⁽²⁾

Introduction: Over the last decade biologics therapies have significantly improved psoriasis management. Nevertheless despite the availability of several new biologics for psoriasis, some patients continue to experience persistent disease activity or treatment failure over time. Strategies to optimize treatment outcomes include the use of concomitant medications such as methotrexate, which has demonstrated beneficial effects on pharmacokinetics and treatment efficacy in psoriasis and other inflammatory diseases.

Objective: To describe our experience on the efficacy of biologics combined with systemic treatments for management of psoriasis.

Materials and Methods: We performed a single-centre retrospective review of all patients with severe psoriasis on biological therapy during an eight year period between 2010 and 2018. Systemic medication was added due to loss of efficacy on biologics therapy alone.

Results: 234 patients were on biological therapies for management of severe psoriasis. 8.5% (n=20) were on concomitant treatment with methotrexate (n=17) (mean dose 10mg weekly) or acitretin (n=3) (mean dose 20mg daily). Out of 20 patients 5 received Infliximab, 5 had Adalimumab, 5 had Secucinumab and 6 had Ustekinumab.

At three months, 50% (n=10) of patients on concomitant treatment reached PASI 50, 15% reached PASI 75 and 15% had an increase in PASI. There was a mean 2 point decrease in DLQI at 3 months. If not effective concomitant systemic therapy was stopped and patients were switched to a different biologic therapy when available at 3 months. There was no difference between different biologic therapies.

Conclusions: We found no significant difference in disease control using concomitant treatment in our cohort. This raises the question of addition of concomitant medication at the beginning of biological therapy in difficult to treat patients. Further work is required in view of using concomitant therapy in helping manage difficult psoriasis or preventing anti-drug antibodies earlier on in the biologics journey.

