

# BIOLOGICAL THERAPIES

## What treatments are available for psoriasis?

At present there are three main ways to treat psoriasis

- with topical treatment (where the treatment is applied directly to the skin)
- with light treatments (using either UVB or UVA light usually in hospital) or
- with drugs (which can be taken either by mouth as tablets/medicine or by injection)

All these treatment options have side-effects. Also, some treatments may not help all patients and sometimes psoriasis can be so severe that even the strongest treatments do not work. For these reasons doctors have been trying to develop new, better, treatments for psoriasis which have very few side-effects and are safe for patients to take in the long term.

## What are biological agents?

There are many new drugs for psoriasis currently being developed. This is good news for psoriasis treatment and is thanks to an enormous amount of research work and to new techniques available to drug companies for drug development. These new drugs are referred to as "biological agents", or "biologics" in the USA, as they have been carefully designed to resemble human chemicals or proteins and to interrupt important steps in the development of psoriasis. These selective features also help reduce side-effects and increase safety.

## What new biological therapies are available?

Biological therapies are not widely available yet and many treatments are still at the clinical trial stage. However they are an exciting new advance in the therapy of psoriasis and likely have a big impact on future psoriasis treatment. Examples of some of the new biological therapies include:

- Alefacept: is effective in psoriasis when given once weekly by injection and has produced excellent improvement in psoriasis in approximately one third of patients in clinical trials.
- Eflalizumab: is given by injection. In trials half the patients treated achieved good clinical improvement and a quarter achieved excellent improvement.
- Etanercept and infliximab: are effective treatments for many immune-mediated diseases including rheumatoid arthritis and psoriasis. They work by blocking a chemical called TNF-a which is an important stimulant of skin inflammation. TNF-a is increased in psoriasis. In a trial of patients with severe psoriasis infliximab (given as an intravenous infusion) was highly effective in >80% of patients and etanercept (given as an injection into the skin) produced excellent improvement in a quarter of patients.

**There are a number of biological therapies in development. It is likely that they will change the way psoriasis is managed. The main potential drawback is cost to the NHS.**

## Dear PAA

I'm in my late twenties and have suffered with severe psoriasis since the age of seven. I tried most creams and treatments but all to no avail, I stopped all treatments at the age of sixteen and learnt to cope with it.

Over the last two years I started to suffer with a pain in my lower back and pelvis, as I am a young woman doctors assumed it must be a gynaecological problem. After two separate stays in hospital I was discharged and told it was definitely not a gynaecological problem, but they didn't know what it was.

After many trips to my GP they sent me to see a physiotherapist on my first visit the physiotherapist mentioned psoriatic arthritis I had never heard of this before. I have recently seen a rheumatologist who told me I have got psoriatic spondylitis. The pain has now spread to my neck hands arms legs and feet.

I would like to get in touch with other people who have got this condition who could contact me and help me learn and understand this condition to stop me thinking I am going insane and let me get on with living my life again.

Yours faithfully  
Donna Storrs

**Note from the Editor:** *if anyone would like to get in contact with Donna please send you letters to the PAA office and we'll forward them on.*

## Remedial camouflage make-up course

A new OCN accredited course over 11 weeks with Helen West. This course is ideal for anyone who wants to learn, assist a person with, or indeed has themselves a scar, birthmarks, disfigurement or unwanted tattoos. This course also complements the skills of make-up artists/beauticians who regularly meet people with these needs. All materials are provided.

**Course date: Friday 23rd April to 9th July 09.30-12.30**

**Further information contact Peter Symmonds Adult Continuing Education or e-mail [Helen@madeup.co.uk](mailto:Helen@madeup.co.uk)**