

LECTURE

Update on Psoriasis Therapy: A Perspective from the USA

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Abstract. Because physicians from different nations frequently acquire the use of a new medication at different times, the international exchange of experiences with the new medication is valuable in maximizing its efficacy worldwide. In recent years, many new therapeutic agents have been approved for treating psoriasis in the United States. These include the topical agent calcipotriol and the systemic agents acitretin and cyclosporine. In addition to new agents, a new therapeutic paradigm, sequential therapy, has been introduced recently. It is the hope of the authors that by sharing this paradigm and experiences with these agents in the United States, dermatologists in Japan may gain further insight into optimizing the use of these agents in the treatment of psoriasis. (*Keio J Med* 49 (1): 20–25, March 2000)

Key words: psoriasis, therapy, calcipotriol, acitretin, cyclosporine

Introduction

Practicing dermatologists from different nations can gain much insight through the scholarly exchange of ideas and experiences, especially since governments in different nations frequently approve the use of a given medication on different timetables. For example, cyclosporine (Neoral[®]) was approved for the treatment of skin disorders by the Japanese government many years before the Food and Drug Administration (FDA) approved it in the United States. Conversely, calcipotriol (Dovonex[®]) was approved in the United States many years before it was approved in Japan. Consequently, it is frequently the case that dermatologists in one country attain experience with and learn to use an agent creatively long before dermatologists in other countries have obtained permission to use it from their respective governments. Therefore, sharing collective clinical experiences can help dermatologists avoid making the same mistakes and allow an optimal regimen to be practiced sooner with a particular new agent. Moreover, the experience of dermatologists in different nations may differ due to different microcultures that exist in various countries. For example, it is well known that dermatologists in England are much more concerned about the possible long-term side effects of

stronger topical steroids than the dermatologists in the United States. Even if these dermatologists are analyzing the same set of data, their interpretations differ. To a British dermatologist, the American dermatologist's use of stronger topical steroid preparations may appear cavalier; while an American dermatologist may sometimes consider the British dermatologist as having a "steroidophobia." The following article presents the collective experience and perception of various newer agents for psoriasis in the United States. Some of the agents, such as calcipotriol, are scheduled to become available in Japan in the near future.

Calcipotriol

Calcipotriol first became available in the United States in 1994, on the average two years after its approval in Europe. In Europe, calcipotriol ointment was compared against betamethasone ointment in a double-blind, multi-centered, randomized trial and found to be superior to betamethasone valerate.¹ Since betamethasone valerate is not as widely used in the United States as in Europe, a multi-centered, randomized, double-blind trial was conducted in the United States comparing calcipotriol ointment with fluocinonide (Lidex[®]) ointment instead of betamethasone.² Surprisingly,

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