may be reserved for bedtime application. For Step 2, calcipotriol could then be applied daily; patients would only have to remember to apply halobetasol propionate on the weekends. Anecdotally, this simultaneous usage seems to work well, although clinical studies regarding the use of this mixture have yet to be performed.

Once patients understand the rationale behind this sequential therapy, they will generally feel that they have much better control of their disease. They may move back and forth along this scheme and adjust the therapy as needed, depending on whether their psoriasis is worsening or improving. Patients may even individualize treatments for certain plaques. Faster-responding lesions may progress through the steps more quickly, while more recalcitrant plaques are treated for longer periods in the earlier steps. Overall, the sequential therapy offers more flexibility and adaptability than the traditional approach of trying one agent after another in succession in the hopes of finding an effective agent.

Systemic sequential therapy

An example of sequential therapy using cyclosporine and acitretin is to start Step 1 or the clearing phase with the highest dermatological dose of cyclosporine to gain quick control over the disease. This step is then followed by the transition phase where acitretin is introduced to the regimen while still maintaining cyclosporine at the highest dermatological dose. Later in this transition phase, cyclosporine is slowly tapered off, while acitretin is maintained at the same dose to see if it will be an adequate long-term maintenance agent. If, during the maintenance phase (Step 3), acitretin proves to be inadequate in keeping the patient's psoriasis under control, PUVA or UVB phototherapy is introduced to reinforce the therapeutic effect. The patient would then be maintained on Re-PUVA or Re-UVB.

Conclusion

The experience with any particular therapeutic agent may differ from country to country due to the demographics of the patients, the accessibility of the population to the therapeutic agent, different micro-cultures of the dermatologists, etc. However, there is still value in exposing dermatologists from one nation to the experiences of dermatologists in another nation. Even though some of the experiences stated above may not be applicable to the practice of dermatology in Japan, it is the hope of the authors that understanding the United States experience may allow Japanese dermatologists to optimize the use of the above new agents more rapidly.

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