

**Position Statement
on
Maintenance Therapy for Psoriasis Patients
(Approved by the Board of Directors: August 18, 2012)**

1. Psoriasis is a chronic inflammatory, multi-system disease associated with considerable morbidity and co-morbid conditions. ¹⁻¹⁰
2. The severity of psoriasis is defined not only by extent of body surface area involvement, but also by involvement of localized body regions such as the flexures, hands, feet, facial, and genital regions which, may interfere significantly with activities of daily life and have a substantial psychological impact on one's personal well-being and ability to function in the workplace. ¹⁻⁹
3. Psoriatic arthritis usually manifests 5-10 years after skin presentation and can progress to significant deforming disease. It has been reported to occur in up to 42% of individuals with psoriasis. However, the likely true occurrence rate is closer to 30%. ¹⁻¹⁰
4. Patients with psoriasis also have an increased incidence of lymphoma, heart disease, obesity, type II diabetes, and the metabolic syndrome. Depression and suicide, especially in younger patients, smoking, and alcohol consumption are also more common in psoriasis patients. ¹⁻¹⁰
5. Psoriasis patients' perception of the physical and mental burden that the disease imposes on their life has been shown to be equal or greater than that of cancer, arthritis, hypertension, heart disease, diabetes and depression. ¹⁻¹⁰
6. There are a wide variety of treatments, available to psoriasis patients with topical therapy beneficial for patients with mild to moderate disease, and in conjunction with other treatment modalities for moderate to severe disease. ¹⁻⁹
7. Durability of response is variable and depends on individual response to any given treatment(s).
8. Phototherapy is a valuable treatment for patients with psoriasis. Maintenance phototherapy is usually necessary to maintain the clinical response. ^{5, 7-9, 11-14}
9. Systemic and Biologic therapy for patients with moderate-severe disease likewise will need to be continued to maintain improvement with the potential for also reducing co morbidities e.g. cardiovascular disease. ^{1, 2,4,6-9}
10. Interruption of any treatment modality may be associated with risks such as serious flares of disease and tachyphylaxis ^{3,4,6}
11. Long-term therapy of some kind is almost always a feature of treating psoriasis patients to improve clinical outcomes and quality of life for the patients.

References

1. Menter A, Gottlieb A, Feldman SR, Van Voorhees AS, Leonardi CL, Gordon KB, Lebwohl M, Koo JY, Elmets CA, Korman NJ, Beutner KR, Bhushan R. Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 1. Overview of psoriasis and guidelines of care for the treatment of psoriasis with biologics.
2. Gottlieb A, Korman NJ, Gordon KB, Feldman SR, Lebwohl M, Koo JY, Van Voorhees AS, Elmets CA, Leonardi CL, Beutner KR, Bhushan R, Menter A. Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 2. Psoriatic arthritis: overview and guidelines of care for treatment with an emphasis on the biologics. J Am Acad Dermatol 2008; 58:851-64. J Am Acad Dermatol 2008; 58:826-50.
3. Menter A, Korman NJ, Elmets CA, Feldman SR, Gelfand JM, Gordon KB, Gottlieb A, Koo JY, Lebwohl M, Leonardi CL, Lim HW, Van Voorhees AS, Beutner KR, Ryan C, Bhushan R. Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 3. Guidelines of care for the management and treatment of psoriasis with topical therapies. J Am Acad Dermatol 2009; 60:643-59.
4. Menter A, Korman NJ, Elmets CA, Feldman SR, Gelfand JM, Gordon KB, Gottlieb A, Koo JY, Lebwohl M, Leonardi CL, Lim HW, Van Voorhees AS, Beutner KR, Ryan C, Bhushan R. Guidelines of care for the management of psoriasis and psoriatic arthritis: section 4. Guidelines of care for the management and treatment of psoriasis with traditional systemic agents. J Am Acad Dermatol 2009; 61:451-85.
5. Menter A, Korman NJ, Elmets CA, Feldman SR, Gelfand JM, Gordon KB, Gottlieb A, Koo JY, Lebwohl M, Leonardi CL, Lim HW, Van Voorhees AS, Beutner KR, Ryan C, Bhushan R. Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 5. Guidelines of care for the treatment of psoriasis with phototherapy and photochemotherapy. J Am Acad Dermatol 2010; 62:114-35.
6. Menter A, Korman NJ, Elmets CA, Feldman SR, Gelfand JM, Gordon KB, Gottlieb A, Koo JY, Lebwohl M, Leonardi CL, Lim HW, Van Voorhees AS, Beutner KR, Ryan C, Bhushan R. Guidelines of care for the management of psoriasis and psoriatic arthritis: section 6. Guidelines of care for the treatment of psoriasis and psoriatic arthritis: case-based presentations and evidence-based conclusions.
7. Hsu S, Papp KA, Lebwohl MG, Bagel J, Blauvelt A, Duffin KC, Crowley J, Eichenfield LF, Feldman SR, Fiorentino DF, Gelfand JM, Gottlieb AB, Jacobsen C, Kalb RE, Kavanaugh A, Korman NJ, Krueger GG, Michelon MA, Morison W, Ritchlin CT, Stein Gold L, Stone SP, Strober BE, Van Voorhees AS, Weiss SC, Wanat K, Bebo BF Jr; National Psoriasis Foundation Medical Board. Consensus guidelines for the management of plaque psoriasis. Arch Dermatol. 2012 Jan; 148(1): 95-102.
8. Pathirana D, Ormerod AD, Saiag P, Smith C, Spuls PI, Nast A, Barker J, Bos JD, Burmester GR, Chimenti S, Dubertret L, Eberlein B, Erdmann R, Ferguson J, Girolomoni G, Gisondi P, Giunta A, Griffiths C, Hönigsman H, Hussain M, Jobling R, Karvonen SL, Kemeny L, Kopp I, Leonardi C, Maccarone M, Menter A, et. al. European S3-guidelines on the systemic treatment of psoriasis vulgaris. J Eur Acad Dermatol Venereol. 2009 Oct; 23 Suppl 2:1-70.
9. Papp K, Gulliver W, Lynde C, Poulin Y, Ashkenas J. Canadian Psoriasis Guidelines Committee. Canadian guidelines for the management of plaque psoriasis: overview. J Cutan Med Surg. 2011 Jul-Aug; 15(4):210-9.
10. Gelfand JM, Troxel AB, Lewis JD, Kurd SK, Shin DB, Wang X, Margolis DJ, Strom BL. The risk of mortality in patients with psoriasis: results from a population-based study. Arch Dermatol. 2007 Dec; 143(12): 1493-9.
11. Boztepe G, Karaduman A, Sahin S, Hayran M, Kölemen F. The effect of maintenance narrow-band ultraviolet B therapy on the duration of remission for psoriasis: a prospective randomized clinical trial. Int J Dermatol. 2006 Mar; 45(3): 245-50.
12. Stern RS. Long-term use of psoralens and ultraviolet A for psoriasis: evidence for efficacy and cost savings. J Am Acad Dermatol. 1986 Mar; 14(3): 520-6.
13. Boer J, Hermans J, Schothorst AA, Suurmond D. Comparison of phototherapy (UV-B) and photochemotherapy (PUVA) for clearing and maintenance therapy of psoriasis. Arch Dermatol. 1984 Jan; 120(1): 52-7.
14. Melski JW, Stern RS. Annual rate of psoralen and ultraviolet-A treatment of psoriasis after initial clearing. Arch Dermatol. 1982 Jun; 118(6): 404-8.
15. Melski JW, Tanenbaum L, Parrish JA, Fitzpatrick TB, Bleich HL. Oral methoxsalen photochemotherapy for the treatment of psoriasis: a cooperative clinical trial. J Invest Dermatol. 1977 Jun; 68(6): 328-35.

This Position Statement is provided for educational and informational purposes only. It is intended to offer physicians guiding principles and policies regarding the practice of dermatology. This Position Statement is not intended to establish a legal or medical standard of care. Physicians should use their personal and professional judgment in interpreting these guidelines and applying them to the particular circumstances of their individual practice arrangements.