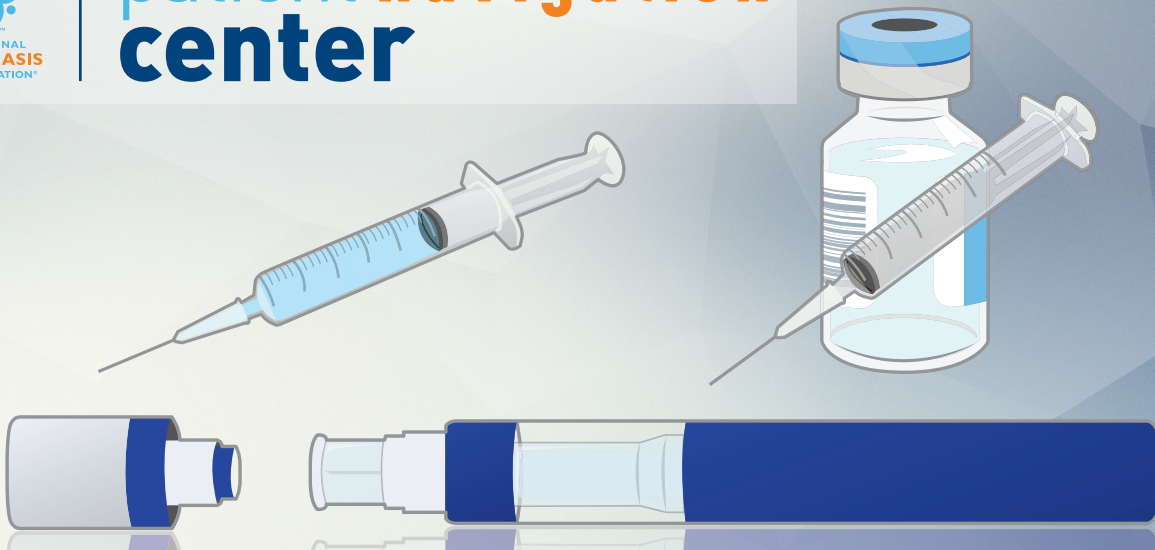


Handout A



patient navigation center



Humira (adalimumab)

Humira is the trade name for the biologic adalimumab. It is a biologic medicine. Biologics are made from living sources such as human, animal or bacteria cells. Humira is used to treat psoriasis and psoriatic arthritis (together called psoriatic disease).

How effective is it?

Humira helps to stop inflammation in the skin, joints and tendons and reduce psoriasis and psoriatic arthritis symptoms.

A clinical trial is a research study used to determine how safe and effective a new treatment is. This often is done to compare the new treatment with a placebo (an inactive pill, liquid or powder that has no treatment value).

In clinical trials:

- 78 percent of adults with psoriasis experienced at least a 75 percent improvement after 3 months
- 57 percent of adults with psoriatic arthritis experienced at least a 20 percent improvement after 6 months

Treating your psoriatic disease is important for disease management, reducing your risk for comorbidities (related health conditions) and improving your overall health and quality of life. Keep in mind that each person responds differently to treatments. Speak with your health care provider about what treatment may be most appropriate.

Fast facts about Humira

- Was approved by the U.S. Food and Drug Administration for treating adults with psoriatic arthritis in 2005 and moderate to severe plaque psoriasis in 2008
- Works by targeting the cytokine (a type of protein involved in the immune system) called tumor necrosis factor-alpha (TNF-alpha)
- Is available by prescription and is given as a self-injection (a shot that you give yourself); help and training is offered for self-injections
- Is meant to be taken long-term

Financial assistance

AbbVie provides financial support and other resources for people taking Humira. For more information, call 800-448-6472 or visit

Humira.com.

How does it work?

Biologics for psoriatic disease work by targeting a specific part of the immune system that is overactive.

Your immune system protects your body from illness and infections. With psoriatic disease, the immune system is overactive. This causes inflammation of the skin and speeds up skin cell growth. It also causes inflammation in joints, tendons and ligaments in psoriatic arthritis.

Who can take it?

People over the age of 18 with moderate to severe plaque psoriasis or psoriatic arthritis can take Humira. Speak with your health care provider if you are pregnant or breastfeeding, or are planning to become pregnant.

Who should not take it?

You should not take Humira if you have an active serious infection or a history of frequent infections.

What are the risks?

There is the risk for an allergic reaction and an increased risk for infections. This is because the treatment is causing some immunosuppression (lowering the function of the immune system). If you notice any sign of infection, speak with your health care provider right away. Before starting Humira, you will be screened for latent (non-active) tuberculosis (TB), Hepatitis B & C, and HIV (human immunodeficiency virus). Avoid receiving live vaccines while taking Humira.

There have been rare reports of:

- Fungal infection
- Hepatitis B reactivation
- Low blood count
- Lupus-like syndrome
- Malignancies
- Nervous system problem (e.g. multiple sclerosis)
- New or worsening heart failure

Speak with your health care provider if you develop a fever or chest pains that do not go away, shortness of breath, sudden weight gain or swelling of your ankles or feet.

Common side effects

In clinical trials, the most common side effects associated with Humira are:

- **Infections such as the flu, sinus infections or upper respiratory infections:** 17% of patients with psoriasis treated with Humira reported infections (compared to 13% of patients treated with a placebo)
- **Headaches:** 12% of patients with psoriasis treated with Humira reported headaches (compared to 8% of patients treated with a placebo)
- **Rash:** 12% of patients with psoriasis treated with Humira reported rashes (compared to 6% of patients treated with a placebo)
- **Injection site reactions:** 8% of patients with psoriasis treated with Humira reported injection site reactions (compared to 1% of patients treated with a placebo)

These side effects happen most often after the first dose and may decrease after additional doses or over time. The side effects are generally mild and do not cause most people to stop taking Humira. During clinical trials, 7% of patients stopped taking Humira due to side effects (compared to 4% of patients treated with a placebo).

Keep in mind that side effects observed in clinical trials may not predict actual rates of side effects.

What should I do next?

Contact our Patient Navigation Center to find providers, discuss treatments and get help with accessing treatments (find contact information below)

6600 SW 92nd Ave., Suite 300 | Portland, OR 97223-7195
800-723-9166 | education@psoriasis.org | www.psoriasis.org/navigationcenter

National Psoriasis Foundation educational materials are medically reviewed and are not intended to replace the counsel of a physician. The Foundation does not endorse any medications, products or treatments for psoriasis or psoriatic arthritis and advises you to consult a physician before initiating any treatment.

Handout B



Portland Office
6600 SW 92nd Avenue, Suite 300
Portland, OR 97223

D.C. Office
1800 Diagonal Road, Suite 360
Alexandria, VA 22314

800-723-9166 | education@psoriasis.org | www.psoriasis.org

ABOUT Psoriasis and Psoriatic Arthritis

Diagnosis • Symptoms • Triggers • Treatments



Psoriasis

What is psoriasis (sore-EYE-ah-sis)?

Psoriasis is a chronic (lifelong) disease. It is related to the immune system. This means that immune system activity plays a role in causing the disease. When you have psoriasis, your immune system becomes overactive.

The National Psoriasis Foundation's mission is to drive efforts to cure psoriatic disease and improve the lives of those affected.

The overactive immune system causes inflammation (swelling and redness) of the skin and speeds up skin cell growth. This results in itchy or painful, scaly, inflamed plaques (patches) on your skin.

Psoriasis is not contagious. You can't catch it from anyone. It tends to run in families, so it is linked to genes you inherit. The link between genes and psoriasis is not yet fully understood.

Psoriasis affects over 8 million people in the United States. Symptoms often start between ages 15 and 25. But they can start at any age. Men, women and children of all skin colors and income levels can have psoriasis.

Psoriasis varies from person to person. It can be mild, moderate or severe, and easy or hard to treat. It affects your quality of life. It can limit your activities, cause constant pain and itch, lead to depression, and raise your risk for diabetes and heart disease. You may be self-conscious about how you look when you have a flare (sudden outbreak of symptoms).

There is no cure for psoriasis. But there are many ways to treat it and manage symptoms. Treatment is the best way to improve your quality of life and lower your risk of related diseases.

To treat your psoriasis, talk with a health care provider. Your health care provider can be a doctor, nurse or other medical professional. It's best to talk with someone who specializes in psoriasis. This can be a dermatologist (skin doctor) or a medical professional who has experience treating people with psoriasis.

What is this booklet about and who is it for?

The **About Psoriasis and Psoriatic Arthritis** booklet is part of a series of educational materials for people with psoriasis and psoriatic arthritis (together called psoriatic disease). The series is also for their friends, family members and caregivers.

This booklet gives an overview of psoriasis and psoriatic arthritis and answers questions such as:

- What causes psoriatic disease?
- Is psoriatic disease the same for everyone?
- Are psoriasis or psoriatic arthritis linked to other diseases?
- What are the treatment options for psoriatic disease?

Health care providers who have experience treating psoriatic disease have reviewed this booklet and feel it is correct, safe and helpful.

However, people with psoriasis and psoriatic arthritis are not all alike. They have different backgrounds, habits and medical histories. Each person may respond to treatments differently and at different times.

If you have questions or concerns about this booklet, talk with your health care provider. Or contact our Patient Navigation Center:

- Phone: 800-723-9166
- Email: education@psoriasis.org
- Website: psoriasis.org/navigationcenter

What causes psoriasis?

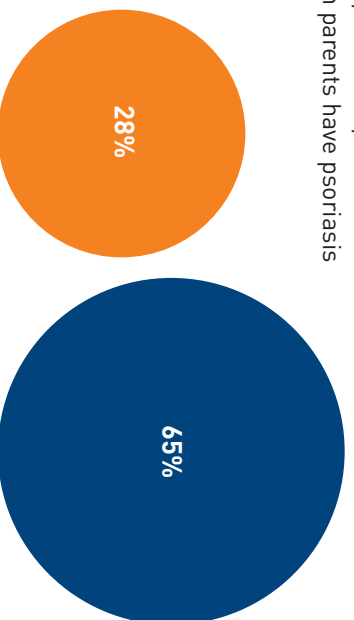
No one is sure what causes psoriasis. Normally, your immune system fights illnesses and infections. When you have psoriasis, your immune system overacts when you experience a trigger (discussed on page 5). This causes inflammation of the skin and speeds up skin cell growth. Normal skin cells completely grow and shed (fall off) in a month. Psoriatic skin cells do this in only 3 or 4 days. Instead of shedding, these cells pile up at the surface. This forms psoriasis lesions (abnormal changes to the skin in the form of plaques, pustules or areas of redness and swelling).

Genes also play a role. But even though psoriasis runs in families, people with no family history also have it. And people with a family history may never get the disease.



Odds that a child will develop psoriasis

- One parent has psoriasis
- Both parents have psoriasis



How do you know you have psoriasis?

Your health care provider will examine your skin, nails and scalp to make the diagnosis. You may also have a biopsy. In the biopsy, a small skin sample is removed and studied under a microscope.

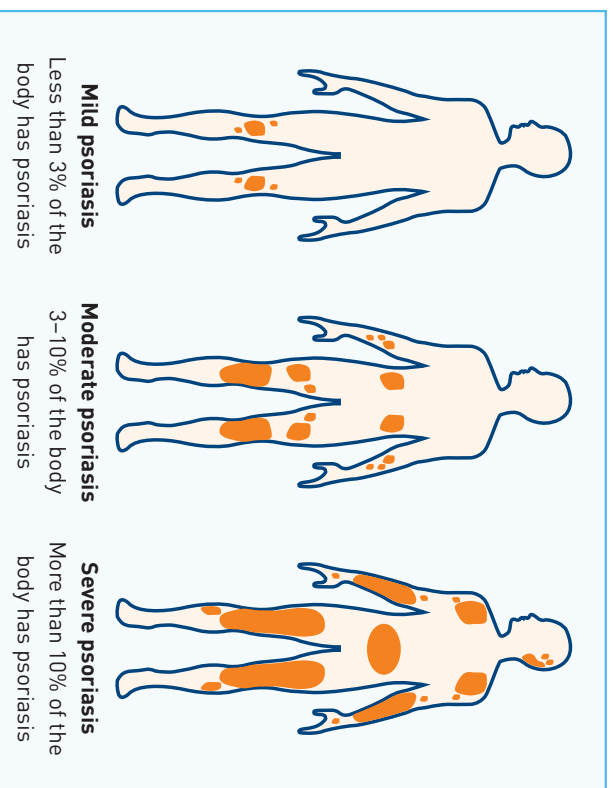
Signs of psoriasis include plaques on the skin or changes in nails, such as indents or nail discoloration. Plaques often appear on the scalp, knees, elbows and torso. They can also be on the palms of the hands, soles of the feet, genital area or face. There can be a few small patches or large areas affected.

There are 5 main types of psoriasis. People with psoriasis may have more than one type.

- Plaque** [plak] has raised patches of inflamed skin with scales. For some people, this may appear red with silvery white scales. For others, this may look more like a purple color. Plaque is the most common type of psoriasis.
- Guttate** [GUH-tate] has small, round spots that you may get after infections like strep throat.
- Pustular** [PUS-choo-ler] has pustules (pus-filled, painful bumps) that flare up on the palms, soles or other areas of the body. If you have a severe pustular flare, visit your health care provider right away.
- Inverse or intertriginous** [in-ter-TRIJ-i-nus] has inflamed, deep redness that is smooth in body folds such as underarms, under breasts, in the genital area and buttocks.
- Erythrodermic** [eh-REETH-ro-der-mik] has intense redness and shedding of skin layers. This type often covers nearly the whole body. If you have an erythrodermic flare, visit your health care provider right away.

Is psoriasis the same for everyone?

Psoriasis differs from person to person. Psoriasis severity can be measured by how much it affects your body. How can you tell? As a rule of thumb, the entire hand (the palm, fingers and thumb) is equal to about 1% of your body surface area.



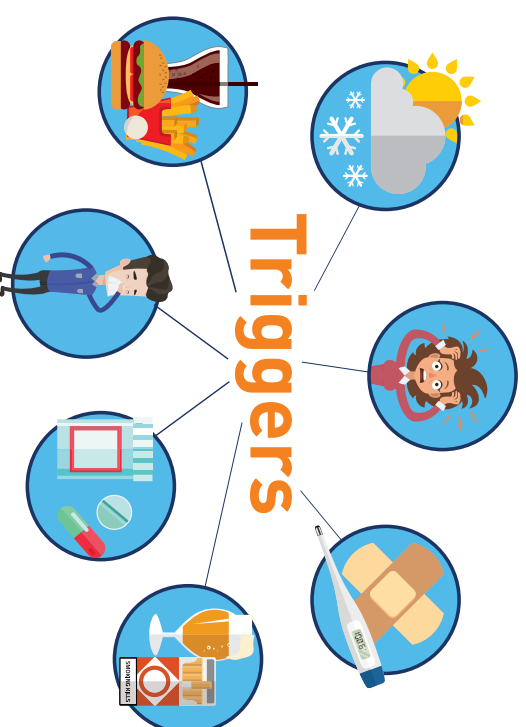
Other factors to consider when measuring severity include the areas affected and how much it impacts your quality of life. Psoriasis can be severe even if it's only on a small area of skin, like your hands, feet, face or genital area.

Psoriasis can change over time. Some people rarely have symptoms. Others have symptoms all the time. Symptoms can get better or worse, last a short or long time, and appear on different parts of the body at different times.

What triggers a psoriasis flare?

Psoriasis triggers vary. Understanding what triggers your psoriasis symptoms to flare can help you manage your disease. Speak with your health care provider about ways to avoid or reduce your triggers.

For some people, stress, infections, tobacco or alcohol use may cause flares. Starting or stopping some medicines may also cause flares. Allergies, diet and changes in the weather may cause flares for some, but this is not scientifically proven.



Some medicines may also be connected to psoriasis symptoms or flares:

- Anti-malarial medicines
- Anti-TNF blockers
- Interferons
- Lithium
- Prednisone and other steroids (when stopped)
- Some blood pressure medicine (beta blockers)

Skin injuries may trigger flares. This is called the Koebner [KEB-ner] phenomenon. This can happen with a bug bite, sunburn, scratch or even needle puncture. Try not to scratch or pick at a psoriasis lesion.

Check with your health care provider for treatment options if you take the medicines listed above.

Is there a cure for psoriasis?

There is no cure right now. But researchers are trying to learn how the risk for psoriasis is inherited and how it affects the immune system. This may someday lead to a cure.

However, there are many safe and effective treatments to lessen your symptoms or help you achieve remission (clearance of your symptoms for periods of time). How psoriasis responds to treatment differs from person to person. Finding the treatment that gives you the most relief from symptoms may take time. But reducing your symptoms or achieving remission is possible.

Speak with your health care provider about your psoriatic treatment goals.



Is psoriasis linked to other diseases?

Psoriasis is linked to comorbidities (other related health conditions). Having a primary care physician (also called PCP or general practitioner) is necessary for your overall health.

Your PCP plays an important role in:

- Treatment of acute (short-term) illnesses
- Regular check-ups for signs or symptoms of comorbidities
- Referring you to specialists

Recent studies show that people with psoriasis are at higher risk for the following comorbidities:

- Certain types of cancer, such as lymphoma and non-melanoma skin cancer
- Depression
- Heart disease including heart attack and stroke
- Inflammatory arthritis such as psoriatic arthritis, rheumatoid arthritis or others
- Inflammatory bowel disease
- Inflammatory eye disease
- Metabolic syndrome, which includes high blood pressure and high blood sugar level, extra body fat around the waist and high cholesterol
- Obesity
- Other immune-related conditions such as celiac disease
- Type 2 diabetes
- Vitamin D deficiency

Psoriasis can also cause emotional distress, mood changes and low self-esteem. You may feel self-conscious and limit your activities. You may even avoid being with people. It's important to get treatment with a mental health professional if you feel depressed. A mental health professional may be a counselor, social worker, therapist, psychologist or psychiatrist.

Psoriatic Arthritis

What is psoriatic arthritis?

Psoriatic arthritis is a chronic disease. Like psoriasis, it is also related to the immune system. This means that immune system activity plays a role in causing the disease. Psoriatic arthritis causes swelling, pain and stiffness in your joints and in areas where your tendons and ligaments connect to bone. It is not contagious. This means you can't catch it from or spread it to other people.

About 1 in 3 people with psoriasis develop psoriatic arthritis. It can start at any age, but often appears between ages 30 and 50. Psoriatic arthritis can start at any time after skin psoriasis. For most people, it starts about 10 years after psoriasis begins. But it can also start before skin symptoms develop.

To treat your psoriatic arthritis, talk with a health care provider. It's best to talk with someone who specializes in psoriatic arthritis. This can be a rheumatologist (arthritis doctor) or a medical professional who has experience treating people with psoriatic arthritis.

What causes psoriatic arthritis?

As with psoriasis, no one knows for sure what causes psoriatic arthritis. Most of the time it is found in people who already have psoriasis.

Genes also play a role in psoriatic arthritis. Even though psoriatic arthritis runs in families, people with no family history can have it. And people with a family history may never get the disease.

How do you know you have psoriatic arthritis?

There is no single test that can diagnose psoriatic arthritis. Sometimes, psoriatic arthritis may be incorrectly diagnosed as other types of arthritis or another condition. However, psoriatic arthritis has unique characteristics and symptoms that can help with getting the correct diagnosis.

Your health care provider will examine your symptoms:

- Stiffness, pain, swelling and tenderness in joints
- Stiffness of joints, tendons or ligaments when waking up or after being at rest
- Reduced range of motion in joints
- Tendon tenderness, pain and swelling in areas such as the bottoms of the feet, heels, hips or spine
- Fatigue (tiredness or exhaustion)
- Swollen fingers and toes
- Asymmetric joint symptoms (not the same on the right and left sides of the body)
- Nail changes like separation from nail bed, pitting or the appearance of a fungal infection
- Uveitis (inflammation of the eye that causes swelling, pain and redness)

Talk with your health care provider about your symptoms, especially if you have a family history of psoriasis or psoriatic arthritis. Your health care provider will look at your skin, nails and joints. You may have X-rays, an MRI, an ultrasound and blood tests to rule out other diseases.

When should you get treatment for your psoriatic arthritis?

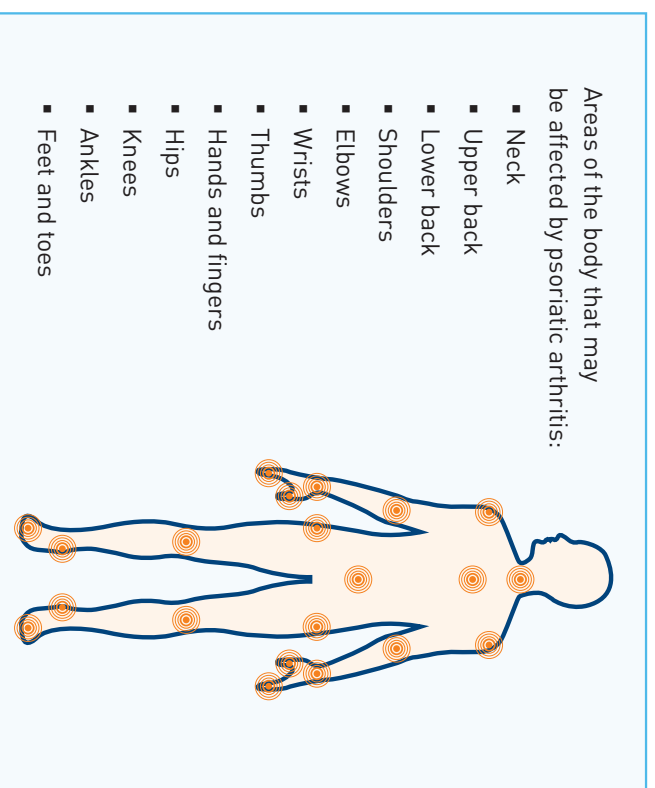
Untreated psoriatic arthritis can cause permanent joint damage. It is important to start treatment of psoriatic arthritis as soon as possible. Early diagnosis and treatment can help slow the disease and control symptoms. It can help keep your joints healthy, improve your range of movement, lessen your pain and tiredness, and prevent permanent joint damage.

Is psoriatic arthritis the same for everyone?

No. Like psoriasis, psoriatic arthritis can range from mild to severe. Your health care provider can help you find the best treatment plan based on how severe your psoriatic arthritis is.

Psoriatic arthritis causes pain, swelling and stiffness in joints. It can involve the peripheral joints (arm and leg joints such as elbows, wrists, hands, feet, fingers and toes). Or, less often, it affects the spine, hips and shoulders.

For many people, medicines, stress management, exercise, losing weight and physical therapy can help lessen the pain and symptoms of psoriatic arthritis.



What are psoriatic arthritis triggers?

Psoriasis triggers may also affect psoriatic arthritis. Stress or injury, especially to the joints, can make psoriatic arthritis worse.

Other triggers include medicines such as anti-malarials, lithium, beta blockers and some heart medicines. Food and diet can also play a role. Go to page 22 for more about diet and nutrition.

Is there a cure for psoriatic arthritis?

There is no cure right now. But as with psoriasis, researchers are looking for a cure. There are treatments to help lessen symptoms and lower your risk for joint damage and disability.

Is psoriatic arthritis linked to other diseases?

Researchers are still working to answer this question. Because so many people who have psoriatic arthritis also have psoriasis, people with either condition may be at risk for the same diseases.

Go to page 7 for more about diseases linked to psoriasis and psoriatic arthritis.

This booklet introduces you to psoriatic arthritis. To learn more, read our **Psoriatic Arthritis** booklet.

Treatments

There are safe and effective treatment options for psoriatic disease. Treatments for psoriasis can reduce symptoms like inflammation and help you achieve clearance or remission. For psoriatic arthritis, treatments can reduce joint pain, keep your joints working well and prevent future joint damage.

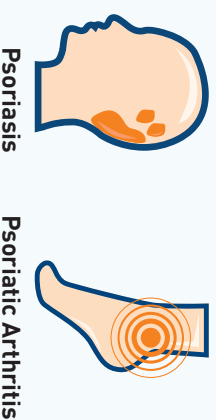
Talk with your health care provider. It is best to talk with a dermatologist or rheumatologist.

Your health care provider will recommend treatments based on:

- Whether you have psoriasis or psoriatic arthritis
- Whether your psoriatic disease is mild, moderate or severe
- Your reaction to a treatment

This booklet introduces you to psoriatic disease treatments. For more details about some treatments, read our booklet **Systemic Treatments: Biologics and Oral Treatments**.

These symbols show if a treatment is for psoriasis, psoriatic arthritis or both. To learn more, go to **psoriasis.org**.



Many treatments for psoriasis are also used to treat psoriatic arthritis. You can buy some over-the-counter (OTC) at pharmacies or health food stores. Others need a prescription.

In 2016, the National Psoriasis Foundation Medical Board published the first U.S. defined treatment targets for psoriasis. More information about these targets is available for patients and health care providers at **psoriasis.org/treat-to-target**. These treatment targets can help you to know what to expect from your treatments. They can also help you set personal goals for managing your psoriasis.

The following are the defined treatment targets for psoriasis:

Time after starting a new treatment plan	Treatment target
3 months	Less than 1% of your body affected by psoriasis*
6 months	Less than 1% of your body affected by psoriasis

*It may be acceptable to have less than 3% of your body affected by psoriasis (or have experienced 75% improvement) at this time.

You and your health care provider can use these treatment targets to decide if a treatment is working well for you. If your treatment is not meeting your goals, keep working with your health care provider. Speak with your health care provider about other treatment options. This might mean increasing your treatment dosage, adding another treatment or switching treatments.

Other organizations have developed treatment targets for psoriatic arthritis. We recommend that you speak with your health care provider about treatment targets that are most appropriate for your psoriatic disease.

Finding the treatment that gives the most relief from symptoms may take time. No one treatment works for everyone. Some treatments work for a while and then stop. Some treatments work better combined. Speak with your health care provider about potential benefits, side effects or risks if you have concerns.

The pages that follow list treatment options for psoriasis and psoriatic arthritis.

BioLOGics and biosimilars

BioLOGics are medicines made from living sources such as human, animal or bacteria cells. The first biologic used for treating psoriatic disease was approved in 2002 by the U.S. Food and Drug Administration (FDA).

BioLOGics, including biosimilars, target proteins in the immune system that play a role in psoriasis and psoriatic arthritis. They are given as an injection (shot) or by IV infusion (a slow drip of medicine into your vein). There are currently 5 types of bioLOGics for treating psoriatic disease. They are categorized after the specific parts of the immune system that they target and inhibit (block or lessen).

This section discusses the bioLOGics used for treating psoriasis and psoriatic arthritis. The trade name is listed first, followed by the name of the biologic in parenthesis.

- Cimzia (certolizumab pegol)
- Enbrel (etanercept)
- Humira (adalimumab)
- Remicade (infliximab)
- Simponi (golimumab)

Biosimilars are a type of biologic medicine. Like bioLOGics, biosimilars are medicines made from living sources. Biosimilars are modeled after an already approved biologic (also called the "reference product"). They are highly similar to bioLOGics in how they treat psoriasis and psoriatic arthritis. There is a different approval process for biosimilars compared to other medicines. However, FDA standards ensure that approved biosimilars are just as safe and effective as their biologic reference products. Researchers will learn more about their safety and efficacy as they are used.

Tumor necrosis factor- α (TNF- α) inhibitors

- There are now 5 approved biosimilars. They may be available for health care providers to prescribe:
- Amjevita and Cyltezo are biosimilars to Humira
 - Erelzi is a biosimilar to Enbrel
 - Inflectra and Renflexis are biosimilars to Remicade

Interleukin 12 and 23 (IL-12/23) inhibitors

- Stelara (ustekinumab)

Interleukin 17 (IL-17) inhibitors

- Cosentyx (secukinumab)
- Siliq (brodalumab)
- Taltz (ixekizumab)

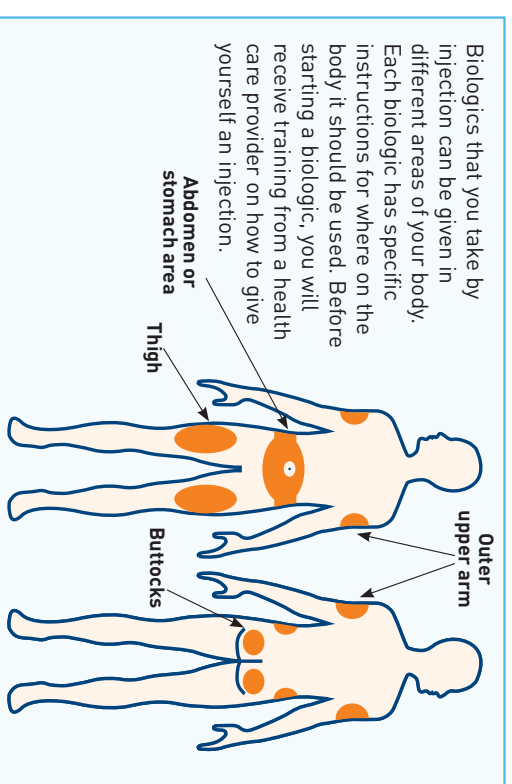
Interleukin 23 (IL-23) inhibitors

- Tremfya (guselkumab)

T cell inhibitors

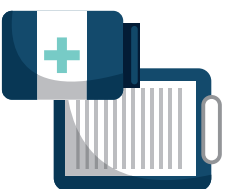
- Orencia (abatacept)

BioLOGics, including biosimilars, are among the most effective treatments if you have moderate to severe psoriasis or psoriatic arthritis. Your psoriatic symptoms will show greatest improvement by 3 to 4 months. For some people, it may take longer for symptoms to reduce or clear. Ask your health care provider if bioLOGics will help your psoriatic disease.



Oral treatments

Taken by mouth, oral treatments can affect your whole body. They treat the body from the inside out. They are usually used for people with moderate to severe psoriasis or psoriatic arthritis.



This section discusses oral treatments

that can be used for psoriasis or psoriatic arthritis. For some, the brand name is listed first, followed by the generic form in parentheses.

Some of the treatments listed here may also be available as injections.

Cyclosporine



This medicine suppresses (lowers the function of) parts of the immune system. It slows down psoriasis. Cyclosporine is **not** recommended for long-term treatment of psoriasis. Only in special cases should you use cyclosporine for more than several months.

Methotrexate



This medicine suppresses parts of the immune system to slow down psoriasis and psoriatic arthritis.

Non-steroidal anti-inflammatory drugs (NSAIDs)



NSAIDs can help relieve the pain, swelling and stiffness of psoriatic arthritis.

Some are available as OTC and others are available by prescription only. NSAIDs sold OTC include aspirin, ibuprofen (Advil or Motrin) and naproxen sodium (Aleve). Speak with your health care provider about whether prescription NSAIDs are appropriate for your psoriatic arthritis.

Otezla (apremilast)



This medicine acts on immune cells. It reduces the overactive immune response that causes inflammation in psoriasis and psoriatic arthritis. Otezla can reduce flaking, scaling, and joint tenderness and swelling.

Soriatane (acitretin)



Soriatane is an oral retinoid. It is a synthetic (man-made) form of vitamin A. Retinoids help control how fast skin cells grow and shed. This helps reduce psoriasis plaques. Oral retinoids are often used to help make phototherapy more effective.

Sulfasalazine



Sulfasalazine is a medicine that combines anti-inflammatory and antibiotic treatments. It is sometimes used to treat psoriasis. It may be only mildly effective for treating plaque psoriasis.

Many people cannot take sulfasalazine because of a sulfa allergy or because of side effects such as nausea, vomiting and loss of appetite.

Systemic steroids



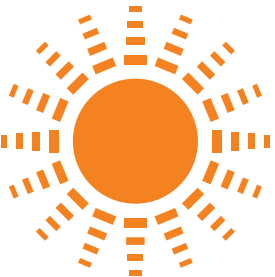
Systemic steroids are anti-inflammatory medicines that act on your whole body. Systemic steroids are **not** recommended for long-term treatment of psoriasis or psoriatic arthritis. This is due to possible side effects and risks of long-term use.

They can be taken in pill form or injected into the muscle. Low-dose steroid injections into inflamed joints and around tendons may relieve swelling. They may also improve your range of motion and psoriasis symptoms.

Systemic steroids are not often used for psoriasis unless they are given as an injection into a psoriasis plaque or lesion during a flare. Using systemic steroids to treat psoriasis sometimes makes the disease worse. For example, they may cause flares of pustular psoriasis in people who never had this before.

Phototherapy

Phototherapy uses ultraviolet light to treat psoriasis under the care of a health care provider. Ultraviolet light A (UVA) and ultraviolet light B (UVB) are in natural sunlight. Treatments can be given in a health care provider's office, psoriasis clinic or at home with supervision. Phototherapy light is different from tanning booth light. You should not use a tanning booth to treat psoriasis. To learn more, read our **Phototherapy** booklet.



Phototherapy uses ultraviolet light to treat psoriasis.

Phototherapy treatments include:

UVB

There are 2 types of UVB treatments: broad band and narrow band. Several studies show that narrow-band UVB clears psoriasis faster and works for longer than broad-band UVB. Narrow-band UVB may work with fewer treatments each week than broad-band UVB.

UVB excimer laser

The excimer laser is a small (less than 1-inch across), intensely focused beam of narrow-band UVB light. It can be targeted at a psoriasis lesion. It may take several sessions to clear an area. It's recommended for those with psoriasis on specific areas of the body rather than many areas.

Sunlight

Being in noontime sun for short periods can help. Ask your health care provider how many minutes to start with. Ask how to increase the time slowly if your skin tolerates it. To get the most benefit from the sun, all affected areas should get an equal amount of sunlight (your provider will suggest an exact amount). It may take several weeks or longer to notice improvement.

Avoid being in the sun too long. Avoid sunburn. Have a dermatologist check you regularly for sun damage.

PUVA

PUVA combines UVA phototherapy with a medicine (called psoralen) that makes you more sensitive to light. UVA doesn't work as well alone. Psoralen can be taken by mouth or put on your skin before treating with UVA.

UVB is safer and easier than PUVA. Long-term use of PUVA raises the risk of skin cancers, cataracts and premature aging of the skin. PUVA is not often offered or used anymore because of the risks. However, following treatment guidelines and having regular check-ups for skin cancers and eye exams can help detect early signs of symptoms and reduce risks.

PUVA can be used for people with severe plaque psoriasis on the hands and feet or with guttate psoriasis.

Topical treatments

Topical treatments come in many forms. They treat affected areas directly on the skin. To learn more, read our **Topical Treatments** booklet.

PRESCRIPTION TOPICALS

Topical steroids

Topical corticosteroids (steroids) can help control symptoms that affect less than 5% of the body. Steroid strengths range from mild to super potent. Steroid treatment depends on where and how much of the body is affected. Steroids come in ointments, creams, solutions, gels, lotions, foams, shampoos, tapes and sprays. They come in brand names and generics. Using too much of a topical steroid for a long period of time, even an OTC one, can harm the skin. Talk with your health care provider about all of the medicines you are using, including OTC medicines.

Tacrolonex and Enstilar (calcipotriene and betamethasone dipropionate)

These prescription solutions have calcipotriene (a form of vitamin D3) and the strong steroid betamethasone dipropionate. They work together to slow skin cell growth and reduce inflammation and itch.

Tazorac (tazarotene)

This comes from vitamin A. It belongs to a group of medicines called topical retinoids. It comes in a gel or cream. This topical can be used on the face, scalp and nails.

Vitamin D-based medicines

These slow skin cell growth rate, flatten psoriasis plaques, and remove scales.

- Dovonex (calcipotriene) is a synthetic form of vitamin D3. It comes in an ointment and scalp solution.
- Vectical (calcitriol) is a natural form of vitamin D3. It comes in an ointment.

Zithranol-RR (anthralin)

Anthralin treats plaque psoriasis. It slows the rapid growth of skin cells from plaque psoriasis.

Other prescription topicals

Treatments for other skin conditions sometimes help with psoriasis. Protopic (tacrolimus) and Elidel (pimecrolimus) are non-steroidal, anti-inflammatory treatments for eczema. Some people find them helpful for psoriasis in sensitive areas, such as the face, genital area and skin folds.



Usually, the amount of topical that fits on your fingertip is enough to treat an area the size of your hand.

OTC TOPICALS

Salicylic acid

This ingredient found in topicals helps remove scales. It is often recommended for use with topical steroids, anthralin or tar. It comes in OTC and prescription strength.

Tar

Coal tar and pine tar come in creams, lotions, ointments, shampoos and bath solutions. They can help slow rapid growth of skin cells. They reduce inflammation, itching and scaling. They are also used with other topicals and phototherapy.

Other OTCs

Many other OTC topicals soothe and repair damaged skin and reduce itch. Moisturizing psoriasis plaques and lesions with body lotions, creams, bath soaks or salves can help with itching, scaling and dryness.

The FDA has approved these OTC treatments to lessen itch, but they can increase irritation and dryness in some people:

- Benzocaine
- Calamine
- Camphor
- Hydrocortisone (a weak topical corticosteroid)
- Menthol

Please keep in mind that even natural ingredients can cause side effects or allergic reactions. Stop use if they irritate your skin. Always talk with your health care provider before you add a treatment to your treatment plan.

Other approaches

Complementary and integrative health is another approach for treating psoriasis and psoriatic arthritis.

There are many different complementary and integrative health approaches. They include natural products, mind and body practices and other treatment methods. Some examples are pain management and health promotion such as dietary and lifestyle changes.

Like other treatments, these approaches may not work for everyone. Look for a licensed complementary and integrative health care provider. Ask your health care provider about dietary supplements you may be taking.

Complementary and integrative health approaches include:

Diet and nutrition

A balanced diet is an important part of a disease management plan and overall health. This may include eating whole and unprocessed foods. It may also include leaving out foods that may be linked to inflammation.

There is no scientific evidence that any specific diet can improve psoriatic symptoms for everyone. Speak with your health care provider before making any changes to your diet.



Naturopathy

Naturopathy, also called naturopathic medicine, focuses on your overall health instead of just treating the disease. Naturopathic health care providers use natural products, prescription medicines, lifestyle counseling and other methods to help you get and stay healthy.

Stress management

Because stress can trigger psoriasis and psoriatic arthritis symptoms, some health care providers recommend lowering stress levels. Stress reduction therapies that may help include acupuncture, aromatherapy, meditation and exercise such as yoga and tai chi.



Supplements

There are many reports that certain supplements improve psoriasis and psoriatic arthritis. Vitamin D and omega-3 fish oil especially may help psoriatic disease and related conditions such as heart disease and diabetes.



Next Steps

Talk with your health care provider

Psoriasis and psoriatic arthritis are chronic conditions that need lifelong treatment. The good news is there are many treatments to help you manage these conditions. Make an appointment to talk with your health care provider about your symptoms and treatment options.

Contact our Patient Navigation Center

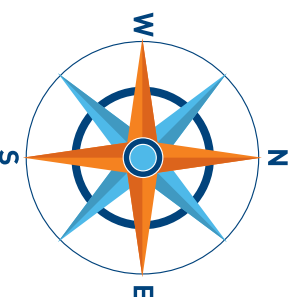
Have a question about psoriasis or psoriatic arthritis? The Patient Navigation Center provides free guidance to all people impacted by psoriatic disease.

We can help you:

- Find a health care provider
- Learn about new treatments
- Deal with insurance issues
- Find financial help for treatments
- Connect with others living with psoriatic disease

You can reach our navigators by phone, email, text and instant chat. They will give you one-on-one support on your journey to better health!

[Go to psoriasis.org/navigationcenter](https://www.psoriasis.org/navigationcenter).



Want more information?

Learn about the following topics in the other booklets in this series:

- Psoriatic arthritis, including how to manage flares and chronic pain
- Psoriatic disease in children and young adults
- Treatment options, including biologics and oral treatments, phototherapy and topicals
- Working with your health care providers, including how to find specialists and preparing for appointments

The National Psoriasis Foundation (NPF) is a 501 (c) (3) organization governed by a Board of Directors and advised on medical issues by a Medical Board.

NPF's educational materials are reviewed by members of our Medical Board and are not intended to replace the counsel of a physician.

NPF does not endorse any medicines, products or treatments for psoriasis or psoriatic arthritis and advises you to consult a physician before initiating any treatment.

Treatment Updates

Today's researchers are hard at work trying to identify the next psoriasis and psoriatic arthritis breakthroughs. These efforts lead to new, safe and effective treatment options - it is our hope that in the not too distant future - a cure.

Since our last updated version of this booklet in 2017, there have already been new treatment updates:

- In November 2017, Simponi Aria (golimumab) was approved for treating psoriatic arthritis. Simponi aria is a biologic that is a tumor necrosis factor - alpha (TNF-alpha) inhibitor.
- In December 2017, Taltz (ixekizumab) was approved for treating psoriatic arthritis. Taltz is a biologic that is an interleukin 17 (IL-17) inhibitor. Taltz was previously approved for treating psoriasis in 2016.
- In December 2017, Xeljanz (tofacitinib) was approved for treating psoriatic arthritis. Xeljanz is an oral treatment that is a Janus kinase (JAK) inhibitor.
- In March 2018, Ilumya (tiludrakizumab-asnm) was approved for treating psoriasis. Ilumya is a biologic that is an interleukin 23 (IL-12) inhibitor).
- In May 2018, Cimzia (certolizumab pegol) was approved for treating psoriasis. Cimzia is a biologic that is a TNF-alpha inhibitor. Cimzia was previously approved for treating psoriatic arthritis in 2013.

NPF is always working towards improving and updating our resources for you to help you prepare for your health care provider and discuss your treatment options.



For the most updated treatment information, visit **psoriasis.org**. Or contact our Patient Navigation Center:

Phone: 800-723-9166

Email: **education@psoriasis.org**

Website: **psoriasis.org/navigationcenter**

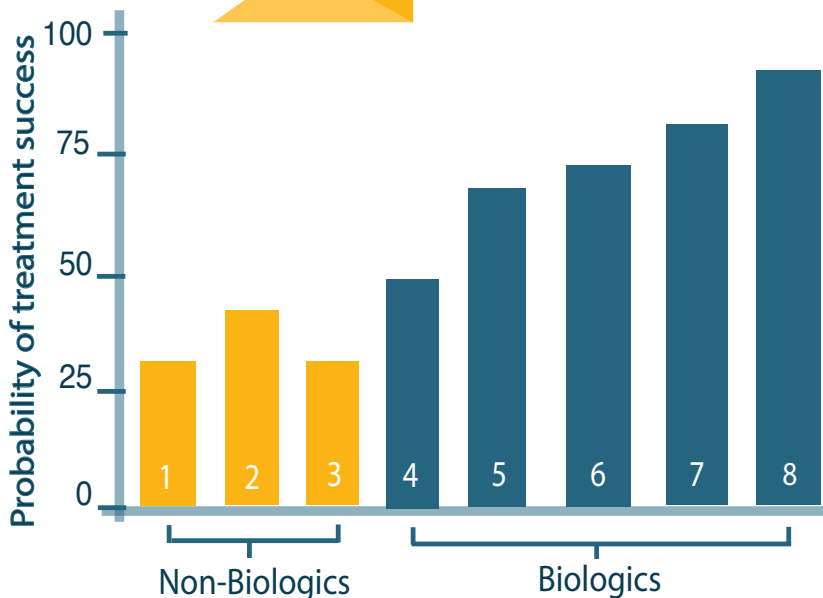
Handout C

BIOLOGICS

Biologics are proteins, made in living cells, composed of antibodies and/or natural immune system receptors. Biologics complement natural healing mechanisms by reducing excess immune system signals that cause psoriasis. Compared to other systemic medications, biologics are less likely to affect major body organ systems or to result in serious adverse side-effects.

Comparing Efficacy

After 12 weeks, what is the probability of achieving treatment success?



#	Therapy	%
1	Cyclosporine	33
2	Methotrexate	42
3	Otezla	33
4	Enbrel	50
5	Stelara	68
6	Humira	71
7	Cosentyx	82
8	Taltz	89

Biologics are given by injection, but you don't have to take them every day. Dosing frequency varies from Enbrel (once a week) to Stelara (only once every 3 months).

Available Biologic Treatments

Adalimumab
(Humira)

Etanercept
(Enbrel)

Infliximab
(Remicade)

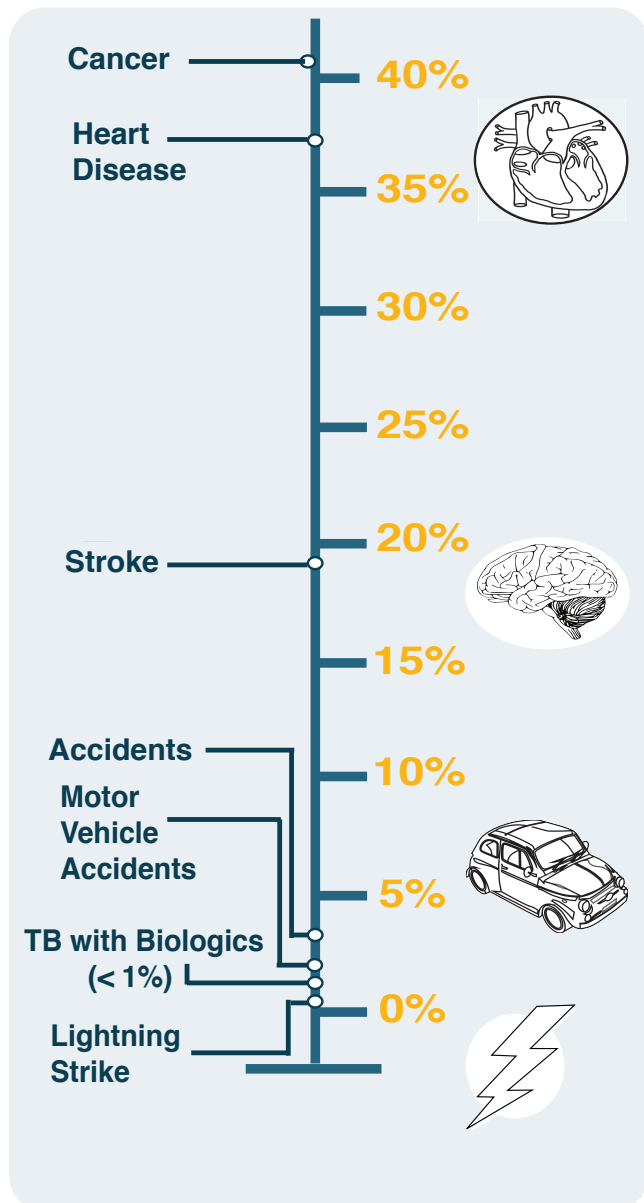
Ixekizumab
(Taltz)

Secukinumab
(Cosentyx)

Ustekinumab
(Stelara)

Putting Risk in Perspective

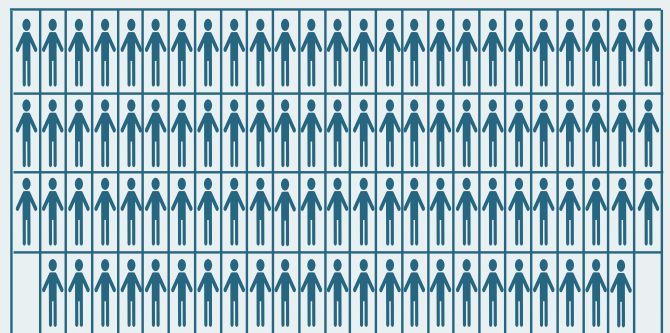
Comparing Risk: Causes of Death



The risk of death from cancer, heart disease, and stroke unrelated to treatment is **significantly more** than those of infections, like tuberculosis (TB), while taking biologics

Inflammation associated with psoriasis may increase the risk of heart disease. Treatment of psoriasis with a biologic may significantly reduce this risk.

In one year, how many individuals do not get an infection or malignancy?



At least 98 out of 100
Whether on a biologic or not