

Different aspects of psoriasis etiology and treatment

Ingela Flytström

Department of Dermatology and Venereology, Sahlgrenska University Hospital,
Institute of Clinical Sciences at the Sahlgrenska Academy,
University of Gothenburg, Gothenburg, Sweden

ABSTRACT

Psoriasis is a chronic disease where treatments are often needed throughout life. The quality of life of patients is often affected and comorbidities are common. The overall aim of this thesis was to study treatment regimes, assessments and comorbidity in psoriasis patients with the intention of finding treatment strategies that work in daily practice and improves patients' quality of life.

In Paper I, bacterial and fungal cultures were studied from intertriginous areas in psoriasis patients with and without topical steroid treatment and from healthy controls. The results show that untreated psoriatic patients were colonised by *Staphylococcus aureus* significantly more often than the control group but infection seemed to be unlikely. *Candida* was not found in any of the groups. We propose that intertriginous psoriasis could be treated with topical steroids alone.

In Paper II, the effectiveness, quality of life and side-effects were compared between the treatments with methotrexate and ciclosporin. The mean PASI change from baseline at 12 weeks was 58% in the methotrexate group and 72% in the ciclosporin group, showing ciclosporin to be more effective than methotrexate. The improvement of the VAS score was also higher in the ciclosporin group.

In Paper III, the sub-analysis of the assessment tools used in the second study showed that the VAS correlated with the PASI and the DLQI, except at the baseline visit for the PASI. We suggest that the VAS could be used to assess disease activity and quality of life for psoriasis patients in everyday clinical practice.

In Paper IV, the experience and risk of dental caries and periodontal disease were assessed in psoriasis patients and controls, and similar profiles were observed in the two groups.

Conclusion: Intertriginous psoriasis can be treated with topical steroids alone. Ciclosporin is more effective than methotrexate from a short-term perspective, although methotrexate also gives a satisfactory effect and is safer from a long-time perspective. The VAS method for assessing disease activity and quality of life in psoriasis can be recommended. In psoriasis patients, no overall increased risk for dental caries and periodontal disease was demonstrated.

Keywords: Psoriasis, *Staphylococcus aureus*, *Candida*, Methotrexate, Ciclosporin, Dermatology Life Quality Index, Psoriasis Area and Severity Index, Visual Analogue Scale, obesity, dental caries, periodontal disease

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Akademisk avhandling

Som för avläggande av doktorsexamen i medicinsk vetenskap vid Sahlgrenska akademien vid Göteborgs universitet kommer att offentligt försvaras på Academicum, Arvid Carlssons föreläsningssal, Medicinargatan 3, Göteborg

Onsdagen den 30 maj 2012 kl. 9.00

av

Ingela Flytström

Leg. läkare

Fakultetsopponent:

Professor Berit Berne

Inst för medicinska vetenskaper

Uppsala universitet

Avhandlingen baseras på följande arbeten:

- I. Flytström I, Bergbrant IM, Bråred J, Brandberg LL. Microorganisms in Intertriginous Psoriasis: No Evidence of *Candida*. Acta Derm Venereol. 2003; 83(2):121-123.
- II. Flytström I, Stenberg B, Svensson A, Bergbrant IM. Methotrexate vs. ciclosporin in psoriasis: effectiveness, quality of life and safety. A randomized controlled trial. Br J Dermatol. 2008; 158(1):116-121.
- III. Flytström I, Stenberg B, Svensson A, Bergbrant IM. Patients' Visual Analogue Scale: A Useful Method for Assessing Psoriasis Severity. Acta Derm Venereol. 2011 Nov 21. doi: 10.2340/00015555-1237. [Epub ahead of print]
- IV. Fadel H, Flytström I, Calander AM, Bergbrant IM, Heijl L, Birkhed D. Profiles of dental caries and periodontal disease experience and risk in patients with psoriasis. Submitted for publication.