

New Medications Revolutionize Treatment for Inflammatory Skin Conditions

Dr. Laura Briley, of Southern Dermatology and Skin Cancer Center in Raleigh, frequently sees patients suffering from psoriasis. “And this is particularly true now,” she says, “since stress exacerbates psoriasis and many other skin conditions—and stress is heightened for everyone now.”

“Happily, recent advances in medications have been enormously helpful in treating psoriasis, and each new generation of medications gives us additional tools with which to address this disease.”

“As a genetic disease,” she explains, “psoriasis is often a lifelong condition that can be activated by a number of triggers that cause the immune system to make antibodies that attack the skin and cause inflammation. Even though these flares can come and go, this is a condition that requires long-term treatment.”

“And,” she notes, “it is the need for long-term treatment that is a particular challenge and why newer medications are so valuable. Older treatments like methotrexate came with serious side effects from cumulative dosing, such as liver damage. Starting a younger person on such a drug felt like a non-starter.”

“When you’re talking about a psoriasis patient, who might be 20 years old,” Dr. Briley says, “you have to take into account that you’re probably going to have them on a medication for at least the next 40 or even 60 years. But 10 years ago, minimal symptom relief was about all a psoriasis patient could hope for.”

“Drugs have come a long way in the treatment of this difficult disease. Today new drugs, like *Taltz*, are changing the name of the game for practitioners and patients. Patients taking new medications—in a class called biologic drugs—are often 100 percent clear of psoriatic lesions. Previous treatments claimed success with only 50 to 75 percent clearance, making this a huge leap forward in treatment.”

“Biologic medications,” explains Dr. Briley, “target overactive immune cells in the body by working on the long pathways that create too much inflammation, thus calming the inflammation. And, importantly, they seem to have fewer long-term side effects than some of the medications we used to use.”

“There are unique classes of them, depending on what pathway they suppress, and we can target the medication to the



Dr. Briley

specific patient in a way that was not possible with the older meds. An added benefit of these newer drugs is the positive effect they can have on co-morbid conditions also driven by inflammation, like heart disease.”

BIOLOGICS FOR PSORIASIS: NEW OPTIONS TO MEET INDIVIDUAL PATIENT NEEDS

Dr. Briley explains that each individual biologic may have multiple indications for different conditions well beyond dermatology. But in dermatology, they are used primarily for inflammatory conditions such as psoriasis and psoriatic arthritis. And the newer biologics are even more targeted and effective than older ones.

“For example, *Humira* and *Enbrel*, which are TNF alpha inhibitors, used to be the gold standard for psoriasis,” she says, “but didn’t work fully for every patient. And while *Humira* might take three to six months to work, some of the newest ones, like *Taltz* and *Skyrizi* may show significant results in only two to three months, with some working even earlier.”

These medications are given as injections with different dosing schedules, and come with their own side effects—but often far fewer ones than the previous options or even older biologic medications.

RELIEF FOR OTHER SKIN CONDITIONS

Other biologics can be transformative for different dermatological conditions, notes Dr. Briley, “and one notable example

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is chronic, idiopathic hives—where there’s no known cause. With people who’ve had hives for greater than six weeks, most of them may have produced antibodies that are triggering the hives, so the condition persists—and it’s a miserable condition.

“These patients used to have to live on *Benadryl* just to get through the day. Now there is a new medication called *Xolair*, which is given by a monthly injection, and it’s amazing. I have patients who have itched for 10 years or more, and this just fixes it.

These patients, who would come into my office sobbing from constant discomfort, are now able to get their lives back. It’s nice to have a treatment to offer them that really works.”

She notes that another newer biologic, *Dupixent*, has been extremely successful in treating atopic dermatitis and eczema. “It’s the first time we’ve had anything new to offer in eczema in years,” she says. “And that’s a really good example of a drug that has very few side effects and is very effective. With eczema, we didn’t have a lot of other drugs that weren’t very harmful to take. Now, instead of giving patients rounds of oral and topical steroids or other meds that really suppress their immune system or have hard side effects, I can offer them a monthly injection that gives them nearly clear skin.”

BIOLOGICS: RISK VS. REWARD

“Whenever prescribing medication,” observes Dr. Briley, “we are always balancing risks and rewards—providing relief without undue side effects. And, for many of the chronic conditions we treat, the new biologics—especially the second or third generation medications—perform significantly better in terms of side effects and risk.”

“At the same time, even though the side effects are much more limited with the newer drugs, each still has its pluses and minuses,” she says. “Biologics, particularly the older ones, can suppress some signs of infection or even of cancer. And all patients on biologics need to have regular screening for infections like tuberculosis, as well as for cancer.”

“It’s not that the biologics cause cancer,” she says, “but they may dampen the immune response or the symptoms that may delay diagnosis. The rate of lymphoma in psoriasis patients on biologics is not that much different than the psoriasis population in general. Still, a patient with a strong family history of lymphoma likely wouldn’t want to take the risk.”

And, she cautions, “with all drugs, there are side effects—that’s just part of it. As a doctor, it’s my job to discern, based on what I see clinically and what I know about each patient, what the real risks are with any medication.”

NON-PHARMACEUTICAL OPTIONS

Medications aren’t the only option for sensitive patients with these skin conditions. “For example,” says Dr. Briley, “we offer narrowband UVB phototherapy for skin conditions such as eczema or psoriasis.”

And she emphasizes the importance of lifestyle adjustments—such as a cleaner diet and stress reduction—that can play a major role in treating these conditions. “Psoriasis is so controlled by stress that the more you can do to decrease stress, the better your skin will do,” she says. “And lowering stress offers numerous health benefits beyond even clearer skin—especially in these very stressful times.”

**For more information about skin conditions and their treatment, contact:
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