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We Need you!

Treating Psoriasis



There is currently no cure for psoriasis, but with patience and help from your doctor, you can find the treatment approach that enables you to take control of your life.

Treatments aim to reduce inflammation and scales, slow the growth of skin cells, and remove plaques. Psoriasis treatments fall into several categories: topical treatments, light therapy, systemic medications (oral or injectables) and a specific class of systemics -biologics. Some also find alternative and complementary therapies of help which should be discussed with your doctor.

Topical medications

For people living with psoriasis, about 80-90% are considered mild to moderate and most can be treated with topical agents—treatments applied on the skin. Topical agents may be used alone or in combination with other therapies, such as phototherapy or systemic medications.

Phototherapy (light therapy)

Phototherapy is the use of ultraviolet light (UV) as a form of treatment. Several different forms of light treatment for psoriasis are available, including exposure to natural sunlight when conditions permit.

The goal of phototherapy is to expose the patient's affected skin to UV light. Treatments are available at doctors' offices, phototherapy clinics or at home. It is used to treat moderate to severe psoriasis with plaques covering more than 3% of the skin. Both UVA and UVB light may be helpful in reducing symptoms of mild to

moderate psoriasis. UVA is for the most severe cases, and always used in conjunction with a photosensitizing drug called psoralen; a treatment called PU-VA (Psoralen Ultra-Violet A Light Therapy).

Systemic medications

Systemic treatments are delivered orally (in tablet or liquid form) or through injection or intravenous infusion (drip), that work within the body rather than topical treatments, which are applied directly on the skin.

People with moderate to severe psoriasis, and those who have not responded well to other treatment types, may need to use systemics.

Biologics

Biologics are considered a highly effective treatment option for patients with moderate to severe psoriasis. A biologic is a protein-based drug that is produced from living cells. Until more recent years, biologics have mainly been prescribed for patients who cannot use other treatments or whose psoriasis no longer responds with other types of therapy.

Most biologics are currently given by injection just under the skin (subcutaneous injection) and can be administered by a nurse or by the patients themselves after proper training. Treatment may be given by intravenous infusion or "drip" at a day clinic or hospital rheumatology department under medical supervision.

Biologics are generally divided into groups based on how they work: TNF inhibitors or Interleukin inhibitors.

(...continued on next page)

Do you Follow Us?



Treating Psoriasis (cont.)

Biosimilars (also referred to as a subsequent entry biologic or SEBs) are medications that are similar to, but not identical versions of an existing biologic. Biosimilars are often mistakenly called “generic” versions of the innovator biologic drug. While generics are exact copies of the innovator drug (with same medicinal ingredient) biosimilars are only similar to the original. Since biologics are large molecules that are produced by living organisms it is not possible to make an exact copy of them.

Alternative and complementary therapies

More than 70% of Canadians regularly use alternative and complementary therapies such as vitamins and minerals, herbal products, homeopathic medicines and other natural health products to stay healthy and improve their quality of life. Talk to your doctor about complementary therapies that may be right for you.

For more information on these treatments and how to get access to them, [visit our website](#).

Source: Canadian Association of Psoriasis Patients

Myth Buster

Myth: Since there is no cure for psoriasis, I am stuck with these patches and plaques.

Fact: The truth is that there are many treatment options out there that can help reduce the inflammation and scales that come with having psoriasis. A lot of patients on an effective treatment plan can achieve clear or almost clear skin. Treatment options are dependent on the individual and what works well for one patient will not be effective for the next. It is important to speak to your dermatologist about your psoriasis and come up with a treatment plan that works best for you.

**Do you have a myth you want busted? Send us an email at info@canadianpsoriasis.ca and your question could be featured here.*

Linked In

We are now on Linked In! Be sure to [check out our page](#) and follow us to be kept in the loop of what we are up to !

Check it out!



We have added a new section to our website all about the treatment of psoriasis. You will find lots of information on the different treatment options available, as well as treatment tables comparing each medication. You will also find information on Medication Access including coverage with private and public insurance plans, as well as what options you have if you are not covered. Go to www.canadianpsoriasis.ca to find out more!

World Psoriasis Day 2018



We will be attending the members meeting of the International Federation of Psoriasis Associations (IFPA) in Stockholm Sweden on July 1st. Stay tuned in our next newsletter for information on this meeting, and the theme for World Psoriasis Day 2018!

We need you!



Our partner organization, The Canadian Skin Patient Alliance, is preparing a patient submission for Xeljanz (Tofacitinib), a new medication for psoriatic arthritis that is seeking approval in Canada.

If you have experience with this medication, [please take few minutes to fill out this short survey](#) (available in English only) to help influence the review of this medication to treat psoriatic arthritis.



CAPP is grateful for the support of our sponsors for making this newsletter possible.



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