

Session One

UPDATE ON TOPICAL THERAPIES OF PSORIASIS

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4:05 pm – 4:25 pm
Thursday, Oct 26

In the past several years, there has been much research conducted to develop new agents such as the biologics for the treatment of moderate to severe psoriasis. However, during the same past few years, there has only been few new research regarding successful development of a novel compound for topical therapy of psoriasis. The optimal topical therapy of psoriasis still involves topical sequential therapy using calcipotriol (Dovonex) and super potent topical steroids and creative combination use of calcipotriol, super potent topical steroids and other topical steroids with tazarotene (Tazorac). In this sequential strategy involving two topical agents, randomized, double-blind clinical trial utilizing clobetasol (Olux) foam and calcipotriol (Dovonex) have demonstrated almost twice as much efficacy when these two were used in combination as compared to the use of calcipotriol ointment or clobetasol foam alone. This impressive synergy was suspected on the basis of the fact that when clobetasol foam is used in combination with calcipotriol, unlike super potent topical steroids, there is hardly any dilution effect on the active agents. This is because the foam vehicle disappears quickly. Needless to say, the research subjects were instructed to apply calcipotriol ointment after the foam vehicle evaporated.

The new combination agent involving betamethasone dipropionate and calcipotriol (Dobobet or Divobet) is now widely used in various parts of Europe and Canada. This agent was recently approved in the United States. This combination agent utilizes betamethasone dipropionate, which is not optimized in terms of the

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vehicle. However, in a randomized clinical trial with once a day usage, this combination agent was found to be superior to the use of either agent alone.

Lastly, clobetasol in a spray formulation (Clobex Spray) is a valuable addition to our topical therapeutic armamentarium. It can cover wider areas of involvement and, therefore, it can be used as monotherapy for both localized and generalized psoriasis, as well as jump-start other treatment modalities, such as the biologic agents, prebiologic agents and phototherapy for a more generalized psoriasis. Each of the above topical agents will be discussed in more detail, especially in regards to new developments.