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Practical Dermatology Roundtable: The Role of Adjuvant Skin Cleansing and Moisturizing in Treating Psoriasis and Other Inflammatory Diseases, Ch. 1

Ted Lain:

Hello everybody. Welcome to Practical Dermatology Roundtables. My name is Dr. Ted Lain. I'm a board certified dermatologist in Austin, Texas. I have two incredible guests today for The Roundtable, two authors of this very important publication published in the JDD July of 2025, Dr. Zoe Draelos and Dr. Firas Hougeir. Zoe, would you mind introducing yourself for us?

Zoe Diana Draelos:

I'd be happy to do that. My name's Zoe Diana Draelos. I'm a research and clinical dermatologist. Really enjoy understanding insights into topical preparations that are over the counter for skincare.

Ted Lain:

And an internationally renowned expert in skincare. I have to just add to that, Zoe. Sorry. Thank you. And Firas, please, I don't know where you are on the planet Firas, but I know it's very early for you right now.

Firas George Hougeir:

Oh, well, thank you, Ted. Thank you very much. And Zoe, great being here with you. I'm Firas George Hougeir. I am a dermatologist in Atlanta with a keen interest on inflammatory disorders in skincare. And being part of this study was a really great experience and got us an even better understanding of the importance of skincare and the treatment of inflammatory disorders in general and psoriasis in particular.

Ted Lain:

Yeah. I think we should jump into this because I find this paper to be very interesting. And certainly I have to admit, I probably don't spend as much time counseling my patients on their skincare regimen, my psoriasis patients on their skincare regimen as much as I should, especially given the results of this study. So Zoe, if you don't mind, so the role of adjuvant skin cleansing and moisturizing, what was the impetus for this study? What made you think, OK, yeah, this is what we need to do?

Zoe Diana Draelos:

Well, I think sometimes when we're looking at dermatologic disease, especially inflammatory disease like psoriasis, we're really focused on the medications. And I think what was interesting about this study is it showed the additive benefit of good skincare on top of topical and oral and injectable medications. And so every inflammatory disease of the skin can be treated internally with drugs that basically decrease inflammation, whether that's corticosteroids or biologics. But there is a lot to be said for treating the outside of the skin too with topical agents like cleansers and moisturizers. And so I think the real insight that people should glean from this study is that treatment isn't complete unless you treat from the inside in and from the outside out.

Firas George Hougeir:

And so

Zoe Diana Draelos:

By adding skincare to any topical injectable oral regimen for many inflammatory diseases, here we specialized in psoriasis, but that's part of the treatment. The skin has to feel good. It has to stop itching. It has to look good. In other words, there's more than just the medications.

Ted Lain:

It's interesting for us. We think about our atopic patients. We certainly wouldn't let our atopic patients out of the room without talking about at least moisturization, a sensitive skin protocol. I have to say our acne and rosacea patients, the same thing. We wouldn't feel like our visit were complete if we didn't talk about skincare. And yet psoriasis, we don't. And maybe I'm on an island of one, but before this study, had you been counseling your patients about skincare for their psoriasis?

Firas George Hougeir:

OK. So very well said that actually, you're not an island of one at all. All of us see a lot of psoriasis. Psoriasis has been a disease state that I have taken care of for years. And as you said, for atopic dermatitis, we talk about it all the time. Even for rosacea, we talk about it. We talk about the skin barrier repair. We talk about getting these patients better. And although there are in fact quite a few papers already out that showed that there might be something or a great improvement to the care of psoriasis with skin barrier repair and with skin moisturizing and skincare maintenance, we hadn't really gotten into it. And we talked to the patient about what we have, our options. We talk about biologic, we talk about the inflammatory nature of psoriasis. We talk about the systemic nature of psoriasis, but we forget to talk about the barrier, the skin barrier and the skin barrier repair and the influence that could have on the treatment of psoriasis.

So this study, when I was approached with this idea, and Zoe's already on board, and overshadowed Dr. Kircik, who had helped with the protocol as well early on, this was very interesting to me to see this because as you said, no, you're not an island of one. I think very few of us think about skin barrier repair and skin maintenance along with psoriasis.

Ted Lain:

Yeah. So you wanted to chime in, sorry.

Zoe Diana Draelos:

No, I was just going to say, when you treat inflammatory skin disease, you have to think beyond the inflammation. You have to create a barrier and you have to create an environment for that barrier to heal. So when we do a surgery, we put a Bandaid over it. We put some kind of a wound dressing. And why do we put the wound dressing on? Because we're trying to create an environment for that incision to heal. And see, that has to transfer over into inflammatory skin disease where we're treating the inflammatory skin disease, but now we need to have some kind of a barrier repair regimen as well. And so I think about it that's analogous to surgery where you wouldn't send your patient out without a dressing. So why in a psoriasis patient wouldn't you send them out without something to optimize barrier repair?

Ted Lain:

A hundred percent. I totally agree. I'm just thinking through, we talk so much about atopic dermatitis as a Type 2 inflammation and Th2 inflammation, I should say, and how we're not sure if it's the barrier disruption that comes first or the inflammation that comes first, chicken or egg, we're not sure, but certainly barrier disruption is an integral part of atopic dermatitis. And with this kind of Th1 inflammation that we see with psoriasis, and we don't really talk about the barrier defect, but of course it's there. I mean, their transepidermal loss is gigantic, which can lead to so much itching. And unfortunately, we don't spend enough time, I think, talking about that, the local skin effects of psoriasis in terms of itching, stinging, and burning itself. We just talk about PASI improvement and nothing about how can we augment the PASI improvement with great skincare regimen.