

Transcript Details

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Practical Dermatology Roundtable: The Role of Adjuvant Skin Cleansing and Moisturizing in Treating Psoriasis and Other Inflammatory Diseases, Ch. 3

Ted Lain:

Now that we got the safety out of the way, let's talk about the results. And you could see that first bullet, Zoe, statistically significant decrease in BSA by week eight from 9.3 to 5.1. So these patients had to have at least 3%, but the mean was over 9%. So it's quite a bit of psoriasis on their body.

Zoe Diana Draelos:

It is. And what's remarkable is that it improved. And one of the things that we don't think about a lot with moisturizers is the emolliency of the moisturizer. And what emollients do is they smooth down the skin scale. They basically intercalate between the desquamating corneocytes. And in doing so, they sort of artificially and temporarily replace the intracellular lipids that are missing. And that makes the skin smoother, it makes it softer. A lot of the ciliary characteristic scale of psoriasis tends to disappear temporarily while the product's put on. So you kind of have that immediate, wow, the plaque looks so much better, which you can only achieve with skincare, but then more significant body surface area reductions after eight weeks. And so I think that points a little bit to what we were talking about earlier is the ability to create an environment for healing and to provide something above and beyond what the medications are providing.

Because many of the medications, especially calcipotriene that's commonly used, those are quite irritating. That is a barrier degrading product that's commonly used with corticosteroids topically in order to get around that. And I know that many of the corticosteroids and calcipotrienes are some of the first line medications available on insurances. And so many patients have to gravitate towards those medications. And then we need to give something to down-regulate all that inflammation that could be induced by some of these products. And many corticosteroids, especially generics, are penetration enhanced with products like propylene glycol. And while the corticosteroid gets in and does anti-inflammatory work, the propylene glycol damages the skin barrier. And so most corticosteroids have some type of penetration enhancement, which is nicely counteracted by excellent topical skincare.

Ted Lain:

You make so many great points there, Zoe. I think the emolliency was key. And if we look at the data at the graph of improvement in, I think it was scaling and smoothness, the vast majority of the improvement occurred between baseline and week two. To your point, just that emolliency makes such an immediate improvement and continued application over time where you're essentially replacing those intracellular lipids to help with the brick and mortar model, essentially. We're seeing that it really does allow the patients to feel like the scaling and smoothness is much better very quickly. And then exactly right with the generic topical steroids, I mean, that's one of the reasons why as dermatologists we're trying to move away from those as much as we possibly can, if payers would only let us because they're so full of these ingredients that can actually impair the barrier and set patients back over the long term that they're really not great for us to use.

And as we know, steroids are not meant for chronic use, they're meant for acute use. But unfortunately due to payer issues, we tend to have to rely on them in a cyclical manner and it just doesn't do the patient any good. So Firas, I understand this being an in-use study because these topicals that the Cetaphil cleanser, moisturizing cream and SPF make up for the faults of these generic drugs.

Firas George Hougeir:

It's very interesting. And you really touched on an important point. The biggest change happened in the first two weeks, and this tells you how much need there is in these patients' skin for skin barrier repair and what that does into the disease progress and the results that we're getting for those patients. I was actually extremely pleasantly surprised. I did not expect such good results in these patients

on a tangible, clinically, easily evaluated way. We could see the patients two weeks after. And remember this is, again, high compliance study where we were weighing the cream, so they knew, so unless they took a big bunch and threw it away before they saw me, they knew I was going to weigh that cream. So they were using it, which tells us in real life the importance of education, but how important that is for these patients. It's not just a moisturizer or yet another cream you're using.

This will help. It is part in fact of our treatment. We call it adjuvant, but really it's part of the treatment in these patients. But the other thing that I was most impressed by, the rapidity of some of those results that we saw where really were front loaded, and continued to improve over time, but there was really a greater improvement upfront that continued with use of medication or use of creams as well.

Ted Lain:

Yeah, that rapid response drives compliance. And so it's so important, whether you're talking about a prescription or an OTC adjuvant topical regimen like this, that we see something happen quickly because then patients have confidence and they want to keep using it. And especially with these kind of generic drugs that don't have anything really good for you, it's important for them to continue using it. And Zoe, I think if we just drop down to that fourth bullet there, dermatology life quality index results go from a moderate effective disease to less than five, which is considered a small effective disease. I mean, that improvement of, what's that, six points is impressive as heck for a OTC regimen on the quality of life.

Zoe Diana Draelos:

Right. I think many of these patients that had active target lesions that we assessed were having a lot of itching, stinging, burning, noxious sensory stimuli related to the psoriasis. And I think that improved their quality of life because basically the moisturizer creates an artificial barrier.

The other thing I think that really improved their quality of life is their plaques got better. We already showed that the body surface area dropped, so they saw additive improvement in medications that they had been on stably for quite some time. And then the other thing I think that helps drive quality of life is you look better, right? The skin looks better, the plaque looks better. These products create an aesthetic improvement. And while a lot of people poo-poo that medically, that's really important because your skin is what people see. That's how you present yourself. And so not having scaly plaques over your elbows that have been nicely softened by a topical moisturizer, that's important to people. That's self-confidence that allows them to wear short sleeve shirts and et cetera. So I think all of those qualities were really manifest in the decreased quality of life severity that we saw after eight weeks of topical skincare use.