

### Transcript Details

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www.reachmd.com  
info@reachmd.com  
(866) 423-7849

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Practical Dermatology Roundtable: The Role of Adjuvant Skin Cleansing and Moisturizing in Treating Psoriasis and Other Inflammatory Diseases, Ch. 6

### Ted Lain:

In terms of adherence, Firas, during the trial, I mean, I know patients in a clinical trial are there voluntarily and compliance is always key and we check compliance, but did anybody give you a hard time with compliance? Did everybody say, oh, this regimen is so difficult to keep up with?

### Firas George Hougeir:

No. As a matter of fact, I had to remind some patients this was a non-active ingredient, extra treatment to their psoriasis. Zoe, you mentioned with a really great analogy between inflammatory skin or inflamed skin and a surgical wound, which is the best way to really explain it. When you look at a surgical wound, we're not thinking of adding things that are going to irritate it more. We don't want them to use caustic products. We want it to seal it. We want to give it the best environment possible for it to heal. And for some reason, we don't extrapolate. Most of us are surgeons, we're dermatologists. We cut. We don't extrapolate this to inflammatory skin, although we're inflammatory skin experts. But that is in fact a very, very good way to put it. We have these patients who already have inflamed skin and have a skin barrier that is broken down.

We add active treatment with, whether they're generics or not, I mean, steroids in and of themselves, generic or not, do in fact break down the skin barrier in the mid and long term, but we add these, we add some excipients like propylene glycol at high doses that make it even worse. So we're taking a component of their disease, completely ignoring it and making it worse. So having products like this that actually address this part of the disease process can only help. And that's what we've seen in this trial. We've seen great improvement. We've seen actually objective results as well and improvement of the skin that happened quite rapidly. And patients see that as well. So when you have a subject that's using something that's relatively simple to use, they know it's nothing that's going to harm them. It's a phase four, but they see the results from it, then compliance goes up.

And we don't have people that have a hard time doing it because they see the results themselves. So I haven't had issues, I know in my site, with compliance and Zoe can speak for herself, I don't think we did as a whole have issues with that.

### Ted Lain:

Zoe, did you have any issues in your patient population?

### Zoe Diana Draelos:

No, I had no tolerability or compliance issues, which is really quite amazing.

### Ted Lain:

Yeah. I was just thinking guys about our colleagues and certainly the consumer who has psoriasis. And if we start talking to our colleagues about this great moisturizing regimen for our psoriatic patients and they start thinking, oh, OK, then I need to get ... So brand name psoriasis moisturizers are out there. But of course, if you get some moisturizers that say for the psoriasis patient, it'll have exfoliants in it, it'll have salicylic acid or something like that in there, which of course we did not include in this trial. This was adjuvant therapy. There are major name brands that have product lines for psoriasis, but we have to be careful because those will have monographed active ingredients in there. And so important to stress that we were just using very gentle, simple products, the gentle skin cleanser from Cetaphil, just the Cetaphil moisturizing cream, no active ingredient otherwise, and the daily moisturizer with SPF, because my goodness, if we start adding coal tar or sal acid or something like that, I think the tolerability results may be a little different.

**Zoe Diana Draelos:**

Yes, most certainly.

**Firas George Hougeir:**

Correct.