

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/frontlines-psoriasis/advancing-pediatric-psoriasis-care-a-look-at-emerging-therapies/26301/>

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Advancing Pediatric Psoriasis Care: A Look at Emerging Therapies

Announcer:

Welcome to *On the Frontlines of Psoriasis* on ReachMD. On this episode, we'll hear about emerging therapies for pediatric psoriasis from Dr. Lawrence Eichenfield. Not only is he a Distinguished Professor of Dermatology and Pediatrics at UC San Diego School of Medicine, but he's also the Chief of Pediatric and Adolescent Dermatology at Rady Children's Hospital-San Diego. Let's hear from Dr. Eichenfield now.

Dr. Eichenfield:

So when I'm treating a child or a teenager with psoriasis, I want to use my sort of standard topical agents, but there are limitations, especially with topical corticosteroids and to a degree with calcineurin inhibitors as well, because of both skin concerns: atrophy—developing a thinning, telangiectasia, blood vessel lines—as well as potentially absorption issues. So I think we have to sort of balance our use in terms of limiting the time of use, treating until we get it under control, and then figure out what we need to do it keep it under control and/or a cycling of agents. And many times we may cycle from a topical corticosteroid to a nonsteroid or just not use a topical steroid as well, especially in sensitive areas.

And that brings us particularly to some emerging therapies, which are newer nonsteroid topical agents that can be incredibly helpful. Roflumilast being a PDE4 inhibitor was actually approved for psoriasis in children and adults and has also in a foam form been approved for seborrheic dermatitis and has also been studied for atopic dermatitis in different formulations. Tapinarof is approved in adults, but we'll look forward to that agent also being used in pediatric or adolescents where it would be off label at the time at which we're discussing this.

So I think a big perspective for me in terms of how I'm treating psoriasis is that psoriasis can be incredibly impactful on affected individuals, but we probably have a sufficiently great set of medicines that have been approved or are coming down the pike that can allow us to really control and to really minimize the impact on the individuals. And I say that because we have both these non-steroidal agents that we're adding to our regimens of care and can be very helpful for delicate skin areas and different site areas, such as our PDE4 inhibitors and roflumilast being approved down to 6 years of age. But also we have systemic agents as well. And while we were a little behind in adult and pediatric psoriasis, we have approval of etanercept, a TNF inhibitor; ustekinumab, which is an IL-12/23 blocker; and now two IL-17 agents, secukinumab and ixekizumab; and we'll probably have IL-23 blockers coming in the near future—usually lagging behind the adult approvals—and these can be remarkably effective for patients who have more significant disease.

So if we look forward to the future, I think what we're going for is minimal impact of the psoriasis by minimizing the impact on the skin and then using our traditional topical agents or newer topical agents or systemic medicines if we need them, and I think that our emerging research on this really empowers us to do this as early as possible, depending on the extent of the disease.

I think an area of important research really builds upon the experience we have knowing that in pediatric psoriasis, we have a set of conditions that can be associated with it. Obesity can be associated with psoriasis. Psoriasis with it has a higher risk of development of psoriatic arthritis, which can destroy joints. It can be associated with higher rates of liver disease, fatty liver disease, atherosclerosis, early stroke, and increased risk of cardiac disease in adults, and so figuring out the best optimal management for the psoriasis may decrease the development of these comorbidities over time, which will really bring just more general health to the individual. So we still have research to do in figuring out the right ways to do this, but I think it's very, very promising with the agents we have and the new ones that we're getting.

Announcer:

That was Dr. Lawrence Eichenfield discussing emerging treatments for pediatric psoriasis. To access this and other episodes in our series, visit *On the Frontlines of Psoriasis* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!