

PLAQUE PSORIASIS

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UNDERSTANDING YOUR CONDITION

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PATIENT CARE

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What is Plaque psoriasis?

- › Plaque psoriasis is a common skin condition that changes the life cycle of skin cells.
- › Psoriasis causes cells to build up rapidly on the surface of the skin. The extra skin cells form thick, silvery scales and itchy, dry, red patches that are sometimes painful.
- › Psoriasis is a persistent, long-lasting (chronic) disease. There may be times when your psoriasis symptoms get better alternating with times your psoriasis worsens.

What causes Plaque Psoriasis?

- › Normally a skin cell matures in 21 to 28 days. During this time it travels to the surface of the skin, where it is lost in a constant, invisible shedding of dead cells.
- › In patches of psoriasis the turnover of skin cells is much faster, around four to seven days, and this means that even live cells can reach the surface and accumulate with dead cells.
- › It is thought cells in the immune system (T cells) become overactive, leading to rapid growth of skin cells and the formation of psoriatic plaques.
- › The extent of psoriasis and how it affects an individual varies from person to person.
- › Some may only be mildly affected with a tiny patch hidden away which does not bother them, while others may have large, visible areas of skin involved that significantly affect daily life and relationships.
- › The process is the same wherever it occurs on the body.

Psoriasis triggers

Psoriasis typically starts or worsens because of a trigger that you may be able to identify and avoid. Factors that may trigger psoriasis include:

- › Infections, such as strep throat or skin infections
- › Injury to the skin, such as a cut or scrape, bug bite, or a severe sunburn
- › Stress
- › Cold weather
- › Smoking
- › Heavy alcohol consumption
- › Certain medications —high blood pressure medications such as beta blockers; antimalarial drugs.

Who is at Risk?

Anyone can develop psoriasis, but these factors can increase your risk of developing the disease:

- › **Family history** Perhaps the most significant risk factor for psoriasis is having a family history of the disease. Having one parent with psoriasis increases your risk of getting the disease, and having two parents with psoriasis increases your risk even more.
- › **Viral and bacterial infections** People with HIV are more likely to develop psoriasis than people with healthy immune systems are. Children and young adults with recurring infections, particularly strep throat, also may be at increased risk.
- › **Stress** Because stress can impact your immune system, high stress levels may increase your risk of psoriasis.
- › **Obesity** Excess weight increases the risk of psoriasis. Plaques associated with all types of psoriasis often develop in skin creases and folds.
- › **Smoking** Smoking tobacco not only increases your risk of psoriasis but also may increase the severity of the disease. Smoking may also play a role in the initial development of the disease.

What are the symptoms of Plaque Psoriasis?

- › Psoriasis signs and symptoms can vary from person to person but may include one or more of the following:
 - › Red patches of skin covered with silvery scales
 - › Small scaling spots (commonly seen in children)
 - › Dry, cracked skin that may bleed
 - › Itching, burning or soreness
 - › Thickened, pitted or ridged nails
 - › Swollen and stiff joints
- › Psoriasis patches can range from a few spots of dandruff-like scaling to major eruptions that cover large areas. Most types of psoriasis go through cycles, flaring for a few weeks or months, then subsiding for a time or even going into complete remission.
- › Several types of psoriasis exist. These include:
 - › Plaque psoriasis
 - › Guttate psoriasis
 - › Scalp psoriasis
 - › Inverse psoriasis

- > Nail psoriasis
- > Pustular psoriasis
- > Erythrodermic psoriasis

How is Plaque Psoriasis diagnosed?

- > In most cases, diagnosis of psoriasis is fairly straightforward.
 - o **Physical exam and medical history** Your doctor usually can diagnose psoriasis by taking your medical history and examining your skin, scalp and nails.
 - o **Skin biopsy** Rarely, your doctor may take a small sample of skin (biopsy) that's examined under a microscope to determine the exact type of psoriasis and to rule out other disorders. A skin biopsy can generally be done in a doctor's office after application of a local anesthetic.

How is Plaque Psoriasis treated?

There are many topical and systemic (medicines taken internally) ways to treat psoriasis.

Topical Treatments

- > A topical treatment is any kind of medicine that can be rubbed into the skin. Topical treatments are usually the first kind of medicine that doctors use to treat psoriasis.
- > Calcipotriol is a manufactured form of vitamin D3 sold by prescription and used to treat mild to moderate psoriasis. Calcipotriol works best at flattening lesions and removing scales.
- > Topical Steroid Cream, Lotion or Gel refer to cortisone-type drugs, not the body-building "steroids." They slow down the growth of skin cells and decrease the inflammation of skin lesions. They are available in many different strengths and forms.
- > Tar medications help to treat the scaling, inflammation and itching of psoriasis.
- > Tazarotene is a prescription drug that is derived from vitamin A. It comes in a gel or cream and used to treat mild to moderate plaque psoriasis. Tazarotene works by slowing down the rapid growth of skin cells found in psoriasis.

Phototherapy

- > Phototherapy means using different kinds of ultraviolet light to treat psoriasis.
- > It is often used on patients with moderate to severe psoriasis and is often combined with topical treatments.
- > Phototherapy is usually done in a doctor's office or with special home equipment. To achieve best results, frequent treatments (up to three times per week) may be needed.

Systemic Treatments

- > A systemic treatment is a prescription drug that is given in the form of a pill or an injection. They can have effects on other parts of the body, not just the skin. Because of their potential risks, systemic treatments are mostly used to treat more severe cases of psoriasis.
- > The different kinds of systemic treatments are listed below:
 - o Methotrexate is typically used on severe or disabling psoriasis. Methotrexate can improve the skin within four to six weeks. Side effects may include nausea, anemia, tiredness and insomnia. Doctors do regular laboratory tests to check for potential side effects to the liver and blood cells.
 - o Cyclosporine is used in severe, difficult-to-treat cases of psoriasis. Cyclosporine can improve psoriasis quickly, but its potential for kidney side effects prevents most patients from taking it for more than one year in a row. Short-term side effects may include decreased kidney function, headache, high blood pressure, high cholesterol and flu-like symptoms.
 - o Oral Retinoids are manufactured drugs related to vitamin A that can slow down the growth of skin cells. Oral retinoids can cause birth defects, so if you are planning to have children, consult your doctor.

Biologics

- > Biologics are a new class of systemic treatments for moderate to severe psoriasis. They are made from proteins produced by living cells, rather than being created in a laboratory through the combining of chemicals, like most pharmaceutical drugs.
- > Biologics, given by injection, block parts of the immune-system process that drives psoriasis. Other treatments for moderate to severe psoriasis work by targeting the immune system as well, but in a less specific way.
- > It is thought that overactive cells in the immune system set off a series of events in the body, eventually causing psoriasis to develop on the skin and arthritis symptoms to develop in the joints. Biologics work by blocking the action of specific immune cells that cause these cells to misbehave by either reducing the number of these cells in the skin and blood or by blocking the activation of the immune cells or the release of chemicals from them.
- > Biologics are administered by injection or by IV infusion. Doctors are most likely to recommend biologics for people with moderate to severe cases of psoriasis who have not responded to other treatments. They offer another option for those who cannot take some medications because of side effects.
- > Biologics can be very effective in improving psoriasis.
- > **Some examples of Biologics are:**
 - o Adalimumab
 - o Etanercept
 - o Infliximab
 - o Secukinumab

Practical Solutions

- > Bath Solutions, such as apple cider vinegar, Dead Sea salt, Epsom salts, special oatmeal products or oils can be added to your bath water to help remove scales and soothe itchy skin.
- > Salicylic Acid helps loosen scales so other medicines can penetrate the skin. It is usually available in drugstores.
- > Moisturizers are an important part of caring for psoriasis lesions. Any kind of cream, lotion or ointment made to provide relief from dry, itchy skin could be of benefit for most people. Often people prefer moisturizers that have no scent or perfume added. Even cooking oils could help keep the skin lubricated.
- > Natural sunlight can be used to help heal lesions. Regular sunbathing is a common approach to treating psoriasis. Also, swimming in salt water can be of help.

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Zydus Tower, Satellite Cross Roads,
Ahmedabad – 380015
Gujarat, India.

Toll Free : 1800-123-2273
E-Mail : exemptiacare@gmail.com

