

Psoriasis

Media backgrounder

DISEASE AWARENESS:

What is psoriasis?

Psoriasis is an extremely distressing and recurrent¹ immune disorder characterised by red thickened skin lesions covered by a silvery white scale, called plaques.²

Psoriasis involves the acceleration of the usual replacement processes of the skin. It normally takes 28 to 30 days for skin cells to mature and reach the surface of the skin, where a constant invisible shedding of dead cells, as scales, takes place. In contrast, psoriatic cells develop and reach the skin surface in just three to five days with the result that even live cells reach the surface and accumulate with dead cells in visible layers.³

Psoriasis can occur on any part of the body, although the elbows, knees and scalp are the usual sites. The severity of psoriasis is based upon the total body surface area that is covered. Approximately one third of patients with the most common form of psoriasis are defined as having moderate to severe disease.²



FACT!

Psoriasis is believed to affect about 2% of the world's population. Both men and women are affected equally and there are estimated to be 5.1 million psoriasis patients in Europe and 4.9m in the USA⁴

What causes psoriasis?

The causes of psoriasis are not fully understood but it is believed that genetic factors have an important role in its onset.^{1,5} There is substantial evidence regarding the involvement of T cells and cytokines, which result in the excessive production of cells and tumour necrosis factor alpha (TNF- α), which plays a pivotal role in the inflammation of the skin.¹

This immune response appears to be triggered by a genetic pre-disposition and environmental factors such as:

- ▶ Emotional stress⁵
- ▶ Injury to the skin³
- ▶ Certain infections caused by a virus or bacteria (e.g. 'strep throat')³
- ▶ Reactions to specific drugs, such as beta-blockers and lithium, and some treatments for psoriasis such as anthralin and phototherapy, which may also have a pro-inflammatory effect if they are applied too aggressively³

IMPACT ON PATIENTS:

Psoriasis is more than just a skin condition, and can have a significant psychological impact:

- ▶ People with psoriasis often feel stigmatised by their condition and may face insensitive comments or reactions from the public regarding their appearance. This can lead patients to withdraw from society and can lead to depression and anxiety⁵
- ▶ Some people with psoriasis experience a very low quality of life similar to, or even worse than, those individuals with other chronic medical disorders, including heart disease, stroke, severe chronic obstructive pulmonary disease (COPD) and diabetes⁵

- ▶ In addition, European survey results have shown that moderate to severe psoriasis patients tend to make poor health choices in their daily lives. Psoriasis patients are more likely to smoke, less likely to exercise regularly and less likely to maintain a healthy diet⁶

Furthermore, psoriasis has been linked to a number of other conditions:

- ▶ Psoriasis is associated with an increased risk of obesity, diabetes mellitus, hypertension and clinical depression^{5,7,8}
- ▶ Psoriasis may also be an independent risk factor for heart attacks. The risk associated with psoriasis is greatest in young patients with severe disease and increases with age⁸

Types of psoriasis

The main types of psoriasis include:

- ▶ *Plaque psoriasis* is the most common form of psoriasis and affects more than 80% of psoriasis patients.¹ Plaques most commonly appear on the elbows, knees, scalp, umbilicus and lumbar area³
- ▶ *Psoriatic arthritis* is an additional condition where the joints become inflamed. It can affect up to 30 to 40% of psoriasis patients²
- ▶ *Palmar-plantar psoriasis* may be limited to the hands and feet but it is frequently disabling²
- ▶ *Pustular psoriasis*, a rarer life-threatening form, can spread to effect the entire body surface and is characterised by white pustules surrounded by red skin¹
- ▶ *Flexural psoriasis* appears in flexion creases (skin folds) and is distinguished by red, shiny areas of the skin¹

- ▶ *Guttate psoriasis* is diagnosed by a rash of small spots up to 1cm in diameter often with a distinctive 'rain-drop' appearance²
- ▶ *Erythrodermic psoriasis* is a severe type of psoriasis which affects up to 100% of the body surface area. Erythrodermic psoriasis causes patients to lose many of the protective functions of the skin, including the skin's ability to protect against infection, control body temperature and prevent loss of fluids and nutrients through the skin's surface, which can be fatal if left untreated¹

FACT!

Up to one third of psoriasis patients develop stiff and swollen joints – just a few fingertips or more widespread. This is called 'psoriatic arthritis'²

How is psoriasis diagnosed?

No special blood tests exist to diagnose psoriasis. The physician usually examines the affected skin to make the diagnosis. Less often, the physician conducts a skin biopsy.¹

TREATMENT OPTIONS

As with many conditions, it is important that patients maintain a healthy diet, exercise regularly and stop smoking.

Psoriasis has no cure², but there are a wide range of traditional treatments available including:

- ▶ **Prescription topical agents**, commonly used to treat mild cases of psoriasis – examples include corticosteroids, tars, anthralin, vitamin D analogues, retinoids, tazarotene and salicylic acid³
- ▶ **Phototherapy** for moderate to severe cases of psoriasis - ultraviolet B light (UVB), narrowband UVB, and psoralen with ultraviolet A light (PUVA)³

- ▶ **Systemic therapy** for patients unable to make frequent hospital visits, those where phototherapy has been inadequate or inappropriate – examples include methotrexate, cyclosporine and oral acitretin^{2,3}

Systemic treatments affect the whole body and work to suppress the body's immune system which in turn reduces the effects of psoriasis. However, used over the long term these treatments can have serious side-effects such as damage to the liver, kidney and blood cells²

Biologics:

Recently a new class of medicines called biologics have been developed to treat psoriasis. Unlike other therapies which are made by combining man-made chemicals, biologics are created from living human or animal proteins. Whereas other systemics have a broad impact on the immune system, biologics are designed to target specific molecules in the immune system that trigger the development of psoriatic plaques.²

Recently there has been interest in the pivotal role that molecules in the immune system, particularly tumour necrosis factor alpha (TNF- α), play in the inflammation of the skin. People with immune diseases like psoriasis have too much TNF- α in their bodies. Biologics are TNF blockers and work by blocking the inflammation caused by TNF- α which in turn reduces skin lesions.⁹

The following biologics are currently licensed by the European Medicines Agency for the treatment of moderate to severe plaque psoriasis in Europe:

- ▶ **Enbrel[®] (etanercept)**
- ▶ **Humira[®] (adalimumab)**
- ▶ **Raptiva[®] (efalizumab)**
- ▶ **Remicade[®] (infliximab)**

These drugs are given at various dosages and timings - Enbrel, Raptiva and Humira are injected under the skin and Remicade is administered as an infusion into a vein.

Biologics are highly specific and have demonstrated the potential to be an effective therapeutic option for the treatment of psoriasis.²

Proven Enbrel Experience

Enbrel has a long established safety profile with over 16 years of proven clinical experience for the treatment of inflammatory conditions. Enbrel is currently the number one biologic prescribed worldwide.¹⁰

Results from the pivotal CRYSTEL (Clinical Randomised Year-long Study assessing the safety and efficacy of Enbrel in psoriasis) study have demonstrated that Enbrel offers psoriasis patients reliable and sustainable skin clearance along with a reduction in the prevalence of associated symptoms of depression and anxiety.^{11,12} Furthermore, psoriasis patients within the study reported overall improvements in satisfaction with their current treatment reinforcing the need for tailored psoriasis therapies.¹¹

Enbrel is now available as a 50mg once weekly dosing regimen or 25mg twice weekly regimen for patients with moderate-to-severe plaque psoriasis⁹. Based on the findings of the extensive European 318 study, Enbrel now offers psoriasis patients greater flexibility and convenience to effectively control the debilitating symptoms of the condition.¹³

The role of Enbrel in paediatric psoriasis

Enbrel is the first biologic licensed in Europe for the treatment of chronic severe plaque psoriasis in children and adolescents between the ages of eight and 17.⁹

Results from the 211 study published in The New England Journal of Medicine showed that Enbrel was effective in reducing psoriasis to PASI 75 in 57% of patients aged between four and 17 years old in comparison to 11% who were on the placebo alone.¹⁴

For the first time in Europe, children and adolescents with psoriasis will now be able to receive similar disease control and efficacy of treatment with Enbrel as that currently offered to adults.

Note to media

Please contact your local Wyeth office for information regarding country regulations. Further details are available at www.wyeth.eu

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