



Introduction

Giriş

© Mehmet Ali Gürer

Dermatologist and Venereologist, Private Practice Physician, Ankara, Turkey

Abstract

Besides the comorbidities arising from it, inflammation in psoriasis also affects the patient's quality of life to a large extent. For this reason, dermatologists must treat psoriasis effectively, and the patients have access to appropriate treatments in time. While topical treatments are sufficient and successful in mild cases, starting systemic therapies without delay is recommended in moderate and severe psoriasis patients. This guideline aims to provide evidence-based guidance to dermatology specialists in Turkey in selecting appropriate treatments for psoriasis.

Keywords: Psoriasis, inflammation, co-morbidities, quality of life

Öz

Psoriasisde ortaya çıkan inflamasyon ko-morbiditeler yanında hastanın yaşam kalitesini de önemli derecede etkilemektedir. Bu nedenle psoriasisin dermatologlar tarafından etkili şekilde tedavi edilmesi ve hastaların uygun tedaviye zamanında ulaşmaları son derece önemlidir. Hafif olgularda topikal tedaviler yeterli ve başarılı olurken, orta ve şiddetli hastalarda sistemik tedaviye gecikmeden başlanması önerilmektedir. Bu kılavuz Türkiye'de dermatoloji uzmanlarına psoriasisde uygun tedavinin seçimi konusunda kanıta dayalı bir yol gösterici olmayı hedeflemektedir.

Anahtar Kelimeler: Psoriasis, inflamasyon, ko-morbidite, yaşam kalitesi

Psoriasis is a common chronic disease characterized by inflammation. Its prevalence is agreed to be 1.5-2% in the general population^{1,2}. Typically sharply-circumscribed, erythematous, squamous patches with a nacreous appearance may involve haired skin, knees, elbows and nails as well as the sacral, palmar, plantar and genital regions.

Psoriasis has a multifactorial aetiology. Genetic and environmental factors play a role in the pathogenesis of the disease. Studies have found an association with the *PSORS1* gene on chromosome 6p21. There is a strong association between the HLA-CW 602 allele localized in this region and psoriasis. The heterozygote carriers of this allele have 9 times and homozygote carriers 23 times increased risk of contracting psoriasis³.

The tissue reaction occurring in psoriasis involves a complex immunologic reaction that is associated with a severe

inflammatory component and an abnormal keratinocyte differentiation and that results in epidermal hyperproliferation. The activation of immune system elements such as keratinocytes and dendritic cells is followed by the activation of T-cells that have migrated to the skin. Influenced by some cytokines including interleukin (IL)-12 and IL-23, subpopulations of some functional T-cells such as Th17 develop. These in turn induce secretion of proinflammatory cytokines such as tumor necrosis alpha (TNF- α), IL-17 and IL-22. Secretion of adhesion molecules and other mediators enhances the inflammatory process in psoriasis. As a result of this cascade, an obvious neutrophil migration occurs, which results in formation of typical epidermal micro-abscesses. Increased proliferative activity and abnormal maturation of keratinocytes lead to hyper-parakeratosis, which is characteristic to psoriasis³.

Address for Correspondence/Yazışma Adresi: Mehmet Ali Gürer MD, Dermatologist and Venereologist, Private Practice Physician, Ankara, Turkey

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ORCID: orcid.org/0000-0002-3080-4515

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Psoriasis often involves the joints along with the skin, but comorbidities such as metabolic syndrome, cardiovascular disease, psychological/psychiatric disorders, inflammatory bowel disease, and insulin resistance may also accompany psoriasis, which shows that the underlying inflammatory process is harming many organs. In patients with severe psoriasis, the risk of total mortality is known to increase.

Psoriasis also affects the quality of life considerably in these patients. Physical and psychological assessments have shown that the quality of life of patients with psoriasis is affected as much as that of the patients with other common chronic diseases such as cancer and diabetes.

Studies have revealed that patients with psoriasis have impaired family life and business life due to finding self unattractive, reduced self-confidence and a depressive trait. Such psychological problems create a "stigmatization" effect in patients with psoriasis. Patients with psoriasis need appropriate and effective treatment, and long-term disease control due to the apparent impairment in their quality of life, and the physical and social deficiency they experience. While only 25% of patients are satisfied with the treatment administered to them, more than 50% find it moderately sufficient and 20% less than sufficient^{1,4,5}.

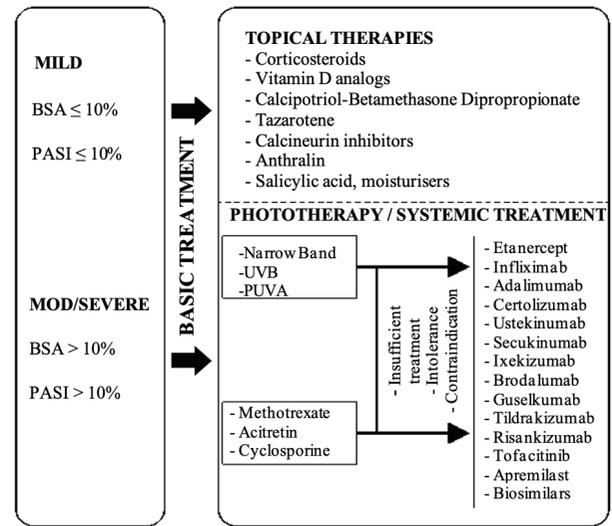
Topical treatments are usually adequate and successful in mild psoriasis, which constitutes the majority of cases, but it is recommended to start systemic treatment without delay in moderate and severe cases to be able to prevent comorbidities that arise due to increased inflammatory activity and to cope with arthritis^{1,4,5}.

Published in 2012 for the first time and made a second edition in 2016, this guideline has constantly been revised to include the developments in the treatment of psoriasis with the intention to provide evidence-based guidance to the dermatology specialists in Turkey about the selection of appropriate treatments for psoriasis. This guideline provides assistance in determining disease severity, which should be considered when choosing appropriate treatment for the patient, and making a treatment decision, and in defining treatment phases and goals, and enumerates the treatment methods that can be used based on these with the help of current guidelines, meta-analyses and experiences in Turkey. To this end, 80 propositions were identified for determining disease severity and treatment decision by the group of specialists who prepared this guideline. A modified Delphi method was used to reach a positive or negative consensus on these propositions⁶. A member of the 12-member group assumed the duty of data collection along the Delphi process. The remaining 11 members were sent the predetermined 80 propositions electronically. The propositions were scored from 0 to 10, 0-3 points meaning "negative opinion", 4-6 points "neutral opinion" and 7-10 points "positive opinion". Positive opinion was divided into 4 groups within itself: 7 points indicating "positive at a low to moderate level" 8 points "positive at a good level", 9 points "positive at a very

good level" and 10 points "positive at the highest level". The Delphi process was completed in three rounds also considering the opinions of the members. A final on-line meeting was held for the propositions that were and were not agreed on and the results of the Delphi process was discussed; after making revisions in some propositions with the approval of the entire group, a consensus was reached.

The options used in the treatment of psoriasis in this guideline are shown in Table 1.

Table 1. Basic treatment options in psoriasis



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