

EDITORIAL

Management of scalp psoriasis

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INTRODUCTION

Dysregulated immune response leads to a chronic, systemic inflammatory disease known as psoriasis.¹ The most common subtype of psoriasis is plaque psoriasis and accounts for about 80–90% of cases. Clinically, scalp psoriasis presents as well demarcated erythematous plaques with silvery white scales. Often, scalp is the most affected region of the body with about 80% of psoriasis cases. Scalp psoriasis requires special consideration because of the difficult-to-treat nature and disproportionate impact on quality of life. In addition to the physical symptoms of dry, cracked skin and pruritus, psoriasis, especially with involvement of the scalp, can lead to significant psychosocial impairment.^{2,3} Patients of scalp psoriasis have poor adherence and dissatisfaction with treatment due to the presence of hair, poor accessibility, and unacceptable cosmetic appeal of topical therapy. Thus, treatment regime can be complex and is highly dependent on preference of patients.²

MANAGEMENT

Systemic therapy including oral systemic therapies, phototherapy and/or biologic agents is required to treat moderate to severe psoriasis. Conventional systemic treatments (methotrexate, ciclosporin, acitretin and, in some countries, fumarates) and phototherapy are often the first-line treatments. But the risk of organ toxicity contradicts the long-term use of the classic systemic therapies.¹



Lately, the advent of biologic agents — humanized monoclonal antibodies with an extracellular mechanism of action that block specific pro-inflammatory cytokines — has revolutionized the management of moderate to severe psoriasis due to their excellent efficacy and tolerability profile. These biologic agents, however, have certain limitations, such as the need for parenteral administration, certain adverse effects, and their high cost.¹

Above drawbacks have motivated the development and identification of alternative molecules with specific intracellular actions, including Apremilast — a specific inhibitor of phosphodiesterase 4 (PDE4).

Apremilast is a small-molecule inhibitor of PDE4 with an intracellular mechanism of action that increases levels of cAMP expressed by immune cells.