Psoriasis: What’s New:2021

Adelaide A. Hebert, MD
UTHHealth McGovern Medical School-Houston
Houston, Texas

DISCLOSURE

• RESEARCH FUNDING PAID TO MEDICAL SCHOOL:
  - AMGEN
  - PROMIUS
  - SYMBIO
  - GSK
  - MAYNE
  - LEO
• ADVISORY BOARD/LECTURES:
  - AMGEN
  - ORTHO
  - MAYNE
  - LEO
OVERVIEW

• What are the unique risks for the pediatric patient with psoriasis?
• How familiar are pediatricians with pediatric psoriasis and its management?
• What are the currently available medications for the pediatric patient with psoriasis?
• Why are there so few medications for pediatric patients with psoriasis?
PEDIATRIC PSORIASIS

• EACH YEAR, ABOUT 20,000 CHILDREN < 10 YEARS OF AGE ARE DIAGNOSED WITH PSORIASIS

PEDIATRIC PSORIASIS

• A CHRONIC, MULTISYSTEM INFLAMMATORY DISEASE THAT AFFECTS 1% OF CHILDREN
• MOST COMMON TIME OF ONSET: ADOLESCENCE
• ONE THIRD OF CASES OF PSORIASIS START IN CHILDHOOD
• MULTIPLE COMORBIDITIES: PSORIATIC ARTHRITIS HAS LARGEST EVIDENCE BASE

AAD GUIDELINES: Journal American Academy of Dermatology 2020
PEDIATRIC PSORIASIS

- Prevalence: 0.7%
- More pruritic in children than in adults
- Majority of children have plaque psoriasis
- Family incidence of psoriasis may be as high as 89%

PEDIATRIC PSORIASIS
OVERVIEW

• OBESITY = QUICKLY INCREASING IN PEDI POPULATION
• MAY EXPLAIN INCREASING INCIDENCE AND PREVALANCE OF CHILDHOOD PSORIASIS
COMORBIDITIES IN PEDI PSORIASIS

- PSORIATIC ARTHRITIS
- OBESITY
- HYPERLIPIDEMIA
- DIABETES MELLITUS
- RHEUMATOID ARTHRITIS
- INFLAMMATORY BOWEL DISEASE

Pediatric Psoriasis Comorbidity Screening Guidelines

Emily Osier 1, Audrey S Wang 2, Megha M Tollefson 3, Kelly M Cordoro 4, Stephen R Daniels 5, Andrew Eichenfield 6, Joel M Gelfand 7, Alice B Gottlieb 8, Alexa B Kimball 9, Mark Lebwohl 10, Nehal N Mehta 11, Amy S Paller 12, Jeffrey B Schwimmer 13, Dennis M Styne 14, Abby S Yan 15, Wynnis L Tom 15, Lawrence F Eichenfield 15

Affiliations + expand
PMID: 28514463  PMCID: PMC5748031  DOI: 10.1001/jamadermatol.2017.0499

PSORIATIC ARTHRITIS:
SCREEN FOR UVEITIS
PSORIATIC ARTHRITIS IN PEDI PTS

• PSORIATIC ARTHRITIS IN ALL PTS: 5 TO 40%
• ONSET OF SKIN DISEASE TYPICALLY PRECEDES ONSET OF JOINT DISEASE BY 10 YEARS
• PEAK ONSET BETWEEN AGES 9 AND 12 YEARS
• UP TO 20 % OF ALL CHILDHOOD ARTHRITIS IS PSORIATIC ARTHRITIS
PREVALENCE OF THE METABOLIC SYNDROME IN CHILDREN WITH PSORIASIS

GOLMINZ AM
PEDIATR DERM VOL 30 (6); 700-705, 2013
Archives de Pediatric 2019

PSORIASIS

INDEPENDENT RISK FACTOR FOR THE DEVELOPMENT OF:

- Atherosclerosis
- Cardiovascular Disease

Cardiovascular risk assessment is currently advised for adult pts with moderate to severe psoriasis. Authors suggest: Healthy lifestyle for kids.

JENSEN P
ACTA DERM VENEREOL 2014; 94: 76-78
PSYCHOLOGICAL IMPACT OF PSORIASIS ON PEDIATRIC PATIENTS

• CANNOT BE IGNORED
A Retrospective Cohort Study to Evaluate the Development of Comorbidities, Including Psychiatric Comorbidities, Among a Pediatric Psoriasis Population

Amy S Paller 1, Jennifer Schenfeld 2, Neil A Accortt 3, Gregory Kricorian 3

Association Between Quality of Life and Improvement in Psoriasis Severity and Extent in Pediatric Patients

Finola M Bruins 3, Inge M G J Bronckers 3, Hans M M Groenewoud 2, Peter C M van de Kerkhof 1, Elke M G J de Jong 1, Marieke M B Seyger 1

Affiliations + expand

PMID: 31774449   PMCID: PMC6902114   DOI: 10.1001/jamadermatol.2019.3717

Conclusions and relevance: This cohort study in a real-world setting found that the greatest improvements in QOL were associated with PASI 90 or greater, a decrease in BSA involvement of 90% or greater, and systemic treatments. These findings suggest that reaching PASI 90 or greater and decreasing BSA involvement by at least 90% may be clinically meaningful treatment goals that will help pediatric patients with psoriasis reach optimal QOL.
TREATMENT STRATEGIES:
PEDIATRIC PSORIASIS

TOPICALS
ORAL MEDICATIONS
PHOTOTHERAPY
BIOLOGICS

WILL DISCUSS OFF LABEL USE: PUBLISHED

AAD PEDIATRIC PSORIASIS GUIDELINES

Joint American Academy of Dermatology—National Psoriasis
Foundation guidelines of care for the management and treatment of psoriasis in pediatric patients

26
**PEDIATRIC PSORIASIS THERAPY**

- Only **6 FDA medications approved** for pediatric patients

**Biologics:**
- Etanercept: ≥ 6 years
- Ustekinumab: ≥ 12 years
- Ixekizumab: ≥ 6 years

**Topicals:**
- Calcipotriene Foam 0.005%: ≥ 4 years scalp and body
- Calcipotriene 0.005% and betamethasone 0.064% foam: ≥12 years: mild to severe plaque psoriasis
- Calcipotriene 0.005% and betamethasone 0.064% suspension:
  - scalp and body: ≥ 12 years

**FUTURE PEDIATRIC PSORIASIS THERAPY**

**BIOLOGICS:**
- Secukinub: IL 23 inhibitor: 6 to 17 years of age
- Brodalumab: anti IL 17: 6 to 17 years of age
- Tildrakizumab: IL 23 inhibitor: 12 to 17 years of age

**TOPICALS:**
- Halobetasol 0.01%/ tazarotene 0.045% lotion
- Roflumilast: PDE 4 inhibitor: 2 to adulthood
  - used systemically in COPD in adults
PEDIATRIC PTS WITH PSORIASIS

• INFANTS
THERAPIES

• EDUCATION
• COAL TAR
• TOPICAL STEROIDS
• MOISTURIZERS

YOUNG CHILDREN

• CONSIDER STREP THROAT
• TAR
• TOPICAL STEROIDS
• TOPICAL CALCINEURIN INHIBITORS (INVERSE PSORIASIS)
• PHOTOTHERAPY
OLDER CHILDREN WITH PSORIASIS

- TOPICAL STEROIDS / OTHER TOPICALS
- PHOTOTHERAPY / LASER
- METHOTREXATE
- CYCLOSPORIN
- RETINOIDs : TOPICAL / ORAL
- BIOLOGICS
VITAMIN D ANALOGUES

• OFTEN USED IN CONJUNCTION WITH TOPICAL STEROIDS

• AAD GUIDELINES

• USE OF UP TO 45 G/ WEEK/ M2
  – NO EFFECT ON SERUM CALCIUM LEVELS

• LOCALIZED IRRITATION OF SKIN
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**METHOTREXATE**

- **USED FOR PSORIASIS SINCE THE 1950’S**
- **USED SAFELY IN AGES 2 TO 16 FOR ERYTHRODERMIC, PLAQUE, PUSTULAR PSORIASIS AND PSORIATIC ARTHRITIS**
- **DOSE RANGE: 0.2 TO 0.7 MG/KG/ WEEK**
- **I STILL GIVE A TEST DOSE AND CHECK CBC IN ONE WEEK**
Table XXXVII. Recommendations for pediatric psoriasis and methotrexate therapy

<table>
<thead>
<tr>
<th>Recommendation No.</th>
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<th>Strength of recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.1</td>
<td>Methotrexate is recommended as an effective systemic therapy for moderate to</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>severe plaque psoriasis and other psoriasis subtypes in children.</td>
<td></td>
</tr>
<tr>
<td>18.2</td>
<td>Methotrexate is recommended as an effective systemic therapy for pustular</td>
<td>B</td>
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<tr>
<td></td>
<td>psoriasis in children.</td>
<td></td>
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<tr>
<td>18.3</td>
<td>Methotrexate weight-based dosing is recommended in younger children, ranging</td>
<td>B</td>
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<tr>
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<td>from 0.2 to 0.7 mg/kg/wk (maximum, 25 mg/kg/wk).</td>
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<tr>
<td>18.4</td>
<td>Folic acid supplementation daily or 6 times weekly during treatment with</td>
<td>B</td>
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<tr>
<td></td>
<td>methotrexate is recommended.</td>
<td></td>
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<tr>
<td>18.5</td>
<td>Routine clinical and laboratory monitoring is recommended before and during</td>
<td>B</td>
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<td>treatment with methotrexate.</td>
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### AAD GUIDELINES FOR PEDIATRIC PSORIASIS: SYSTEMIC

Table XXXVIII. Suggested monitoring for nonbiologic systemic medications for pediatric psoriasis

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*Some monitoring suggestions are not evidence-based recommendations and are expert consensus. These recommendations may vary based on patient age and specific protocols. Practicing physicians should individualize monitoring protocols according to the clinical context. For all pediatric patients receiving long-term systemic therapy, they should be monitored at the discretion of the physician based on the clinical situation/individual risk factors.*
CONCLUSION: BIOLOGIC RESPONSE BETTER THAN METHOTREXATE

Jama Dermatol 2020 FEB

CYCLOSPORIN

• OFF LABEL IN PEDI PSORIASIS
• FDA APPROVAL FOR PEDI TRANSPLANT – 6 MONTHS
• EFFECTIVE AND TOLERATED FOR PSORIASIS TX IN KIDS AS YOUNG AS 11 MOS
• IN DOSES FROM 1.5 MG TO 5 MG/KG/DAY FOR 6 WEEKS TO 2 YEARS
• OFTEN USED IN COMBINATION WITH TOPICALS
CYCLOSPORIN

• ACTS RAPIDLY

• CLINICAL IMPROVEMENT AS EARLY AS 2 WEEKS; MAY REQUIRE 4 TO 8 WEEKS FOR FULL RESPONSE

• AS KIDS HAVE HIGHER BSA TO WEIGHT RATIOS AND AGE DEPENDENT DIFFERENCES IN IN PHARMACOKINETICS, MAY REQUIRE HIGHER DOSES THAN ADULTS

• MAY NEED 5 MG /KG/DAY

AAD GUIDELINES FOR PEDIATRIC PSORIASIS:SYSTEMIC
CYCLOSPORIN

VACCINATIONS:
• MAY BE LESS EFFECTIVE DURING THERAPY
• LIVE ATTENUATED VACCINES TO BE AVOIDED

METABOLISM BY P450 SYSTEM:
• ADVISE REGARDING FOOD AND DRUG INTERACTIONS

REVIEW

Management of pediatric plaque psoriasis using biologics

Perla Lamoung, MD,1,4,5,6 James N. Bergman, MD,1 Loretta Ferrillo, MD,2,3 Marissa Joseph, MD,1,2
Irene Lara-Corrales, MSc; MD,1 Danielle Marcoux, MSc, MD1 Catherine McGourty, MD,1
Elena Pope, MSc; MD,1 Vimal H. Prappani, MD,1,2 Sue Z. Li, PhD,3,7 and Ian Lumley, MD1
Toronto, Ontario; Vancouver, British Columbia; Edmonton and Calgary, Alberta; Montreal, Quebec; and
St. John’s, Newfoundland, Canada

Background: Psoriasis is a chronic inflammatory disease with clinical manifestations of the skin that affect adults and children. In adults, biologics have revolutionized the treatment of moderate to severe plaque psoriasis where clear or almost clear is a tangible goal. Research on biologics has recently been extended to children. The introduction of these new therapeutic options has outpaced the limited guidelines in this population.

Objective: To provide a review of current data on biologics, with a proposal for a clinically relevant treatment algorithm on the management of moderate to severe plaque psoriasis in the pediatric population.

Methods: A Canadian panel with expertise in psoriasis, pediatric dermatology, and experience with consensus recommendation processes was selected to review the current landscape of pediatric psoriasis and clinical data on biologics plus identify special considerations for baseline workup and monitoring. Recommendations were reviewed and edited by each expert in an iterative process.

Conclusion: A treatment algorithm for moderate to severe plaque psoriasis in pediatric patients is presented, incorporating approved biologics. Guidance on baseline screening and ongoing monitoring is
Triggers of Pediatric Psoriasis

Triggers:

- Group A β hemolytic Streptococcal infection (M protein)
- Beta blockers
- Lithium
- Biologics
- Systemic steroids on cessation of therapy

Infliximab-Induced Psoriasis and Psoriasiform Skin Lesions in Pediatric Crohn Disease and a Potential Association With IL-23 Receptor Polymorphisms

Mary E. Sherlock, Thomas Walters, Merit M. Tabbers, Karen Frost, Mary Zachos, Héctor Muñoz, Elena Pope, and Anne M. Grinfeld

FIGURE 1. Scleroderma plaque at base of toe (patient no. 10).

FIGURE 2. Leukocytoclastic lesion behind ear, with surface scaling and exudate (patient no. 5).
**ORIGINAL ARTICLE: GASTROENTEROLOGY: INFLAMMATORY BOWEL DISEASE**

Infliximab Paradoxical Psoriasis in a Cohort of Children With Inflammatory Bowel Disease

*Olivier Courbette, *Camille Aupiais, *Jerome Viala, *Jean-Pierre Hugot, *Baptiste Louveau, **Lucienne Chatenoud, **Emmanuelle Bourrat, and *Christine Martinez-Vinson


---

**Nail Involvement as a Predictor of Disease Severity in Paediatric Psoriasis: Follow-up Data from the Dutch ChildCAPTURE Registry.**


PMID: 30206638  Free article. Clinical Trial.

Acta Derm Venereol 2019 Feb 1; 99(2): 152-157
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Mimickers of Pediatric Psoriasis

Mimickers:
Sodium valproate-induced psoriasiform drug eruption
Sanitizing hand and diaper wipes containing:
- Methylchlorothiazolinone
- Periorificial or perineal psoriasiform distribution

CONCLUSION

- Many children do suffer with psoriasis
- Few current FDA approved medications
- Fewer studies in children than adults
- Recent literature to guide therapy
PEDIATRIC PSORIASIS