

# Treating Psoriasis with Biologics: How Easy is it to Change Drugs?

*Article: Transitioning Between Biologics*

NEW YORK, NY, UNITED STATES, December 4, 2019 /EINPresswire.com/ -- Psoriasis can strike at any time. It can be seen across all races, at any age, and affects men and women equally.



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*Ron Vender, MD, FRCPC*

Patients routinely report that this disease significantly affects their everyday life and their emotional wellbeing. Nearly 25% of people with psoriasis are considered to have moderate-severe disease that often requires systemic therapy. Studies also show that 10-30% of people with psoriasis develop psoriatic arthritis, a crippling disease. Researchers agree that it is an autoimmune disease. Drugs that target the immune system have been around for decades, but in recent years (last decade) newer more targeted drugs, e.g. IL-17 and IL-23 inhibitors, have been developed to directly modulate the key immunologic

components implicated in psoriasis. Since biologics for moderate to severe psoriasis have been available, physicians have been required to think about how, when, what and whom to switch. In order to achieve this, or at least as close as possible with the tools available, continuous, discussions, assessments, and potential modifications should be done during patient visits.

Dr. Ronald Vender, MD, FRCPC notes that there are many published guidelines for treating psoriasis, however very few provide guidance on how to transition between biologics. In fact, the most definitive guidelines on transitioning between biologics belong to the British Association of Dermatologists (BAD). They suggest a 1-month break from the drug or the length of the treatment cycle (whichever is longer) between the last dose of the current biologic therapy and the planned date of biologic initiation. The basis for this timeline is due to the break from biologics is usually considered to be four half-lives of the reference drug.

The author reports that, occasionally, optimization of the biologic, such as increasing the dose or shortening the intervals between treatments, may boost efficacy. There are differences of opinions as to whether time off from the drug is required in-between different biologics. An appropriate break from the drug minimizes the potentially adverse safety effects of treating with two immunomodulatory agents at once. In an effort to provide practical solutions, the author provides a guide based on minimum dosing intervals (when no break from the drug is suggested). In general, reports show that switching between biologics whether within the same class or to a different class can be successful.

Dr. Vender agrees that, overall, regardless of the biologic, switching agents can significantly improve outcomes for patients. Transitioning between biologics is now a privilege and a better way to optimize treatment for patients with moderate to severe psoriasis to improve their quality of life.

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