Dr. Weiss:
I think the key is really understanding in a patient's psoriasis what the triggers have been and what treatments he or she may have tried previously. I think that in today's day and age, a good majority of patients who you see in the office have been treated for psoriasis previously. We see very few what are called bio-naive patients. Now, that being said, there is still an entire population of psoriatics who have never received treatment, and they seem to not present to the office to seek treatment, despite all of the public campaigns to the contrary.

In identifying therapies that would be beneficial in terms of speed of response, often times a good understanding of what a patient may have tried and failed in the past—and by failed, it can be either the drug itself failed or that the patients just were not able to tolerate or comply with the dosing regimen of that product, and this can be both topicals and systemics. The interesting thing about dermatology is...
that vehicle clearly matters, and the different vehicles that one could use clearly have an impact both on the speed and the efficacy. So, when you think of something like scalp psoriasis, using a foam may be beneficial to a patient, whereas patients may prefer a cream or ointment on, let’s say, elbows and knees, so I think it’s very important to identify the proper vehicle for the proper anatomic location. And it’s also very important to understand that, depending on the active one is choosing that different vehicles would be a different utility, meaning that the active within that vehicle may be more or less effective as impacted by the vehicle itself.

Announcer:
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