



**Position Statement  
on  
Maintenance Therapy for Psoriasis Patients  
(Approved by the Board of Directors: August 18, 2012)**

1. Psoriasis is a chronic inflammatory, multi-system disease associated with considerable morbidity and co-morbid conditions. <sup>1-10</sup>
2. The severity of psoriasis is defined not only by extent of body surface area involvement, but also by involvement of localized body regions such as the flexures, hands, feet, facial, and genital regions which, may interfere significantly with activities of daily life and have a substantial psychological impact on one's personal well-being and ability to function in the workplace. <sup>1-9</sup>
3. Psoriatic arthritis usually manifests 5-10 years after skin presentation and can progress to significant deforming disease. It has been reported to occur in up to 42% of individuals with psoriasis. However, the likely true occurrence rate is closer to 30%. <sup>1-10</sup>
4. Patients with psoriasis also have an increased incidence of lymphoma, heart disease, obesity, type II diabetes, and the metabolic syndrome. Depression and suicide, especially in younger patients, smoking, and alcohol consumption are also more common in psoriasis patients. <sup>1-10</sup>
5. Psoriasis patients' perception of the physical and mental burden that the disease imposes on their life has been shown to be equal or greater than that of cancer, arthritis, hypertension, heart disease, diabetes and depression. <sup>1-10</sup>
6. There are a wide variety of treatments, available to psoriasis patients with topical therapy beneficial for patients with mild to moderate disease, and in conjunction with other treatment modalities for moderate to severe disease. <sup>1-9</sup>
7. Durability of response is variable and depends on individual response to any given treatment(s).
8. Phototherapy is a valuable treatment for patients with psoriasis. Maintenance phototherapy is usually necessary to maintain the clinical response. <sup>5, 7-9, 11-14</sup>
9. Systemic and Biologic therapy for patients with moderate-severe disease likewise will need to be continued to maintain improvement with the potential for also reducing co morbidities e.g. cardiovascular disease. <sup>1, 2, 4, 6-9</sup>
10. Interruption of any treatment modality may be associated with risks such as serious flares of disease and tachyphylaxis <sup>3, 4, 6</sup>
11. Long-term therapy of some kind is almost always a feature of treating psoriasis patients to improve clinical outcomes and quality of life for the patients.

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