

Treatment of your psoriasis

ACUTE PHASE (initial therapy):

A set combination of a steroid and a vitamin D3 derivative is recommended as an initial topical therapy for your psoriasis. Your doctor may refer to this as a first line therapy. Combining these two active ingredients increases their efficacy, plus it mutually reduces the occurrence of side effects due to monotherapy.

Steroids have a predominantly anti-inflammatory effect and suppress the sensation of itchiness.

Vitamin D3 derivatives normalise excessive cell growth and inflammation.

Your doctor may choose from different types of steroids and vitamin D3 derivatives (spray foam, gel or ointment). Talk to your doctor about your preferences.

The initial phase of this therapy lasts **4-8 weeks**, after which your response to the treatment should be examined.

As mentioned earlier, the skin needs **four weeks** to renew itself. Stick with the treatment – your skin will thank you for it.

MAINTENANCE PHASE (proactive therapy):

Your psoriasis is a chronic condition that requires long-term treatment. This will also allow you to have better and sustained control of your condition.

The maintenance phase begins after a successful first line therapy. During that time, a proactive treatment is recommended in which you have fewer applications (e.g. only 1-2 times a week).

Talk to your doctor about it.

"I finally feel comfortable in my skin again"

Dermatology beyond the skin

Talk to your doctor

Tell your doctor about your **physical symptoms**, possible triggers and what medication you are currently taking.

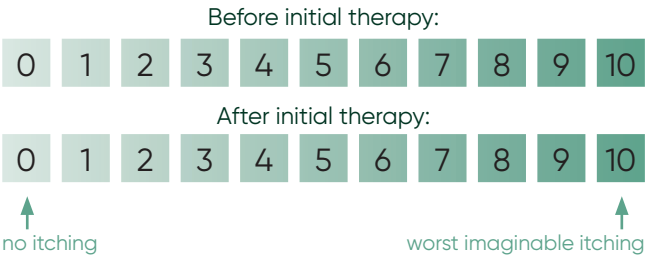
Talk to your doctor about your **mental state** of health and whether psoriasis is restricting you in your day-to-day life. Does your psoriasis restrict you, e.g. in your work life?



Psoriasis can also cause a painful itch.

Assess the level of itch you are experiencing using the following scale and share the result with your doctor.

On a scale from 0 (no itching) to 10 (worst imaginable itching), what was the strongest itch you experienced in the past 24 hours? Please state a number.³



Disease management

Talk with your doctor to decide in what way and how often you should apply the external treatment. Also decide on the date when the proactive maintenance treatment should begin.

January

	MO	TU	WE	TH	FR	SA	SU
1st Quarter	01			01	02	03	04
	02	06	07	08	09	10	11
	03	13	14	15	16	17	18
	04	20	21	22	23	24	25
	05	27	28	29	30	31	

February

	MO	TU	WE	TH	FR	SA	SU
	05					01	02
	06	03	04	05	06	07	08
	07	10	11	12	13	14	15
	08	17	18	19	20	21	22
	09	24	25	26	27	28	29

March

	MO	TU	WE	TH	FR	SA	SU
	09						01
	10	02	03	04	05	06	07
	11	09	10	11	12	13	14
	12	16	17	18	19	20	21
	13	23	24	25	26	27	28

April

	MO	TU	WE	TH	FR	SA	SU
2nd Quarter	14			01	02	03	04
	15	06	07	08	09	10	11
	16	13	14	15	16	17	18
	17	20	21	22	23	24	25
	18	27	28	29	30		

May

	MO	TU	WE	TH	FR	SA	SU
	18				01	02	03
	19	04	05	06	07	08	09
	20	11	12	13	14	15	16
	21	18	19	20	21	22	23
	22	25	26	27	28	29	30

June

	MO	TU	WE	TH	FR	SA	SU
	23	01	02	03	04	05	06
	24	08	09	10	11	12	13
	25	15	16	17	18	19	20
	26	22	23	24	25	26	27
	27	29	30				

July

	MO	TU	WE	TH	FR	SA	SU
3rd Quarter	27			01	02	03	04
	28	06	07	08	09	10	11
	29	13	14	15	16	17	18
	30	20	21	22	23	24	25
	31	27	28	29	30	31	

August

	MO	TU	WE	TH	FR	SA	SU
	31					01	02
	32	03	04	05	06	07	08
	33	10	11	12	13	14	15
	34	17	18	19	20	21	22
	35	24	25	26	27	28	29

September

	MO	TU	WE	TH	FR	SA	SU
	36		01	02	03	04	05
	37	07	08	09	10	11	12
	38	14	15	16	17	18	19
	39	21	22	23	24	25	26
	40	28	29	30			

October

	MO	TU	WE	TH	FR	SA	SU
4th Quarter	40				01	02	03
	41	05	06	07	08	09	10
	42	12	13	14	15	16	17
	43	19	20	21	22	23	24
	44	26	27	28	29	30	31

November

	MO	TU	WE	TH	FR	SA	SU
	44						01
	45	02	03	04	05	06	07
	46	09	10	11	12	13	14
	47	16	17	18	19	20	21
	48	23	24	25	26	27	28

December

	MO	TU	WE	TH	FR	SA	SU
	49		01	02	03	04	05
	50	07	08	09	10	11	12
	51	14	15	16	17	18	19
	52	21	22	23	24	25	26
	53	28	29	30	31		

○ Circle your doctor's appointment date and all check-up visits here on the calendar.

X Mark an X on the days when you take your medication. .

Medication: _____

Initial therapy: _____ weeks _____ times daily

Check-up: _____/_____/_____

Maintenance therapy: _____ times per week

Recommended by the doctor:



Dermatology beyond the skin

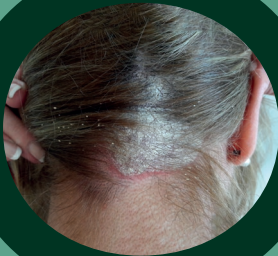
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Diagnosis: Psoriasis vulgaris (Psoriasis)

Scales



Itch



Shame



What you should consider now and how you can live better with psoriasis in the future.

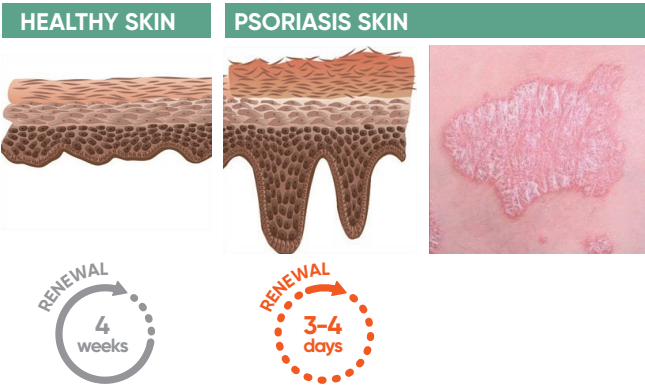
Dear Patient,

Has your doctor diagnosed you with psoriasis (**psoriasis vulgaris**)? This booklet will provide you with valuable information about this condition and its appropriate treatment.

What is psoriasis?

Due to the fact that it is a hereditary condition, this disorder is not curable. These days, however, modern therapy options offer effective treatment of this condition and significantly improve the quality of life of those affected.

Psoriasis is an **inflammatory condition** in which the body's immune system attacks its own skin structures (autoimmune disorder). One consequence of this is an excessively rapid division and maturation of skin cells. A healthy epidermis normally takes **four weeks** to renew itself, a psoriatic epidermis takes **three to four days**. This accelerated process ultimately results in the desquamation typical of psoriasis.



Causes of psoriasis

- **Genetic predisposition:** These days several genes are known to be associated with psoriasis. According to the Robert Koch Institute, in 30–40% of cases psoriasis also occurs in relatives of the sufferer.
- **Triggers:** In addition to a genetic predisposition, various personal or environmental triggers can worsen psoriasis. These include e.g. skin injuries (such as tattooing), hormonal fluctuations, infections, certain medications and stress.

Who is affected?
When does the condition first appear?

- Men and women are affected with about equal frequency.
- The condition may begin at any age.
- **Type 1 psoriasis:** Initial symptoms before the age of 40 (75% of all cases). Especially common between the ages of 15 and 25. Type I psoriasis frequently occurs in members of the same family and in a severe form.
- **Type 2 psoriasis:** Late-onset psoriasis is less common and usually manifests after 50 or 60 years of age and often has a milder disease course.

“Around two million people are affected by psoriasis in Germany. About half of those affected (1.2 million) suffer from a mild form of psoriasis that responds to topical treatment”

Prof Dr med M. Augustin, Hamburg

Comorbidities

For a long time it was thought that psoriasis was “only” a skin disease. Today we know that psoriasis is a systemic disease that affects the whole body. Comorbidities are therefore common, such as e.g.:

- Metabolic disorder
 - Increased blood pressure
 - Type II diabetes
 - Obesity
 - Joint inflammation (psoriatic arthritis)
- Metabolic syndrome

Measurement of total body surface area (TBSA) affected



Figure: 30% affected body surface area

Share in TBSA	
Head	9%
Torso	36%
Arms (incl. Armpits)	18%
Legs (incl. Buttocks)	36%
Genitals	1%



The palm of your hand is approx. 1% of TBSA

Topical or systemic therapy?

External treatment or topical therapy is especially suitable if only small areas of skin are affected (<10%). If a large area of skin is affected or if your quality of life is severely impaired, or if you do not respond to topical treatments, systemic therapy might be the right option for you (tablets or injections). This form of therapy may be considered in

special cases even with mild psoriasis when areas such as genitals or nails are affected. The key advantage of topical therapy is the low risk of systemic side effects. If the severity of the condition justifies it, then it would be preferable to systemic therapy.

Topical treatment options

Your doctor has access to a range of active ingredients available in various forms (“galenics”) for your treatment, including spray foam, gel, ointment and lotion.

The introduction of such innovative galenics in recent years has continued to improve topical treatments and to increase their actual efficacy.

Have you already had some experience with topical therapy? Perhaps you prefer a particular form of therapy? If so, just let your doctor know your personal preferences.

Selecting a treatment that is simple for you to implement also has a positive influence on therapy success. The goal should be once-daily use of no more than one preparation.

Treatment goal

The fundamental goal of treatment is to be **symptom-free**, meaning here the absence of skin symptoms. You should define your individual treatment goal in a personal consultation with your doctor and discuss when this goal should be achieved.



About LEO Pharma

LEO Pharma was founded in 1908 and is an independent, research-based pharmaceutical company.

LEO Pharma develops, produces and distributes medicinal products for patients with dermatological and thrombotic conditions in over 100 countries via its own sales representatives and employees. LEO Pharma employs around 4,800 staff worldwide.

LEO Pharma A/S has its head office in Denmark and is fully owned by the LEO foundation. In 2017 the German subsidiary, LEO Pharma GmbH, based in Neu-Isenburg near Frankfurt, celebrated its 25th founding anniversary.

More information on LEO Pharma can be found on our website www.leo-pharma.de



Also visit us at www.schuppenflechteimgriff.de

Further information is available at www.bitteberuehren.de



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Sources:
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2. S3- Leitlinie – Psoriasis vulgaris, Update 2017
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