

Pharmacological management of plaque-type psoriasis in the adult: an Italian national guideline

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Introduction: Psoriasis is a common chronic inflammatory, immune-mediated disease affecting the skin. Given the estimated population prevalence of 2-3%, over 1.5 millions of people are affected by psoriasis in Italy¹. Despite the availability of a variety of treatments, an effective and safe control of disease activity is not easy to achieve, and the therapeutic behaviour in Italy is not homogeneous. Over the last years, several guidelines have been issued in different countries, but recommendations reflecting the Italian context and clinical practice are lacking.

Objectives: Based on the above considerations, the Italian Society of Hospital Dermatologists (ADOI) and the National Guidelines System of the Italian Ministry (SNLG-ISS) have joined in a collaboration aimed at developing therapeutic guideline prepared in full accordance with evidence-based medicine by means of a standardized methodological approach in order to ensure the validity and reproducibility of recommendations. As a first task, a guideline on the pharmacological treatment of plaque-type psoriasis in adults has been implemented.

Methods: The guideline has been drawn by upgrading a recently published guideline, developed by the Scottish Intercollegiate Guideline Network (SIGN), which has been selected owing to its high quality, reproducibility of methods, and availability of documents (e.g. research strategies, methodological checklist, summary tables)². The queries addressed in the present guideline dealt with topical treatments, phototherapy and photochemotherapy, traditional and biologic systemic therapies, as well as combined treatments. Literature update was accomplished by replication of the research strategies adopted in the original guideline (time interval: January 2009-February 2013). Systematic reviews, randomized controlled trials and observational studies (patient population size ≥ 30) were included. Qualitative evaluation was performed according to the methodology checklist of the National Institute for health and Clinical Excellence (NICE). Extracted data were summarized in tables, specific for query and study design.

Results: A total of 4514 papers were screened and 115 were included in the guideline. The evidence retrieved from the included literature roughly confirmed the recommendations issued by the SIGN guideline². A multidisciplinary panel of experts, including dermatologists, pharmacologists, epidemiologists, internists, rheumatologists, nurses, general practitioners and patient representatives discussed and approved the final text on April 2013. After allowing one month for comments by other stakeholders, the guideline was released on May 29, 2013.

Conclusions: The most relevant issues highlighted by the present systematic review include: 1) the presence of few comparative studies among biologic drugs as well as between biologic drugs and traditional treatments; 2) the lack of evidence-based criteria to choose second line biologic therapy in patients losing their therapeutic response to first line anti-tumour necrosis factor drugs; 3) the need for an Italian Registry to assess the efficacy and safety of anti-psoriatic drugs, in the medium/long term, in the context of the Italian clinical practice; 4) psoralen/ultraviolet A ray therapy may increase the risk of non-melanoma skin cancers. Overall, the present guideline is expected to allow Italian clinicians an improved, homogeneous and evidence-based therapeutic management of psoriasis.