

CLINICAL PRACTICES FOR IMPROVEMENT OF PSORIASIS IN ELDERLY



Žužul K, Bukvić Mokos Z¹, Čeović R¹

¹Department of Dermatology and Venereology,
University Hospital Centre Zagreb,
University of Zagreb, School of Medicine

Background

- psoriasis is a chronic systemic disease of multifactorial etiology affecting 2–3% of the population
- mild disease is generally treated with topical therapy, while phototherapy, oral systemic medications or biologic therapy are treatment options for moderate to severe disease
- with the rise in life expectancy, the prevalence of psoriasis among the elderly will further increase

Material & Methods

- management of psoriasis in elderly patients may be challenging since they are often excluded from clinical trials, and the data regarding efficacy and safety in this population is lacking
- prescribing only topical therapy and avoiding prescribing systemic therapy may lead to inadequate treatment response in this population
- individualized treatment to each elderly patient should be provided

Results

- topical therapy is probably the safest option for treating elderly elderly patients with psoriasis, although topical corticosteroids should be used with caution due to the physiologic changes in older skin and a higher risk of cutaneous side effects
- compliance may be reduced due to difficulty in applying topical agents
- due to a higher prevalence of hypertension and decreased renal and hepatic function in the elderly, special caution should be taken when prescribing conventional systemic therapy - methotrexate, cyclosporine, and acitretin
- biologic therapy is more often initiated in younger than in elderly patients, although it may be a safer option than conventional systemic therapy in the elderly due to its high efficacy, lower rate of adverse events, and lower frequency of hospital visits
- regular follow-up is necessary because of the increased risk of infections and malignancies



Conclusion

- since psoriasis is becoming increasingly widespread in the elderly, it is surprising that studies regarding treatment efficacy and safety in the geriatric population are scarce
- further clinical research on treatment modalities in the elderly are needed, in order to improve management outcomes in this population