Psoriatic Disease
Q & A

**Question:** If a candidate for TNF-α inhibitor therapy tests positive for tuberculosis or hepatitis B, but the patient has never been symptomatic, can treatment proceed?

**Answer:** A positive serology for hepatitis B calls for referral of the patient to a hepatologist. This specialist can evaluate the patient’s carrier status and viral load. Perhaps the patient once had hepatitis but the viral load is now negative, in which case TNF therapy can proceed. In the event of a positive test for tuberculosis, the clinician should obtain a chest x-ray. If the x-ray is negative, a 9-month period of prophylaxis with isoniazid is still necessary before proceeding with TNF therapy.

**Question:** Are the newest biologics for psoriatic disease being evaluated for long-term safety?

**Answer:** Long-term extension studies are definitely a leading emphasis of the FDA. The agency is requiring safety data from follow-ups of 5 to 10 years. Secukinumab and ustekinumab are in ongoing safety studies, as is apremilast. Patients who qualify for and enroll in these trials may receive treatment without cost for a long period.

**Question:** Could a flare of psoriasis be induced by β blocker therapy?

**Answer:** Many medications can trigger psoriasis, among them β blockers and antimalarials. If a patient is taking a medication and psoriasis rapidly develops, changing to another drug may resolve the flare, but it may make no difference. Sometimes, a genetic predisposition means that psoriasis will occur regardless of, or even because of, the medicines(s) in use.