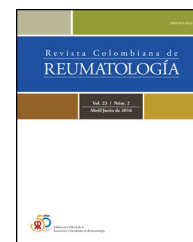




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Editorial

Dose tapering of biologic therapy in psoriasis. Is this achievable?

Reducción gradual de la dosis de la terapia biológica en la psoriasis. ¿Es esto alcanzable?

Biologic therapy for the treatment of psoriasis (PsO) has changed the prognostic of the disease, and many patients who have had an untreatable disease, are now under control or remission.¹ A directed therapy targeted to block a specific immunological pathway has shown to be the best way to reduce the inflammation related with the disease, which results in skin clearance and reduction of pain and joint involvement, as the main goal.²

Different pivotal studies for PsO and psoriatic arthritis (PsA) of biologic treatments were made to show efficacy between 12 to 52 weeks, and long-term open label extensions were made to show maintenance of the principal endpoints for 3 to 5 years.³ Patients and physicians were pleased with these results, but new concerns started to be considered.

Before, when no other treatments such as methotrexate and cyclosporine, or even phototherapy, were the only available, intermittent therapy was used once control of the disease was achieved, in the cases where it happened.⁴ However, it did not occur the same way with biologic therapy, because rheumatologist and dermatologist were trained to understand PsO and PsA as a chronic disease, and the evidence of randomized controlled trials explained mainly the way to introduce and maintain therapy, but not how to reduce or discontinue these new treatments.⁵

Many physicians and patients began to question for how long they must keep biologic therapy, particularly in those cases where the disease is under control without skin lesions or joint involvement. To answer this question, pivotal studies for the approval of each medication don't show this evidence, and there are no algorithms available to guide on this topic.⁵ In response, some of the specialized centers focused in immunological diseases, searched for real-life information data and started to find the way to reduce doses, mainly in observational studies, including increasing dose interval of application, or in some cases, withdrawal treatments.^{6,7}

Some reasons arise to understand why dose tapering is achievable. Even long-term safety is not a problematic issue, is not fully understood what will happen if a patient keeps biologic therapy for more than 20 or 30 years (Imagine a patient who started biologic as a teenager, whose life expectancy is 80 years). Healthcare cost is also a concern, usually in countries where budgets are limited, because biologics are out of pocket affordable. Data about disease modification and restore of the immunological system where T cells recover their normal function could indicate a moment to stop treatments.⁸ Also, many patients after long periods of treatment, indistinctly those who are under control, wants to reduce or stop the medication.^{6,7}

At this moment, dose tapering is still a topic to discuss, and to understand the behavior of PsO and PsA. Hopefully, more information about it will be published in the future, where dermatologist and rheumatologist should gather around together and build guidelines to recommend how to taper doses of biological treatments.⁵

REFERENCES

1. Torres T, Velho GC, Sanches M, Selores M. Psoríase na era dos biológicos [Psoriasis in the era of biologics]. *Acta Med Port.* 2010;23:493–8.
2. Tzu J, Kerdell F. From conventional to cutting edge: the new era of biologics in treatment of psoriasis. *Dermatol Ther.* 2008;21:131–41, <http://dx.doi.org/10.1111/j.1529-8019.2008.00180.x>.
3. Sbidian E, Chaimani A, Garcia-Doval I, Do G, Hua C, Mazaud C, et al. Systemic pharmacological treatments for chronic plaque psoriasis: a network meta-analysis. *Cochrane Database Syst Rev.* 2017;12:CD011535, <http://dx.doi.org/10.1002/14651858.CD011535.pub2>.

4. Thaçi D. Long-term data in the treatment of psoriasis. *Br J Dermatol.* 2008;159:18–24, <http://dx.doi.org/10.1111/j.1365-2133.2008.08781.x>.
 5. Van de Kerkhof PC. Biologics for psoriasis: maintenance treatment and true disease modification. *J Dermatolog Treat.* 2017;28:281, <http://dx.doi.org/10.1080/09546634.2017.1336829>.
 6. Castro-Ayarza JR, Barbosa-Rengifo M, Franco M, Amador JR, Cárdenas PJ, Becerra-Arias, et al. Biological therapy optimization in patients with psoriasis by reducing the dose or increasing the time interval, in a specialized center in Colombia. *Rev Colomb Reumatol.* 2023;30:s65–9.
 7. Michielsens CAJ, van Muijen ME, Verhoef LM, van den Reek JMPA, de Jong EMGJ. Dose tapering of biologics in patients with psoriasis: a scoping review. *Drugs.* 2021;81:349–66, <http://dx.doi.org/10.1007/s40265-020-01448-z>.
 8. Bellinato F, Chiricozzi A, Piaserico S, Targher G, Gisondi P. Could targeted pharmacotherapies exert a “disease modification effect” in patients with chronic plaque psoriasis? *Int J Mol Sci.* 2022;23:12849, <http://dx.doi.org/10.3390/ijms232112849>.
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