Calcipotriol plus betamethasone dipropionate foam is effective in patients with moderate-to-severe psoriasis: post-hoc analysis of the PSO-ABLE study

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Introduction

• Most guidelines recommend that mild-to-moderate psoriasis be treated with topical therapies;1• Use of topical therapies in severe/extensive psoriasis is not generally recommended.

• Ormanent and gel formulations of fixed combination calcipotriol 50 μg/g (Cal) plus betamethasone 0.5 mg/g (BD) are established first-line topical treatments.2 A foam formulation has been developed with the aim of enhancing adherence and increasing the therapeutic options available.

• Studies with Cal/BD foam have demonstrated greater in vitro drug penetration and a greater antipsoriatic effect over 4 weeks of treatment than Cal/BD ointment and vehicle, with a comparable tolerability profile.2

• This analysis from PSO-ABLE assesses the efficacy of Cal/BD foam and gel in the subgroup of patients with moderate-to-severe psoriasis.

Materials and methods

PSO-ABLE STUDY DESIGN

• Prospective, multicentre, investigator-blinded, randomized study

• Patients were randomized 4:1:1 to once-daily Cal/BD foam, Cal/BD gel, foam vehicle or gel vehicle for up to 12 weeks.3

PATIENTS

• Aged ≥18 years with mild-to-severe psoriasis according to the physician’s global assessment of disease severity (PGA), involving 2–30% body surface area (BSA), and a modified (excluding the head, which was not treated) Psoriasis Area and Severity Index (PASI) of ≥2.

• Proportion of patients achieving a 75% or 90% reduction in mPASI was greater with Cal/BD foam than Cal/BD gel at weeks 4, 8 and 12 (Figure 1).

• Treatment success rates increased throughout the first 6 weeks, reaching 50.3% by week 4 in the Cal/BD foam group; these rates continued to increase up to week 12 (Figure 3).

• Success rates were higher with Cal/BD foam than Cal/BD gel at each time point.

This subanalysis suggests Cal/BD foam may be a cost-saving alternative to systemic therapies, in some patients with moderate-to-severe psoriasis who are able to maintain adherence to topical therapy and do not want to be exposed to systemic therapy.

References


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