

THE ANALYSIS OF APPROACHES FOR THE TREATMENT OF PSORIASIS

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Introduction. Although it is difficult to estimate exactly how many people are living with psoriasis, it is thought that the disease affects at least 125 million people around the world. This means that about 2 %-3 % of the global population have some form of psoriasis. Psoriasis is an immune-mediated condition that causes the body to make new skin cells in days rather than weeks. Plaque psoriasis is the most common type of the disease: about 80 % to 90 % of people with psoriasis have this type. The next most common type is guttate psoriasis, affecting around 18 % of people with the disease. This type is more common among children and younger adults. People of all ages can develop psoriasis. Around one-third of people with psoriasis are diagnosed with the disease before the age of 20, and around three-quarters of people are diagnosed before the age of 40. Some people who have never had the condition before will develop it for the first time between the ages of 50 and 60. Psoriasis treatments reduce inflammation and clear the skin. Treatments can be divided into three main types: topical treatments, light therapy and systemic medications.

Topical treatments used alone, creams and ointments that you apply to skin can effectively treat mild to moderate psoriasis. When the disease is more severe, creams are likely to be combined with oral medicines or light therapy. Topical psoriasis treatments include:

✓ *Topical corticosteroids.* These drugs are the most frequently prescribed medicines for treating mild to moderate psoriasis. They reduce inflammation and relieve itching and may be used with other treatments. Mild corticosteroid ointments are usually recommended for sensitive areas, such as face or skin folds, and for treating widespread patches of damaged skin. A doctor may prescribe stronger corticosteroid ointment for smaller, less sensitive or tougher-to-treat areas. Topical corticosteroids may stop working over time. It's usually best to use topical corticosteroids as a short-term treatment during flares.

✓ *Topical retinoids.* These are vitamin A derivatives that may decrease inflammation. The most common side effect is skin irritation. These medicines may also increase sensitivity to sunlight, so while using the medicine apply sunscreen before going outdoors. The risk of birth defects is far lower for topical retinoids than for oral retinoids.

✓ *Vitamin D analogues.* These synthetic forms of vitamin D slow skin cell growth. Cream or solutions containing a vitamin D analogue that treats mild to moderate psoriasis along with other treatments. These medicines might irritate a skin.

✓ *Salicylic acid.* Available over-the-counter (nonprescription) and by prescription, salicylic acid promotes sloughing of dead skin cells and reduces scaling. Sometimes it's combined with other medicines, such as topical corticosteroids or coal tar, to increase its effectiveness. Salicylic acid is available in medicated shampoos and scalp solutions to treat scalp psoriasis.

✓ *Coal tar.* Derived from coal, coal tar reduces scaling, itching and inflammation. Coal tar can irritate the skin. It's also messy, stains clothing and bedding, and has a strong odor. Coal tar is available in over-the-counter shampoos, creams and oils. It's also available in higher concentrations by prescription. This treatment isn't recommended for women who are pregnant or breast-feeding.

✓ *Moisturizers.* Moisturizing creams alone won't heal psoriasis, but they can reduce itching, scaling and dryness. Moisturizers in an ointment base are usually more effective than are lighter creams and lotions. Apply immediately after a bath or shower to lock in moisture.

Light therapy (phototherapy). This treatment uses natural or artificial ultraviolet light. The simplest and easiest form of phototherapy involves exposing your skin to controlled amounts of natural sunlight. Other forms of light therapy include the use of artificial ultraviolet A (UVA) or ultraviolet B (UVB) light, either alone or in combination with medications. *Sunlight.* Exposure to ultraviolet (UV) rays in sunlight or artificial light slows skin cell turnover and reduces scaling and inflammation. Brief, daily exposures to small amounts of sunlight may improve psoriasis, but intense sun exposure can worsen symptoms and cause skin damage. Controlled doses of UVB light (*UVB phototherapy*) from an artificial light source may improve mild to moderate psoriasis symptoms. It can be used to treat single patches, widespread psoriasis and psoriasis that resists topical treatments. Short-term side effects may include redness, itching and dry skin. Using a moisturizer may help decrease these side effects. A newer type of psoriasis treatment, narrow band UVB phototherapy may be more effective than broadband UVB treatment. It's usually administered two or three times a week until the skin improves, and then maintenance may require only weekly sessions. Narrow band UVB phototherapy may cause more-severe and longer lasting burns, however.

Oral or injected medicines. This is known as systemic treatment. Because of severe side effects, some of these medicines are used for only brief periods and may be alternated with other forms of treatment. Group of retinoids (vitamin A) medicines may help at severe psoriasis that doesn't respond to other therapies. Side effects may include lip inflammation and hair loss.

Treatment considerations. The traditional approach is to start with the mildest treatments – topical ointments, creams and ultraviolet light therapy (phototherapy) – in those patients with typical skin lesions (plaques) and then progress to stronger ones only if necessary.

Alternative medicine. A number of alternative therapies claim to ease the symptoms of psoriasis, including special diets, creams, dietary supplements and herbs. Some alternative therapies are deemed generally safe, and they may be helpful to some people in reducing signs and symptoms, such as itching and scaling. These treatments would be most appropriate for those with milder and plaque disease. Such as: *Aloe vera* (aloe extract, cream – may reduce redness, scaling, itching and inflammation), *Fish oil* (Omega-3 fatty acids found in fish oil supplements – may reduce inflammation associated with psoriasis).

The results of the analysis made it possible to select the active and auxiliary substances for the creation of extemporaneous medicine for external use.