Ixekizumab and Psoriasis in the Real World

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Psoriasis is an autoimmune disease with a complex pathogenesis in which the interaction of immunologic, genetic, and environmental factors results in different clinical forms, as well as different response to treatments.

In recent years, better understanding of the disease pathogenesis has enabled development of agents with new therapeutic targets, with excellent results in clinical trials, particularly in the case of moderate to severe forms of the disease. However, study of the treatment of psoriasis in clinical practice is necessary, as the patients included in clinical trials are not fully representative of those treated in this setting.1

Ixekizumab is a humanized recombinant biologic agent that targets IL-17A and that was recently approved for the treatment of moderate to severe plaque psoriasis. The efficacy and safety of the agent has been assessed in randomized clinical trials, although there is limited data on its use in routine clinical practice.2

In this issue, Magdaleno-Tapia et al. describe their study of the efficacy and safety of ixekizumab in patients with psoriasis in routine clinical practice in 2 hospitals in the Mediterranean region. This retrospective, observational study included 75 patients with moderate to severe psoriasis, some of whom had psoriasis in difficult-to-treat locations, and who received ixekizumab for a mean duration of 46 weeks. The authors demonstrated the efficacy and safety of the agent in routine clinical practice and, although this is not the first study in the clinical setting, it is the second largest series to date, and confirms the efficacy findings of previous studies. In addition, this study describes the efficacy of ixekizumab in difficult-to-treat sites such as the scalp, genital area, or palmoplantar region. The safety data are similar to those reported both in clinical trials and in studies in a clinical setting.

In summary, this study provides valuable information on the treatment with ixekizumab of patients with psoriasis vulgaris and psoriasis in difficult-to-treat sites in a clinical practice setting. Nevertheless, larger studies and registries of routine clinical practice will be needed to extend our knowledge in a real-world setting.

References


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