

Plain Language Summary of Publication

An update on diagnosis and treatment options for people with pustular psoriasis

Date of Summary: July 2021

Summary

Pustular psoriasis is a skin condition where people develop small pus-filled blisters on their skin. Pustular psoriasis may affect certain areas of the body, such as the palms and/or the soles. This is called palmoplantar pustulosis (PPP for short). Another type of pustular psoriasis can affect most of the body called generalized pustular psoriasis (GPP for short). Not many people have PPP and GPP. Around 5 to 12 in every 10,000 people worldwide develop PPP. GPP is even more rare, affecting only 2 to 7 out of every 1 million people. As well as being uncommon, these conditions are challenging to treat. This article aims to help doctors who treat skin conditions (dermatologists) to identify and treat people with pustular psoriasis. Currently there is no standard treatment for GPP and PPP in the United States or Europe, but several medicines are approved for treatment of GPP in Japan. Doctors often use treatments that have been shown to work in plaque psoriasis, which is the most common type of psoriasis, to treat people with GPP and PPP. Traditional treatments for PPP and GPP are often not effective. Researchers are working on developing new effective treatments for pustular psoriasis that may work more rapidly and have fewer side effects. These are expected to be available in the next few years.

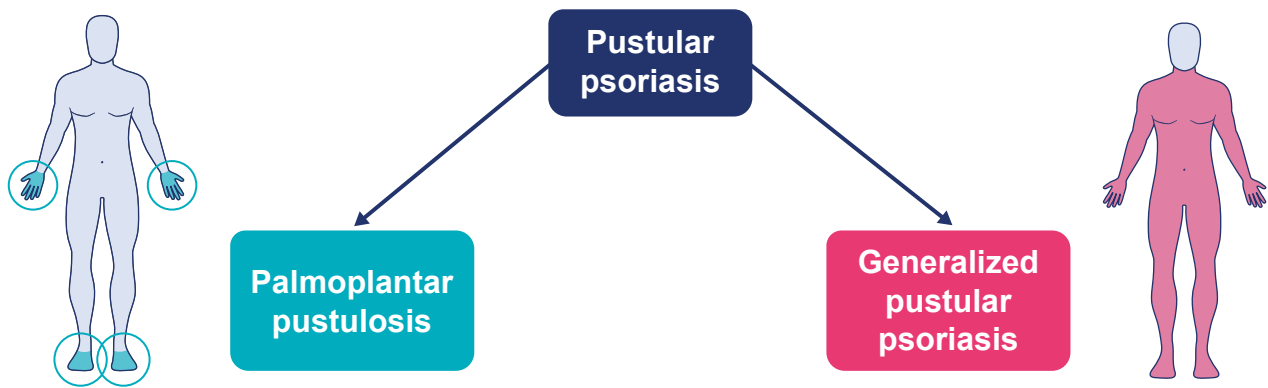


How to say:

- **Psoriasis** (sore-eye-a-sis)
- **Pustular** (puhs-choo-lar)
- **Palmoplantar** (paam-o-plan-ter)

What did this article look at?

- Pustular psoriasis is a skin condition that causes red and painful skin. Small blisters filled with pus (called pustules) suddenly appear on the skin.
 - Although pus is often caused by an infection, the whitish fluid in the pustules of pustular psoriasis is not caused by an infection.
 - Pustular psoriasis is not contagious, so other people cannot catch the condition from the pustules.
- Pustular psoriasis may affect certain areas of the body, such as the palms and/or the soles. This is called palmoplantar pustulosis (PPP for short).
- Another type of pustular psoriasis can affect most of the body, but not usually the face. This is called generalized pustular psoriasis (GPP for short).



- Not many people have PPP or GPP. This can make it difficult for specialist doctors who treat skin conditions (dermatologists) to recognize these types of psoriasis immediately.
- This article aims to help dermatologists to identify (diagnose) and treat people with pustular psoriasis.

What is PPP?

- PPP affects around 5 to 12 out of every 10,000 people worldwide (the number depends on which country you look at and how cases were detected).
- This condition:
 - Can lead to long-term pain and itching of the palms and soles.
 - May be severe enough to interfere with daily life, like using the hands or walking.
 - Is often a long-term condition that can be hard to treat.
- We don't know what causes PPP, but some factors can increase the risk of developing the condition.

The risk of developing PPP is greater in:



Females



People with faulty genes



People who smoke

PPP can be triggered or made worse by:



Treatments for other conditions



Throat or dental infections



Emotional stress

What is GPP?

- GPP is a rare condition, affecting 2 to 7 out of 1 million people.
- People with GPP usually have pustules on top of a red rash that can cover large parts of the body.
- GPP is a serious condition and some affected people develop health problems, such as serious infections or heart failure, which require hospital treatment.
 - Some complications of GPP can require treatment in intensive care and can even be fatal.

- Like PPP, the cause of GPP is not known. However, GPP is more common in some people with faulty genes (people born with genes that make it more likely they will develop GPP).
- GPP is a long-term condition in which people have regular or occasional **flares**, where the symptoms get worse than usual.
 - Some people may have several flares in a year and others might have none.
 - People with GPP may also not have a flare for several years.

What can trigger a GPP flare?



Faulty genes



**Stopping certain medicines
such as corticosteroids**



Pregnancy



**Treatments for
other conditions**



**Upper respiratory (ear, nose,
throat) infections**



Emotional stress

What are the treatment options for PPP and GPP?

- There is no standard treatment for people with PPP and GPP in the United States or Europe.
- Doctors use treatments that work in plaque psoriasis to treat people with PPP and GPP.
- Doctors look at the type of pustular psoriasis a person has, and how severe it is, to decide which treatment is best for that person.

What kinds of treatments are used for PPP and GPP?



**Creams or
ointments**



Pills



Injections



Infusions



Ultraviolet (UV) light therapy

- Currently available treatments do not always work effectively or quickly to stop the condition.
- Sometimes biological medicines may be used.
 - Biologics are usually made from living cells.
 - People receive biologics as an injection or by infusion.
- Researchers are looking for new biological medicines that may be more effective than existing treatments.

What are the key take-home points?

- Dermatologists may not often see people with PPP or GPP, and there are not many available treatments from which to choose.
- There is a need for better treatments as current treatments for PPP and GPP are not always effective.
- New biological medicines for pustular psoriasis are expected to be available in several countries in the next few years.
 - These new treatments are likely to work better and faster than current treatments and to have fewer side effects.
 - This will likely result in improved care for people with PPP and GPP.

Where can I find more information about pustular psoriasis?

You can find more information on pustular psoriasis here:

- National Psoriasis Foundation
<https://www.psoriasis.org/pustular>
- American Academy of Dermatology
<https://www.aad.org/public/diseases/psoriasis/treatment/genitals/pustular>

The full title of this article is:

Pustular psoriasis: a narrative review of recent developments in pathophysiology and therapeutic options

Writing support was provided by Jennifer Garrett, MBBS, of Elevate Scientific Solutions. Plain language editorial support was provided by Envision Pharma Group. Drs Menter, Van Voorhees, and Hsu, authors of the original article, reviewed the summary. Medical writing and plain language services were funded by Boehringer Ingelheim Pharmaceuticals, Inc (BIPI). BIPI was given the opportunity to review the summary for medical and scientific accuracy as well as intellectual property considerations.