Psoriasis produces significant morbidity and has profound effects on patients' quality of life. Psoriasis broadly affects day-to-day activities and personal social interactions. Topical treatment represents the mainstay of therapy for patients with mild to moderate psoriasis and is recommended as first line intervention in this group of patients. Although effective for individual plaques, it is time-consuming, and compliance is a substantial issue. Thus, it is important to individualize and simplify topical therapy and understand the uses of different bases: creams, lotions, foams, sprays, ointments, and gels. Topical treatments include vitamin D analogues, topical corticosteroids, tar-based preparations, dithranol, salicylic acid, topical retinoids and calcineurin inhibitors. Approximately 70 to 80 percent of all patients with psoriasis can be treated adequately with use of topical therapy. Mainly for practical reasons, the vitamin D3 analogues (calcipotriol and tacalcitol) and the topical steroids are in wider use than is either anthralin or coal tar. However, temporal limitations due to the occurrence of well-known cutaneous adverse effects such as atrophy, striae and/or telangiectases prevent their optimal long-term usage in patients with psoriasis. There is no known general consensus for the issues regarding how long we stick to topical treatment and which time is ideal to quit topical agents. We will discuss this issue together based on available clinical data about efficacy, safety and adherence to topical agents.

CURRICULUM VITAE

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