TREATMENT OF NAIL PSORIASIS

Boni E. Elewski, MD
James Elder Professor and Chair
Department of Dermatology
University of Alabama at Birmingham
OBJECTIVES: TREATMENT OF NAIL PSORIASIS

- Recognize nail psoriasis
- Differentiate clinical appearance and treatment options between nail matrix and nail bed psoriasis
- Be familiar with treatment options
Occurs in up to 78% of patients with psoriasis
More common in those with psoriatic arthritis (about 80%)
Usually involves several nails
Fingernails not toenails have the typical findings
Only sign of psoriasis in 5% of patients
May adversely affect quality of life
Clinical Features of Nail Psoriasis
Most Indicative of Diagnosis

- Irregular pitting of the nail plate
- Salmon-colored patches or oil spots on the nail bed
- Onycholysis with erythematous borders

These findings point to the diagnosis of nail psoriasis
Other Less Specific Clinical Features of Nail Psoriasis:

- Nail bed (subungual) hyperkeratosis (resembles onychomycosis)
- Onychorrhexis of fingernails
- Splinter hemorrhages
- Nail plate thickening and crumbling
- Paronychia
- Rarely: erythema or spotting of lunula, leukonychia

These findings may also occur with other inflammatory or infectious conditions.
Nails enhance fine touching, tactile sensitivity, retrieving small objects and play a role in an individual’s body image perception

- Nail abnormalities in general are considered a significant problem, and can influence a person’s self-esteem
- Patient may have difficulty playing a musical instrument, buttoning a shirt and other simple activities

The burden of nail psoriasis can be categorized as:

- Physical symptoms
- Psychological burden
- Restrictions in profession and activities

Systemic therapy generally improves nail psoriasis to the same extent as skin psoriasis

Rule out psoriatic arthritis

Treatment approach of nail bed involvement may differ from nail plate/matrix psoriasis

Toenails may have concomitant onychomycosis so mycological testing is helpful prior to systemic immunosuppressive therapy
Adalimumab for nail psoriasis: Efficacy and safety from the first 26 weeks of a phase 3, randomized, placebo-controlled trial

Boni E. Elewski, MD, a Martin M. Okun, MD, b Kim Papp, MD, c Christopher S. Baker, MBBS, d Jeffrey J. Crowley, MD, e Gérard Guillet, MD, f Murali Sundaram, PhD, g Yves Poulin, MD, h,i Yihua Gu, MS, j Ziqian Geng, PhD, j David A. Williams, MD, j and Phoebe A. Rich, MD k

Birmingham, Alabama; Fort Atkinson, Wisconsin; Waterloo, Ontario, and Québec City, Québec, Canada; Carlton, Victoria, Australia; Bakersfield, California; Poitiers, France; Horsham, Pennsylvania; North Chicago, Illinois, and Portland, Oregon

Background: Previous clinical trials have not evaluated improvement in nail psoriasis as a primary end point.

Objective: This phase 3 trial evaluated the safety and efficacy of adalimumab in patients with moderate-to-severe fingernail psoriasis and moderate-to-severe plaque psoriasis.
CAPSULE SUMMARY

- No placebo-controlled clinical trials have evaluated nail psoriasis as a primary end point.
- Adalimumab was studied using clinically validated end points in a large population chosen for extent and severity of fingernail psoriasis.
- Adalimumab demonstrated favorable outcomes over placebo in moderate-to-severe fingernail psoriasis and a safety profile similar to that observed in previous clinical trials of other diseases.
Pits, onycholysis with red border and oil spots are indicative of nail psoriasis

Nail bed disease - rotational topical therapeutics

Nail matrix disease – intralesional injections, acitretin for 6 months, apremilast, tofacitinib and biologics

Transfigure study showed improvement in NAPSI with secukinumab over 1.5 years

Adalimumab study was first to use nail psoriasis as primary endpoint and FDA used fingernail data of study to prescribing information