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## RESIDENTS FORUM

### Weekend Ciclosporin Maintenance Therapy for Moderate Psoriasis<sup>☆</sup>



### FR-Terapia de mantenimiento con ciclosporina en pauta de fin de semana para psoriasis moderada

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#### PALABRAS CLAVE

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Psoriasis is a chronic inflammatory disease of the skin that can affect the joints and is associated with metabolic syndrome. Immunosuppressant agents play a fundamental role in the control of its most severe forms.

Ciclosporin is very effective, but its continual use is associated with renal toxicity, hypertension, and complications secondary to immunosuppression.<sup>1</sup>

The use of ciclosporin microemulsion in a weekend regimen has been proposed as an alternative for long-term treatment in a subgroup of patients.<sup>2,3</sup>

The aim of this article is to draw attention to this therapeutic modality. One of the most important studies was the Psoriasis Relapse Evaluation With Week-End Neoral Treatment (PREWENT), which compared a group of 162 patients treated with a weekend regimen of ciclosporin (5 mg/kg/d, 2 days a week) with 81 patients in a placebo group, after induction with ciclosporin in a continuous regimen administered for 8 to 16 weeks until a 75% improvement in the psoriasis area and severity index (PASI) was achieved.<sup>2</sup> That prospective, double-blind multicenter study evaluated the recurrence rate at 24 weeks. Compared with placebo, the weekend regimen with ciclosporin produced a significant prolongation ( $P=0.023$ ) in the time to recurrence and an increase in the success rate (69.9% vs 46.3%;  $P=0.011$ ) in the psoriasis group with a PASI score of 12–19. In the patients with a PASI score < 12, maintenance therapy was not superior to placebo, as patients in this latter group remained disease free at 6 months after receiving only the continuous induction therapy; in patients with severe psoriasis it was concluded that the weekend regimen was insufficient.

There was no increase in the creatinine levels or blood pressure of the treated patients.

Similar results were obtained in the cohort studied by Fernandes et al.,<sup>3</sup> in which induction using a continuous ciclosporin regimen was followed by 20 weeks of therapy in a weekend regimen (10 patients) or a continuous regimen (9 patients). An improvement in the PASI of 75% versus 80%,

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respectively, at the end of the study demonstrated a similar efficacy of the 2 regimens. The side effects were very much lower in the discontinuous treatment group, although the difference was not statistically significant.

In the absence of further trials with greater power, cumulative evidence to date to recommend this therapy is level 2+.<sup>4</sup>

This regimen is effective for pharmacokinetic reasons and because of the immunological characteristics of the disease. As ciclosporin is a very fat-soluble drug, it accumulates in the skin and is slowly released, thus maintaining its effect. Immunologically, the slow inflammatory response in psoriasis, in contrast to other diseases such as urticaria, is also key to the success of this regimen.<sup>3</sup>

In conclusion, the weekend regimen of ciclosporin can be useful for maintenance therapy in patients with psoriasis with a basal PASI score of 12 to 19; this regimen is adequately effective and administration is more convenient. The safety profile appears to be more favorable, although further longer-term studies are necessary to confirm this.

## Conflicts of Interest

The authors declare that they have no conflicts of interest.

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